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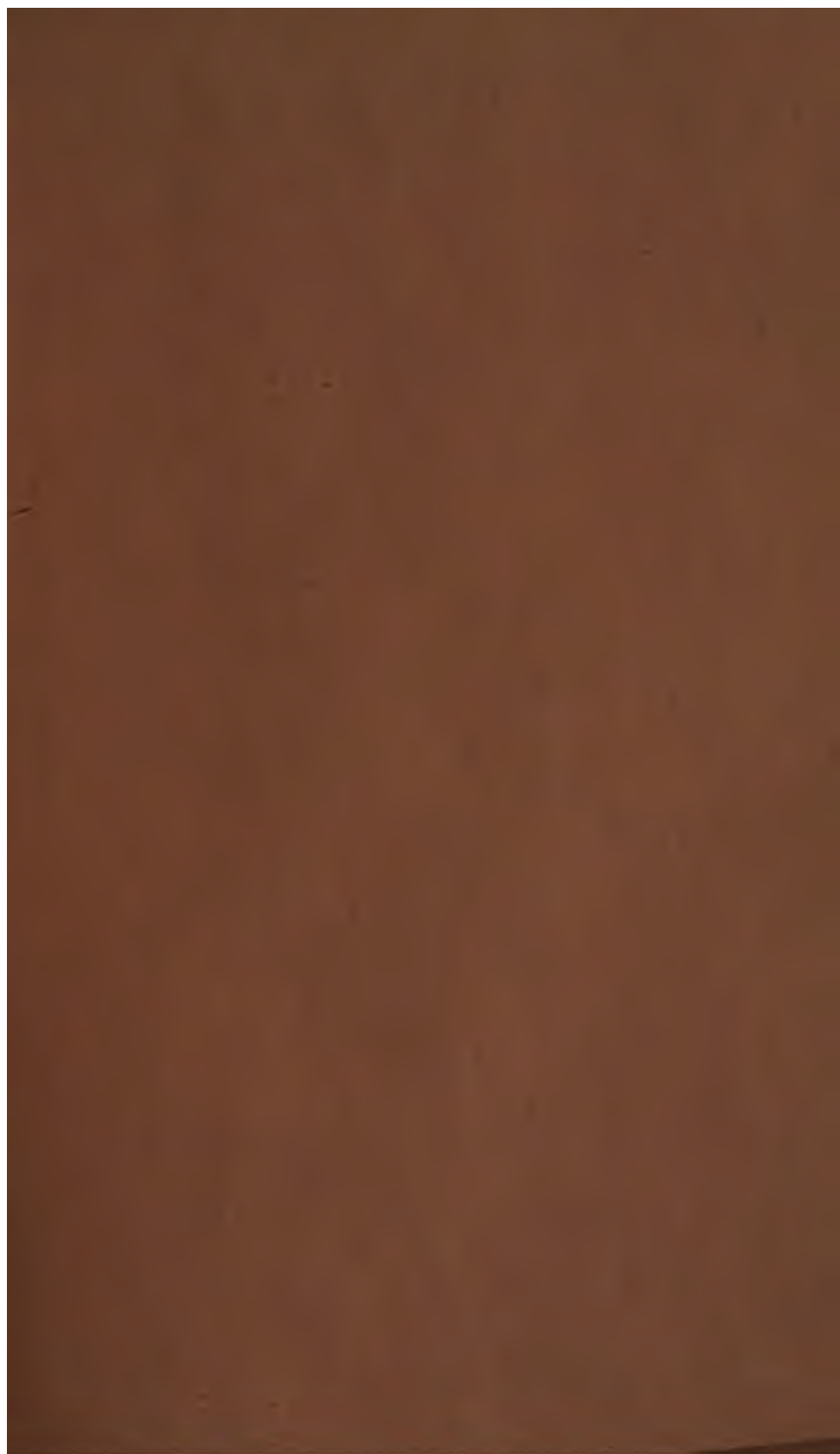
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ON THE
TREATMENT
OF
DISEASES OF THE SKIN:

WITH
AN ANALYSIS OF ELEVEN THOUSAND
CONSECUTIVE CASES.

BY
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THE UNIVERSITY HOSPITAL, ETC., GLASGOW.



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TREATMENT

OF

DISEASES OF THE SKIN.

PART I.

ANALYSIS OF ELEVEN THOUSAND CONSECUTIVE CASES OF SKIN DISEASE.

CHAPTER I.

THE object of the present work is to afford statistics of 10,000 consecutive cases of skin disease met with in hospital practice, and 1000 consecutive cases met with in private practice, to compare the results, and to allude to a few of the more interesting cases. But it must be borne in mind at the outset that no idea can be formed of the actual frequency of the different forms of skin disease from any statistics, seeing that one is most apt to be consulted with regard to those which are associated with derangement of the general health, which give rise to irritation, or which produce deformity; still less from the present statistics, which of necessity contain an undue proportion of obstinate and rare forms of disease.

It is unnecessary to dwell at any length upon the system on which these diseases have been arranged, especially as their classification is but a modification of that adopted many years ago at the Glasgow Dispensary for Skin Diseases as explained by the late Dr. A. B. Buchanan, in a very able article which he communicated to the *Edinburgh Medical Journal* (January, 1863). The object aimed at in this classification was to render it as useful as possible from a clinical point of view, and hence

the most important point was to arrange the various diseases as far as practicable in accordance with their nature and cause. It is most desirable, no doubt, to have a classification in accordance with one principle; but in the present state of our knowledge it is impossible to fulfil the latter indication except at the expense of the former; and accordingly two principles are involved in this clinical classification—namely, the etiological and the pathological.

We divide skin diseases, then, into two great classes—namely: A, Functional; and B, Organic. The Organic we subdivide into two great classes—I. Those defined by uniform causes; II. Those not defined by uniform causes. The diseases defined by uniform causes are arranged under four heads—namely: 1, Parasitic affections; 2, Syphilitic affections; 3, Strumous affections; 4, Eruptive fevers. The diseases not defined by uniform causes comprise all affections of the skin not included in any of the preceding groups, and are arranged pathologically under three heads—namely: 1, Inflammations; 2, New formations; 3, Hemorrhages.

CLASSIFICATION OF 10,000 CONSECUTIVE CASES OF SKIN DISEASE
MET WITH IN HOSPITAL PRACTICE.

A.—FUNCTIONAL AFFECTIONS.

Pruritus	39
Seborrhœa	13
Comedones	10
Milium	1
Hyperidrosis	5
Ephelis	3
Melanopathia	1
Vitiligo	4
Atrophia cutis	2
Alopecia	56
Hirsuties	2
Fragilitas crinium	3

B.—ORGANIC AFFECTIONS.

I. DISEASES DEFINED BY UNIFORM CAUSES.

1. Parasitic Affections.

Vegetable	{	Tinea favosa	156		
		Tinea trichophytina	{	Circinata	54
			Tonsurans	67	
			Circinata + tonsurans	3	
			Sycosis	18	
Tinea versicolor	106				
		Tinea decalvans	153		
Animal	{	Scabies	2527		
		Phtheiriasis	327		

2. Syphilitic Affections.

Primary accidents	24
Secondary and tertiary accidents	437
Hereditary syphilis (infantile)	55
“ “ (non-infantile)	1

3. Strumous Affections.

Lupus	198	Strumous glands	191
Scrofuloderma	27	“ ulcers	85
Lichen scrofulosorum	3	“ abscess	8

4. Eruptive Fevers.

Morbilli	1
Scarlatina	2
Variola	6

II. DISEASES NOT DEFINED BY UNIFORM CAUSES.

1. Inflammations.

Erythema ¹	470	Erysipelas	10
“ multiforme	1	Acne vulgaris	288
“ nodosum	5	Rosacea	37
“ pernio	2	Psoriasis ⁶	725
Eczema ²	2527	Pemphigus	12
Impetigo contagiosa	10	“ foliaceus	1
Ecthyma ³	97	Pityriasis rubra	6
Prurigo	1	Deep inflammations	345
Urticaria ⁴	147	Ulcers ⁵	433
Zona	32	Onychia	10
Dermatitis	27		

¹ Including strophulus, pityriasis, and roseola.

² Including its lichenous, pruriginous, and impetiginous forms.

³ Including rupia non-syphilitica.

⁴ Including lichen urticatus.

⁵ Including lepra.

⁶ Independent of struma and syphilis.

2. *New Formations.*

Varix (uncomplicated)	41	Elephantiasis Græcorum	1
Nævus vascularis	9	Molluscum contagiosum	6
“ spilus	2	Fibroma molluscum	1
Verruca	29	Cicatrix	4
Callositas	10	Cheloid	5
Clavus	1	Cysts	23
Cornu	2	Scirrhus	5
Ichthyosis	31	Epithelioma	38
Scleroderma	1	Unclassified tumors	2
Elephantiasis Arabum	7		

3. *Hemorrhages.*

Purpura simplex	6
“ tuberculosa	1
“ rheumatica	1

CLASSIFICATION OF 1000 CONSECUTIVE CASES OF SKIN DISEASES MET WITH IN PRIVATE PRACTICE.

A.—FUNCTIONAL AFFECTIONS.

Pruritus	11	Atrophia cutis	1
Comedones	7	Alopecia	18
Hyperidrosis	1	Hirsuties	5
Ephidrosis cruenta	1	Fragilitas crinium	2
Ephelis	3	Canities	4

B.—ORGANIC AFFECTIONS.

I. DISEASES DEFINED BY UNIFORM CAUSES.

1. *Parasitic Affections.*

Vegetable	{	Tinea favosa epidermidis	4
		Tinea trichophytina {	36
		Circinata ¹ 10	
		Tonsurans 20	
		Sycosis 6	
Animal	{	Tinea versicolor	15
		Tinea decalvans	44
		Scabies	44
		Phtheiriasis	7

2. *Syphilitic Affections.*

Secondary and tertiary accidents	51
Hereditary syphilis (infantile)	3
“ “ (non-infantile)	3

¹ Including the so-called eczema marginatum.

3. *Strumous Affections.*

Lupus { Vulgaris 22 } 25		Strumous glands 9
{ Erythematodes 3 }		" ulcers 2
Scrofuloderma 6		" abscess 1
Lichen scrofulosorum 2		

II. DISEASES NOT DEFINED BY UNIFORM CAUSES.

1. *Inflammations.*

Erythema ¹ 99	Rosacea 21
" pernio 2	Psoriasis ³ 106
Eczema ² 348	Pemphigus 3
Impetigo contagiosa 1	Pityriasis rubra 1
Prurigo 2	Lichen ruber 1
Urticaria 5	Furunculus 10
Zona 1	Ulcers ⁴ 7
Acne vulgaris 54	

2. *New Formations.*

Varix (uncomplicated) 4	Elephantiasis Arabum 1
Nævus vascularis 2	" Græcorum 1
" spilus 1	Scirrhus 2
Verruca 4	Epithelioma 9
Ichthyosis 7	Multiple fatty tumors 1
Scleroderma 1	

3. *Hemorrhages.*

Purpura rheumatica 1

A.—FUNCTIONAL AFFECTIONS.

The *functional* affections comprise all those diseases of the skin and its appendages in which there is no evidence of structural change. Of these there were 192 cases, 53 of which occurred amongst the private, and 139 amongst the hospital cases, and they include fifteen separate affections.

The first of these, pruritus, of which there were 50 illustrations, includes only those cases in which itching was the sole cutaneous symptom, and which may arise from a variety of causes, such as disorders of the digestive organs, of the urinary

¹ Including strophulus, pityriasis, and roseola.

² Including its lichenous, pruriginous, and impetiginous forms.

³ Including lepra.

⁴ Independent of struma and syphilis.

and genital organs, and of the nervous system; and the treatment consisted in the removal of the cause or causes, in addition, frequently, to the empirical treatment of the symptom itself. There can be little doubt that very frequently cases are erroneously classed under this head: thus the pruritus on careful investigation is often found to be dependent on the ravages of the itch insect or the louse, or upon recurrent outbreaks of nettlerash, and should then be classed under the respective heads of scabies, phtheiriasis, and urticaria. The only case specially worthy of mention under this head is that of a lady, aged about fifty, who consulted me on Jan. 10th, 1870, on account of intolerable irritation of the skin, which deprived her in great measure of sleep, and made "her life a burden to her." The history which she gave of her case was that she went to visit a friend who was very deaf, and who used a speaking trumpet. She put her mouth close to the mouth-piece of the trumpet, and immediately experienced the irritation complained of, and from that time to this, a space of nearly two years, it has never left her. No trace of disease can be detected in her skin, and the pruritus cannot be very severe, as there are no marks of her nails to be seen. Her general health appears to be good, but she is in a very depressed state, and fears that she will never be better. It is quite evident that in this case the disease is mental rather than physical, and it is not improbable that it may end in insanity.

Of the functional affections of the sebaceous glands there were 31 illustrations, representing three forms of derangement—namely, seborrhœa, comedones, and milium. Under the head of seborrhœa, of which there were 13 instances, are classed those cases in which the sebaceous glands were abnormally active, and in which, as a consequence, an excessive quantity of sebaceous matter appeared on the surface in the fluid form or in the shape of oily crusts.

The term "comedones," of which there were 17 examples, refers to accumulations of hardened sebaceous matter in the ducts of the sebaceous glands, or in the hair-follicles communicating with them, their presence being indicated by little black specks upon the skin, due to admixture of the sebaceous

matter on the surface with particles of dust. Cases in which these accumulations became complicated with inflammation of the skin in their vicinity have been classed under the head of acne.

Milium, for which only one patient came specially for advice, but which was met with incidentally many times in patients complaining of other forms of skin disease, differs from comedones in this respect, that, owing to an obstruction in the duct of the gland, the latter, in whole or in part, becomes distended with sebaceous matter, thus forming a little pearly-looking elevated spot upon the surface.

Functional affections of the sudoriparous glands were more rarely met with, there having been only six cases, all of which were examples of hyperidrosis or excessive perspiration, and in one at least of these the perspiration was accompanied by fetor. The following extract from a note received from a surgeon in England affords a good instance of this disagreeable affection: "I suffer from axillary perspiration to a very disagreeable extent; so much so that often when I am walking about seeing patients my shirt and coat in the region of the axilla are perfectly wet. This occurs even on the coldest day. My skin in other parts is remarkably free from perspiration. I need hardly say that I observe the most perfect cleanliness."

It may be well in this place to refer to that extraordinary complaint improperly termed ephidrosis cruenta, or bloody sweat, for it is not a perspiration at all, but an exhalation of blood from the pores of the skin. The rarity of this affection is proved by the fact that it only occurred once out of the whole 11,000 cases. It is unnecessary to give more than a mere outline of this case, as it, along with similar cases, was fully described by the writer in the *Journal of Cutaneous Medicine* (vol. i. page 328). The patient, a young lady fourteen years of age, was seen by me at the request of Dr. Mason, of Ayr, in the summer of 1866. The parts implicated were the face, arms, front of the chest, and legs. The hemorrhage occurred from round erythematous patches of eruption, which were remarkable for their symmetry. One was on the brow, another on the chin, and one on each cheek. On the front of

each arm also there were four in a row, two on each upper arm and two on each forearm. A similar arrangement was observed upon the sternum and upon the legs. One of the most marked peculiarities of the hemorrhage was the suddenness of its invasion. An oval or round red ring, varying from the size of a shilling to that of a crown, formed almost instantaneously, and the redness quickly spread inwards over the inclosed skin. As soon as seen the patches appeared as if the cuticle had melted away, and the surface was quite wet. Sometimes the exudation was like water at first, and changed into blood; at other times, and especially on the face, the patches were at once covered with a complete dew of blood. The hemorrhage did not, however, consist merely of the dew of blood; that was only at the outset: it was actual bleeding, as from a cut, the blood sometimes streaming down the face or other part attacked. There was rarely more than one attack each day, although sometimes the bleeding occurred from two separate portions of skin simultaneously. It is very curious to note that the outbreak *generally* occurred at the same hour each day—namely, at 11 A.M.; but it did not seem to be under the influence of mental or bodily excitement, or to be induced by taking food or stimulants. It was evident that the hemorrhage was dependent upon defective and irregular menstruation—that, in fact, it was a case of vicarious menstruation; and accordingly it yielded, in the space of three or four weeks, to remedies directed against the latter disorder.

Of pigmentary disorders of the skin there were 11 cases, including three different forms of disease—namely, ephelis, melanopathia, and vitiligo. As these terms have been variously used by dermatologists, it may be right to explain the meaning that is attached to each in the present classification.

By ephelis is meant an excessive deposit of pigment in the mucous layer of the epidermis, giving rise to brown patches of various shapes and sizes, such as we so frequently observe upon the brow of the pregnant female. Of this there were six cases, three amongst the 1000 private, and three amongst the 10,000 hospital cases.

There was only one case classed under the head of melano-

pathia, by which is meant an irregular and streaky deposit of pigment giving to the surface a marbled appearance. This condition is most frequently met with upon the legs, as the result of long-continued exposure to the heat of the fire; but it occurs in its most typical form in persons tainted with syphilis. Such cases, however, of which a good many presented themselves, are classed under the head of constitutional syphilis.

In vitiligo, of which four cases came under observation, there is not so much an excessive deposit as an irregular distribution of the pigment, so that variously shaped, unduly white patches, at the edges of which the skin is unnaturally dark, are presented to view.

It may be well at this time to refer to a case which, as far as known to the writer, is unique, in which the symptoms were at first identical with those of *tinea decalvans* (*alopecia areata*), but subsequently with vitiligo. A young lady, aged ten, healthy looking, and born of a sound stock, consulted me on June 30th, 1870, on account of round and irregular bald patches on the head, the latter being due to the coalescence of neighboring round ones, and implicating, in all, about one-half of the head. The case, in fact, presented all the naked-eye characters of *tinea decalvans*, the disease due to the presence of the microsporon *Audouini*; but, unfortunately, no note was taken at the time as to the result of the microscopic examination of the hairs. She was recommended to regulate the bowels with simple aperients, to take small doses of wine of iron and Fowler's solution, and, after shaving the head, to sponge it night and morning with a lotion of perchloride of mercury (four grains to the ounce). On July 28th all the bald patches were thickly clothed with hair, which, as is usual in cases of *tinea decalvans* when the hair first reappears, was white, owing to the absence of pigment. So far there was nothing unusual in the symptoms until Dec. 23d, when the patient again visited me. The hair was then perfectly healthy, but as white in the sites of the previous bald patches as on the 28th of July, the scalp in these situations being likewise devoid of pigment. She then showed me what had appeared, about a fortnight previous, on her shoulders and back—namely, round and oval white spots, from the size

of a crown downwards, the skin at the edges of which was deeply pigmented. In fact, she now presented all the characteristic symptoms of vitiligo.

Vitiligo is in most cases either a congenital or nearly congenital deformity; but there are exceptions to this rule, as in the following case:—

Mary M—, aged twenty-seven, domestic servant, came to the Glasgow Dispensary for Skin Diseases on the 27th January, 1869, on account of a discoloration of the skin. Without questioning, she volunteered the following statement as to the origin of the disease: "About eight years ago, whilst working in a hay-field, I was struck on the back of the head by a fellow-worker so forcibly as to drive a hair-pin into my head." About a year after this her attention was called by a companion to a patch of gray hair on the back of her head; and, on close examination, the scalp in this situation was found to be white in color. Shortly after this she noticed many white spots on the sides of her neck. On examination of the patient, a swarthy-looking Irishwoman, the following appearances were noticed: On the occipital region and upper portion of the neck, in the median line, the hair, to the extent of nearly four inches in length and two in breadth, was quite gray, and the skin from which it grew of a clear white tint; while at the edges of the patch, which were irregular in form, the skin was much darker than the healthy skin in the vicinity. On the sides of the neck above the clavicles were two patches four inches long and one broad, presenting exactly the same characters minus the hair. Similar patches, varying in size from a threepenny-piece to a florin, were seen on the chest and right arm. Her general health appeared to be excellent. The formation of new patches, which was going on at first, was arrested, and some improvement in the existing ones was observed, under the influence of Fowler's solution in small doses continued for some months.

Of simple atrophy of the skin there were three cases, two of them occurring in hospital and one in private practice. All of them were very circumscribed. In two the atrophy consisted of a narrow, white, depressed line, extending from the supra-orbital notch nearly perpendicularly over the brow along the

track of one of the branches of the supraorbital nerve. In the third case the atrophy implicated small irregular patches of skin upon the leg, brow, upper lip, and neck below the right ear. This is evidently a neurotic affection, but in none of the cases alluded to could any satisfactory explanation be given of its occurrence.

Among the 90 cases of functional disorder of the hair or hair-follicles, 29 of which occurred among the private patients, there were four different forms of disease—namely, alopecia, hirsuties, fragilitas crinium, and canities.

The term "alopecia," of which there were 74 examples, is used in this classification, as it should always be, in a very restricted sense. Thus, when the scalp is attacked by erythema, the hair often comes away in great abundance;⁴ but here the alopecia is merely one of the symptoms of erythema (or pityriasis, as it is generally termed). When the poison of syphilis enters the blood, the hair frequently falls out; but this is merely one of the manifestations of syphilis. When lupus attacks the head, it destroys the hair-follicles and leads to permanent baldness; but the alopecia in that case is merely one of the consequences of the strumous disease. And, lastly, when the microsporion Audouini attacks the hair, it produces bald patches; but this is only one of the symptoms of tinea decalvans. Such cases are classed under the respective heads of erythema, syphilis, lupus, and tinea decalvans. Idiopathic alopecia usually occurs as the result of debility—during convalescence from a fever, for example; although it is sometimes hereditary; and occasionally, as I shall endeavor to point out when referring to the pathology of tinea decalvans, a purely neurotic affection.

There were seven cases of hirsuties, five of which occurred among the private cases. By this is meant an excessive development of hair in unusual situations, especially in females. There is much difference of opinion as to the proper advice to be given to such persons. Some recommend the extraction of the hairs, under the belief—which is shared in by many members of the profession, even the most distinguished—that, when a hair is extracted along with its bulb, it does not grow again.

But this is the worst recommendation of all; for not only does it grow again, but the stimulation of the epilation makes it grow with greater vigor than before. The treatment of hirsuties therefore resolves itself into the regular employment of the razor or of a depilatory. The latter is certainly to be preferred, provided the agent used is carefully selected. In doing so, we should aim at securing an application which is efficient without being irritating; and the remedy which I have found to fulfil these conditions in a satisfactory manner is composed of—sulphuret of barium, a drachm and a half; oxide of zinc, six drachms; carmine, one grain; this is mixed with a sufficient quantity of water to form a paste, which is smeared over the hairy part; in three minutes it is washed off, and the hair comes away with it. †

The next disease of the hair, which has been named “*fragilitas crinium*” by Wilson, and of which five cases came under observation, is little known to the profession. The whiskers and moustache are more frequently affected than the hair of the head. The affected hair is marked by a variable number of white spots, and after it grows a certain length it has a tendency to break at one of these points. On microscopic examination it is found that the white spots are partial fractures of the hair, their nutrition being evidently defective, and their elasticity proportionately impaired.

Of canities, or decoloration of the hair, there were four instances, all of which occurred amongst the 1000 private cases. One of these is specially worthy of note. This was the case of a gentleman in the prime of life, and apparently in good health. The affection was of some years' duration, and implicated the hair of the left upper eyelid and most of the hair of the left whisker, which was quite white. The affection of the eyelid was complete within a few days from its commencement, the whiteness appearing first at the inner angle of the lid, and rapidly extending outwards. No cause could be assigned by the patient, unless anxiety in starting a new business. In some cases the decloration is hereditary; thus I am acquainted with a gentleman who has jet-black hair with the exception of one lock of gray in the occipital region, who informed me that his

father and grandfather presented the same peculiarity. In other cases the whiteness of the hair is merely to be regarded in the light of premature disappearance of the pigment, such as occurs in the natural course of events in aged persons.

CHAPTER II.

B.—ORGANIC AFFECTIONS.

OF the *diseases defined by uniform causes*, the parasitic affections, which constitute the first class, bulk largely in the present statistics; for of the 11,000 cases, no less than 3561 were dependent upon the presence of parasites. These affections have been divided, as usual, into two sub-classes—namely, (1) affections due to the presence of vegetable, and (2) affections due to the presence of animal, parasites. With regard to the first of these, the vegetable parasitic affections, which were 656 in number, there is much difference of opinion, and consequently much variety in their classification. Thus, Wilson holds that there are no such diseases, the plant-like structures met with in ringworm, etc., being, in his opinion, mere degenerations of the structures of which the skin is composed. Others, while admitting the class of vegetable parasitic affections, hold that they are all due to one and the same parasite; while my own opinion, as fully explained elsewhere, and as indicated in the present statistics, is that, regarded from a clinical point of view, there are four fungous growths, productive of four distinct affections, which under no circumstances are transmutable.

The first of these, *tinea favosa*, due to the presence of the *achorion Schönleinii*, seems to be much more frequent in Scotland than in England, having been met with no less than 160 times. It rarely occurs except amongst the lowest classes, as is proved by the fact that no less than 156 of the cases occurred in hospital practice, while the four which were met with in private were all in members of the same family,

amongst whom it spread by contagion. In this, and in many other instances, the disease was contracted from the lower animals—in most of them directly or indirectly from mice. The frequency of favus in mice, coupled with the mousy odor which is one of the characteristics of the complaint, renders it not improbable that favus was originally communicated to human beings from them.

The next vegetable parasitic affection, ringworm, or tinea tricophytina (due to the presence of the tricophyton), was met with 178 times—36 times amongst the 1000 private, and 142 times amongst the 10,000 hospital cases. These statistics would lead one to the belief that, in Scotland at least, tinea favosa is nearly as common an affection as ringworm, than which nothing could be more erroneous, for there is little doubt that ringworm occurs at least twenty times more frequently than favus; but patients are not nearly so likely to seek advice with regard to the former affection, partly because it is less obstinate and less disfiguring, and partly because of the numerous popular remedies which are in vogue for its removal. It will be observed that, in the opinion of the writer, tinea circinata, tinea tonsurans, and tinea sycosis are mere varieties of ringworm, the first affecting non-hairy parts, the second the head, and the third the other hairy parts of the body, especially the beard. It may be right, too, to mention that under the head "tinea circinata" are classed some cases of that disease first described by Hebra as a variety of eczema, under the name of eczema marginatum, it being a mere variety of ringworm of the body, as I have endeavored to prove in a recent number of the *Edinburgh Medical Journal* (May, 1868).

The third vegetable parasitic affection, tinea versicolor, that brown patchy eruption which occurs upon the trunk of the body, due to the presence of the microsporon furfur, was met with 121 times, and with almost equal frequency in all classes of the community; but these statistics afford no criterion of its actual frequency, for patients comparatively rarely seek advice with regard to it. There were numerous illustrations of its contagious nature, and many cases also in which it did

not seem to be communicable, for all persons are not equally liable to be infected.

The last of the vegetable parasitic affections, *tinea decalvans* (due to the presence of the microsporion *Audouini*) occurred 197 times, 44 of which cases were met with among the 1000 private cases. These statistics would lead one to suppose that it is a commoner affection than *tinea versicolor*: but in reality it is a comparatively rare disease; one, however, which, by destroying the hair and thus producing much deformity, creates alarm, and hence most cases come under the notice of the physician. There is much difference of opinion as to the pathology of this complaint, but I have no doubt of its parasitic nature; and the reason why the fungus is so generally overlooked is that it is very small compared with the other vegetable parasites, and that it implicates the sheath of the hair rather than the hair itself, so that when the latter is extracted without the sheath, as so often happens, no fungus is discovered. At the same time it comes to be a question whether a few of the cases presenting the naked-eye characters of *tinea decalvans* are not rather the result of perverted innervation than of the presence of a fungous growth. The case referred to under the head of vitiligo (see page 9) lends support to this view.

It is quite evident that all persons are not equally under the influence of vegetable parasites, a certain soil, as in the case of the higher plants, being necessary in order to their growth; and, as illustrated by the cases under review, debilitated and strumous persons seem specially liable to be attacked. Hence constitutional treatment, with the view of improving the general health, was in most cases resorted to, in combination with local measures. It is not improbable that in some of these cases the constitutional treatment, by rendering the soil unsuitable, might have served to remove the disease, but it was not considered desirable to trust to it alone. The local treatment, which in some instances was resorted to exclusively, consisted in the use of parasitocides, such as the perchloride of mercury (two to four grains to the ounce) the hyposulphite of soda (half a drachm to a drachm, to the ounce) and sulphurous acid. Sometimes the eruptions—erythematous, eczematous, etc.—produced by

the irritation of the fungus, had a tendency to remain after the parasiticides had completed their work of destruction, and then the subsequent treatment of these eruptions was conducted on the same principles as if they had occurred independent of such special causes. Where hairy parts were involved it was generally found necessary to extract the hair in addition to using parasiticides, with the view of removing, along with the roots, the fungus matter which lay embedded in the follicles and beyond the reach of the parasiticides. This was especially necessary in the case of *tinea favosa* and *tinea sycosis*. In obstinate cases of *tinea tonsurans* and *tinea decalvans* strong local applications—including blistering—were employed successfully.

The parasitic affections due to the presence of animal parasites were 2905 in number, and included two forms of disease—scabies and phtheiriasis. Of the first, 2527 occurred amongst the 10,000 public, and 44 amongst the 1000 private cases; so that, while scabies is by no means so rare amongst the upper classes as many suppose, occurring to the extent of fully 4 per cent of the cases under observation, it is vastly more frequent amongst the lower, occurring to the extent of fully 25 per cent.

Of the three varieties of phtheiriasis—*P. capitis*, that which affects the head; *P. pubis*, that which affects all hairy parts except the head, but especially the hair of the pubes; and *P. corporis*, that which affects the non-hairy parts; and each due to a separate variety of pediculus—that which implicates the body was by far the most frequently observed, but the exact proportion cannot be stated, as the cases were not kept separate in the present statistics. This disease occurred almost exclusively amongst the lower classes, 327 cases having occurred amongst them, and only 7 amongst the private cases; and it was generally found, as in the case of the vegetable parasitic affections, that constitutional treatment, such as cod-liver oil and tonics, in addition to the use of parasiticides, such as ointment of staphisagria and lotions of perchloride of mercury, accelerated the cure and rendered it more permanent.

The proportion of syphilitic cases indicated by the present statistics is somewhat less than had been anticipated, there

having been 574 in all, or nearly 5 per cent.; of which 517 occurred amongst the 10,000 hospital, and 57 amongst the 1000 private patients. It was not thought necessary to separate the various forms of secondary and tertiary eruption (488 in number): partly because these are named, somewhat arbitrarily, from their supposed resemblance to non-syphilitic affections, and have, moreover, a tendency to run into one another; and partly because the treatment adopted depended not so much upon the mere character of the eruption as upon the constitution of the patient and the interval that had elapsed since the contraction of the disease. While, however, mercurial treatment was generally resorted to in cases of secondary, and iodide of potassium in cases of tertiary syphilis, the former was frequently employed with success in obstinate cases of tertiary syphilis after the latter had failed. Simple tonic treatment was often made use of when the state of the general health appeared to demand it, but it was not relied upon alone in the general run of cases; and, indeed, the results of the treatment, of which the above is an outline, are altogether opposed to the too fashionable belief that anti-syphilitic treatment is unavailing, and that tonic treatment and a reliance on the "*vis medicatrix naturæ*" is all that can be desired.

Of hereditary syphilis there were 62 examples, almost all of which occurred in the infantile period. Of the non-infantile cases, of which hardly any notice is taken by authors, one or two may be alluded to. One of these was a case of pemphigus occurring in a little girl about nine years of age. The eruption of bullæ was somewhat circumscribed, being most abundant about the privates, around the mouth, and on the arms and legs. The eruption assumed the form of segments of circles, as syphilitic eruptions so often do; the stains left by it were somewhat coppery; and there was a distinct history of miscarriages in the mother. She improved greatly under a course of gray powder.

A little boy, aged nine, was brought to me on Feb. 26, 1868, labouring under an eczematous eruption which had continued since he was six weeks old. The eruption was situated principally upon the face, but a few scattered patches were observed

upon the legs. It had all the usual characters of simple chronic eczema: the skin was considerably thickened and infiltrated, and the patches were red, very itchy, and exuded clear serum from time to time. His face was pale, and he had chronic bronchitis; but the digestive organs were healthy. I saw him from time to time, and treated him at first with tar capsules on account of the bronchitic complication; subsequently with iron, arsenic, and cod-liver oil; while the external treatment consisted of various preparations of tar and of mercury in the shape of lotions and ointments. The eruption improved very much, but never disappeared. He was brought to me again on Oct. 14th, when, disappointed at the failure of what may be termed the anti-eczematous treatment, I examined him carefully. I found that his face was pale and was the seat of small scars; his nose, too, was somewhat depressed, and slight fissures, which were of old standing, were detected at the angles of his mouth. I came to the conclusion that the eruption was the result of an hereditary syphilitic taint, and gave him a teaspoonful three times a day of three drachms of iodide of potassium dissolved in six ounces of infusion of quassia. This did no good, and accordingly on March 3, 1869, I prescribed five grains of gray powder twice daily. On the 17th the eruption was greatly better, and the powders had agreed with him. On the 12th of April it had completely disappeared, with the exception of slight redness and roughness of the upper lip, while the fissures at the angles of the mouth were healed, whitish marks only being left. The gray powder was stopped, and I have not seen the patient since, so that, judging from the anxiety of his mother as to his complaint, it is reasonable to infer that he continues well.

In this case the iodide of potassium failed; but it is not always so, as in the following case, which is interesting, not only on this account, but also because it is the only case on record, with the exception of the one mentioned at page 17, of hereditary syphilitic pemphigus (of course, excepting infantile pemphigus, of which many cases have been published).

Master H—, aged about ten years, was brought to me on Oct. 26, 1867, on account of an eruption of bullæ. These com-

menced to form on Sept. 14th, and the complaint was perpetuated by the occurrence of fresh crops. At the date of his visit two bullæ were detected, and the remains of one or two others on the hands and feet. No other parts of the body were ever attacked. He was pale, thin, and weakly, and his bowels were too loose. His father died at the age of twenty-eight years, said to be of inflammation of the chest; and his mother, immediately after his birth, became paralytic, and died at the age of twenty. Taking into consideration all the facts of the case, and especially the pallor of the countenance and the limitation of the disease to the hands and feet, which I have observed to be the favourite seats of the eruption in syphilitic pemphigus when it is not hereditary, I prescribed—iodide of potash, half an ounce; ammonio-citrate of iron, two drachms; syrup of ginger, two drachms; infusion of cascarilla, to twelve ounces: a dessert-spoonful three times a day in a wineglassful of cold water. He was ordered a good deal of animal food, and to abstain from porridge, cheese, pastry, and trash of all kinds.

Immediately after his visit to me he was sent to school in Edinburgh, where the medical attendant of the boys saw him, and was shown my prescription. He evidently took a different view of the case, and therefore very naturally disapproved of the treatment proposed, and gave him instead a course of cod-liver oil. On his return from school for the Christmas holidays he was not the least improved in any respect. His guardian therefore stopped the oil and began the treatment which I had suggested. After he had finished one bottle of the medicine he was brought to me. He was still pale, but felt very much stronger, and the eruption had quite disappeared, only one or two discoloured marks indicating the seats of the previous bullæ. He was ordered to continue the treatment, and I have not seen him since.

Strumous affections, of which there were 557 examples, are nearly as numerous as syphilitic, if we include strumous glands, strumous abscesses, and strumous ulcers; but if we exclude them, it will be found that they are much less numerous, there being only 261 amongst the whole 11,000 cases. An attentive observation of the cases of lupus afforded no corroboration of

the view that that disease is not essentially a strumous one, as many assert; and the fact that sometimes no other manifestation of the strumous diathesis was present is no better argument against its strumous character than is the absence of any other strumous manifestation against the strumous character of strumous adenitis. Of the two varieties of lupus, lupus erythematoses and lupus vulgaris, the former was only exceptionally met with; while lichen scrofulosorum, the papular eruption described by Hebra, seems to be rarer in Scotland than in Austria, if we may judge by the present statistics, only five undoubted cases having been noted. Strumous affections not belonging to lupus or lichen have been classed under the head of "scrofuloderma," of which there were 33 cases, and in which is included that variety described by me under the head of "scrofuloderma verrucosum." The constitutional treatment of this group consisted in the use of the usual anti-strumous remedies, such as cod-liver oil, steel, sea-air, and attention to the general health; while, locally, caustics were, for the most part, relied upon, of which the solid nitrate of silver and the acid nitrate of mercury were most frequently used. The constitutional treatment was found most useful in preventing relapses; the local, in removing existing manifestations.

It is unnecessary to dwell upon the last group of diseases defined by uniform causes, the eruptive fevers; as these, for obvious reasons, were only exceptionally observed at the dispensary, while those occurring in private practice were excluded from the present statistics.

CHAPTER III.

THE first class of diseases not defined by uniform causes—the inflammations—is a very extensive one, embracing as it does more than one-half of all the cases (namely, 5847), and this notwithstanding the exclusion of all inflammatory affec-

¹ Journal of Cutaneous Medicine, vol. i. p. 26.

tions included under previous groups on account of their dependence on uniform causes. It is impossible to do more than refer briefly to a few of the more important of these.

The most frequent by far was eczema, of which there were 2875 cases (2527 having occurred amongst the 10,000 hospital, and 348 amongst the 1000 private patients); that is, in the proportion of rather more than 1 to 4. This is a proportion lower than is usually recognized (namely, about one-third), although the term "eczema" was used in its widest sense, including the so-called lichen and impetigo, the reasons for which have been given at length elsewhere. The proportion would probably have been somewhat greater had it not been that under the head of "scabies" was included, not only those patients who came themselves for advice, but also other members of their families who were reported to be similarly affected. It would be quite out of place to enter into details with regard to this protean affection; but it may be remarked, that, of the two forms of eczema, the generalized and the localized, the latter was the more frequently observed, while the former was more readily amenable to treatment. No case of universal eczema—by which is meant an eruption covering the whole of the body without leaving a single interval of sound skin—was observed. Of the localized forms, the parts most frequently attacked were the legs, hands, head, and hairy portions of the face; and next to them the genital organs, anus, ears, arms and neck, and internal aspect of thighs. In most cases debility, or digestive derangement, or local irritation, or a combination of these causes, lay at the root of the disease.

Erythema, the simplest of all the inflammatory affections of the skin, was much less frequently met with (namely, 470 times amongst the hospital, and 99 times amongst the private cases), although under it were included cases of the so-called strophulus, non-syphilitic roseola, and pityriasis. A good many cases, however, were classed under eczema which might have been ranged under erythema, as it is sometimes difficult to say where erythema ends and where eczema begins; for most of the forms of erythema are but lower grades of inflammation than eczema—

indeed, most cases of the latter commence, and almost all of them terminate, in erythema.

In the present classification no such disease as pityriasis is recognized; for if we exclude *seborrhœa sicca*, sometimes termed pityriasis, and the genuine pityriasis rubra as first described by Devergie, the remaining cases of the so-called pityriasis are nothing more nor less than the second or scaly stage of erythema; and it is manifestly absurd to speak of the second stage of a complaint as a separate disease, though it may be convenient to retain the term as applicable to the chronic stage of simple inflammation of the skin.

The disease so graphically described by Hebra under the name of prurigo was very rarely met with—much more rarely apparently than at Vienna, if we may judge from the statistics of the great German dermatologist—perhaps because the lower classes in this country live under better hygienic conditions; but pruriginous eruptions were very commonly observed. By a pruriginous eruption, I mean an eruption produced by the nails of the patient in scratching, such as we notice so generally in cases of scabies, phtheiriasis, and urticaria. Such eruptions are mere symptoms or complications of these diseases, and are therefore classed under their respective heads of scabies, phtheiriasis, and urticaria; while most of the others, which appeared to be independent eruptions, were grouped with eczema (*E. pruriginosum*), always excepting what we may call the true prurigo of Hebra, which, as just observed, was very rarely met with.

Under the head of Ecthyma 97 cases are noted as having occurred amongst the hospital patients, whilst not a single case was observed amongst the private ones. We are told by some dermatologists—Hebra for example—that there is no such disease as ecthyma, the cases previously classed under this head being mere symptoms or complications of other diseases, such as syphilis, scabies, and eczema. But while it must be admitted that many cases are described as ecthyma which in reality have no title to such a classification, the present statistics do not confirm the view just mentioned. Under the head of ecthyma have been classed only those cases in which large isolated pustules terminating in crusts and occurring generally in debilitated

subjects were observed, independent of syphilis, of scabies, and of all other itchy affections. The constitutional treatment, consisting of generous diet, change of air, and the use of tonics, was most relied upon, while soothing local applications gave much relief and accelerated recovery.

The most frequent of all the inflammatory affections, with the exception of eczema, was Psoriasis, of which there were 831 examples, 725 of which occurred amongst the hospital cases, and 106 amongst the private ones. This is a much larger number than had been anticipated at the outset, but which is perhaps accounted for in part by the fact that psoriasis is not only a very disfiguring and very obstinate affection, but also one which has a marvellous tendency to recur, especially in the spring and autumn months. It must be mentioned, too, that the disease described in dermatological works as *lepra* (by which we do not mean the true leprosy) is not recognized at all in the present statistics, but is included under the head of psoriasis, and that no attempt has been made to separate the various forms of the latter, described as *P. nummularis*, *P. circinata* (*lepra*), *P. gyrata*, etc., as these are but stages of one and the same disease. There were very numerous illustrations, not only of its tendency to recurrence, but likewise of its markedly hereditary character; and no corroboration was afforded of the view promulgated by Wilson, that psoriasis is remotely transmitted syphilis. One case, however, was observed in which psoriasis occurred in a lad, with pallid complexion, prominent brow, sunken nose, notched teeth, and other typical symptoms of hereditary syphilis; but it is more than probable that this was a mere coincidence, else, among upwards of 800 cases of psoriasis, such illustrations would probably have been met with more frequently. The local treatment of psoriasis consisted in the use of soothing ointments and lotions in the acute, and of mercurial ointments in the chronic, stage. If there was much irritation of the skin, various kinds of tarry ointments and the *liquor carbonis detergens* were used; while, in very obstinate cases, which resisted every other kind of treatment, underdresses of vulcanized India-rubber were sometimes used with excellent effect. The constitutional treatment was, as a rule,

most relied on, especially tonic aperients and alkalies in acute cases; and arsenic, carbonate of ammonia, carbolic acid, and tar (especially coal-tar) in the chronic. It has been well remarked that the subjects of this complaint are usually remarkable for their healthy appearance; but notwithstanding, an inquiry into the family history often elicits a hereditary tendency to phthisis, and in a few cases the patients themselves gave evidence of the presence of strumous disease: in these, cod-liver oil, steel, and such-like remedies, yielded good results.

Under the head of *Acne vulgaris*, by which is meant inflammation occurring around the orifices of the sebaceous glands as the result of the accumulation in them of hardened and therefore irritating sebaceous matter, which appears on the surface as little black specks, 342 cases were registered, 288 of which occurred amongst the hospital patients, and 54 amongst the private ones. This disease most frequently made its appearance about the period of puberty, and in females often became aggravated at the menstrual periods. It is a most obstinate affection, and little impression was as a rule made upon it by constitutional treatment, even arsenic being generally unavailing. But in those exceptional cases in which the tendency to the formation of little abscesses, the skin covering which was violet, was well marked, cod-liver oil and steel and strengthening treatment generally was of great use. The local treatment usually consisted in squeezing the little hardened masses of sebaceous matter (comedones, as they are termed) out of the glands, the lancing of pustules and tubercles, and the use of local stimulants, such as lotions of perchloride of mercury and sulphur. A very elegant formula for the latter was recommended to me by Dr. Bulkley, of New York, and which is as follows: Sulphate of zinc and sulphuret of potassium, of each 1 drachm; rose-water, 4 ounces; shake the bottle; cover the affected parts with pieces of lint dipped in the lotion, which are to be removed when the lint is dry. To be used night and morning.

The disease marked *Rosacea* in the classified list is usually spoken of as *acne rosacea*, owing to its being frequently associated with an eruption resembling the spots of acne; but the

typical disease is a distinct affection. The first stage in the morbid process consists in dilatation of the capillary blood-vessels, which is followed by congestion and inflammation of the skin, and, if the disease is not arrested, in the new formation of cellular tissue, so that ultimately tubercles, and even tumours, are developed. It was much more frequently met with amongst the private than amongst the hospital cases, probably on account of the greater annoyance which the disfigurement gave rise to in the former, 21 cases having occurred amongst the 1000 private, and only 37 amongst the 10,000 hospital patients. It was often the result of intemperance, especially in the male sex, but much more frequently of debility; hence the constitutional treatment, which proved so comparatively useless in *acne vulgaris*, was the *sine quâ non* in *rosacea*. Stimulating local applications were likewise of the greatest service, such as the *rumex* ointment mixed with sulphur in the proportion of one to two drachms to the ounce. The following is the formula for the preparation of the *rumex* ointment: *Rumex* root, nine ounces; lard, six ounces; yellow wax, one ounce; water, sufficient quantity. Wash and bruise the roots; boil for two hours and strain; evaporate to four ounces; add gradually to the wax and lard previously melted, and keep stirring until cold.

Of the three diseases which alone are capable of implicating the whole body, pemphigus, pityriasis rubra, and lichen ruber, the first was most frequently observed, 16 cases having been met with, one of which was an instance of that rare form described as pemphigus foliaceus. The other two complaints occurred seven times and once respectively. From this it appears that the true lichen ruber, as pictured by Hebra, is a much rarer complaint in this country than in Austria, although the milder forms, described by Wilson under the name of lichen planus, and hitherto classed under the head of lichen, are by no means uncommon. The case of lichen ruber above referred to occurred in a farmer, about sixty years of age, who consulted me twice in August, 1868. The disease had then existed for three years, and implicated the entire cutaneous envelope. At that time he was treated, with slight improvement, by means of tar capsules, and a lotion of liquor carbonis

detergens. I saw him again twice in consultation with Dr. Skene, of Helensburgh, in April and May, 1870. The skin then appeared to be in the same state as when I saw him first, but he was thinner, and complained much of debility. Small doses of iron and arsenic were prescribed, and an under-dress of vulcanized India-rubber was recommended to be worn. I have not seen him since, but I understand that he is still alive, though gradually losing ground.

CHAPTER IV.

THE second class of diseases not defined by uniform causes, the New Formations, includes as many forms of disease as the Inflammations; but the number of cases were much less, being 251, of which 218 occurred amongst the 10,000 hospital, and 33 amongst the 1000 private patients.

Under the head of Varix 45 cases were registered. But this does not at all represent the actual number, for those complicated with ulceration, erythema, eczema, and syphilis were classed under these heads.

Of Verruca, or Warts, there were 33 examples, which included several cases in which numerous warts had developed on different parts of the head only, or less frequently in combination with warts on the hands and other parts. Isolated warts were treated locally by means of caustics, excision, etc.; but when numerous, constitutional treatment was more relied upon, such as attention to the general health, tonics, and, above all, arsenic, which, in some cases, caused their complete disappearance. This leads me to remark that it is a mistake to suppose that warts are mere local affections; indeed, I have little doubt that they are remotely connected with the scrofulous diathesis—that they are what we may call, in imitation of our friends across the channel, “a benign scrofulide,” as they are specially apt to occur in persons of a scrofulous habit, and as strumous affections very often take on the warty character. This is well

illustrated by that form of strumous disease which I have named *Scrofuloderma verrucosa*, and to which allusion has already been made.

Only two cases of *Scleroderma* came under observation, one of which was a hospital case and the other a private patient. The following are the main features of the latter. Janet A——, shopkeeper, came for advice on Jan. 1, 1867. Her general health was not quite up to the mark; her tongue was very white and chapped, and the papillæ prominent. Her appetite was extremely capricious, her bowels very costive, and she slept badly. The disease set in about the beginning of February, and was attributed to her having caught cold during the frosty weather. It implicated both arms, the right much more than the left, but did not extend beyond the shoulders. The skin, in irregular patches, was deeply pigmented, especially on the back of the hand and along the outside of the forearm. The whole arm looked a little thicker than natural, and the skin was tense and glossy. Its natural softness, too, had given place to a firm doughy feel, but without any trace of œdema. The forearm was much more affected than the upper arm, but the hypertrophy was by no means limited to the brown parts. Owing to the rapidity, the hand could only be partially closed. The patient complained of neither pain nor uneasiness of any kind. Notwithstanding the use of tonic-aperients and of tonics, the disease had made some progress when she was again seen on Aug. 22d, and there was a tendency at some parts to eczematous complication. On Oct. 12th, however, having just returned from a visit of a month's duration at Arran, she came to me looking much healthier, and feeling "a great deal better in herself." The tendency to eczematous complication had disappeared. The arms, especially the upper arms, were softer, the pigmentation paler, and she could close her right hand a little better than previously. Since that time I have not heard anything of her.

Eight cases of *Elephantiasis Arabum* came under observation, only one of which occurred amongst the private patients. The most typical of these was a poor girl who came for advice on June 22, 1866, and whose symptoms were in great measure re-

moved by the tying of the external iliac artery by my colleague, Dr. George Buchanan. As, however, this case was very fully described and illustrated in the *Journal of Cutaneous Medicine*, vol. i. p. 180, it is unnecessary to dwell upon it; but it is only right to add that about a year after the operation the disease was reported to be again in the ascendant.

Only two cases of Elephantiasis Græcorum (true leprosy) were noted, one of which occurred amongst the hospital, and one amongst the private patients. Indeed, only one other case has occurred in my own practice, showing the extreme rarity of the affection in Scotland. The hospital patient was a young Highlander who had never been out of the country. One of the private patients was a boy aged twelve, who returned from India four years ago, a year after which the symptoms in a mild form began to show themselves. He exhibited brownish-red, circumscribed, erythematous patches of varying shape and size, and a few tubercles, especially on the face, arms, and legs, and accompanied by considerable swelling of the hands. He was thin, and did not look very strong. The other private patient was a young lady aged fifteen, sent to me by Dr. Moir, of Edinburgh. She came home from Jamaica at the age of seven, some time after which the disease commenced on the face. The eruption consisted for the most part of yellowish-red, erythematous patches, healing in the centre and spreading at the edges, so that elevated rings and segments of circles were left, some of them of very small size, others having an area nearly equal to that of the palm. Here and there the elevation of the eruption was decided, and tubercular in character. The sensation was much deadened, especially where the eruption was most elevated. The parts which had previously been affected were not cicatricial, but sensation had not returned to them. She complained of partial loss of power in the upper extremities, and a large round excavated ulcer was observed in the sole of one foot, which had been preceded by the development of a bulla. This ulcer was situated in the middle of a large erythematous patch upon the sole. Her general health appeared to be good. A course of tonic treatment was, however, recommended. It was also advised that the patches should be dressed

with pieces of lint spread with mercurial plaster. I have had no report of her since.

Only one illustration of primary cancer of the skin came under my observation. This was the case of a lady aged about sixty, who was sent to me on July 15, 1867, by Dr. Francis Henderson, of Helensburg. She had never been strong, but had had no serious illness. She was of a very spare habit of body, and looked rather younger than she was. She complained occasionally of feeling bilious, and her bowels were rather loose and very easily and powerfully affected by aperients. The skin affection, which was of eight months' duration, commenced over the left breast, and gradually extended over the greater portion of the front of the chest and upper part of the abdomen. There were very slight indications of disease on the back and arms, while the face, neck, lower extremities, and lower portion of the trunk were unaffected. The skin affection presented three elements—(1) a rosy erythema, which appeared to be the first stage; (2) purple streaks, the colour of which was not altered by pressure, which were evidently dilated and obliterated cutaneous vessels, and which seemed to be the second stage; and (3) little firm nodules varying in size from pin-heads to split peas, some of them elevated, most of them not, and which were adherent to the cuticle, which was of the natural colour, except over a few of them, where it was rosy. The patient complained of slight itching, and for about three weeks previous to my seeing her she had experienced once or twice a day "a pain shooting up from the right breast." On the 2d of March, 1868, Dr. Henderson wrote to me as follows: "The lady I sent to you in July or August with tuberculous cancer of the skin is still alive. The disease has spread over most of the skin of the chest and abdomen, and there are hard tuberculous nodules on the skin of the arms. She suffers no pain, but is now fast sinking."

Only one case of multiple fatty tumours is noted in the present statistics—that of a gentleman, aged about fifty, who resided in the Highlands, whose general health appeared to be good, except that he was the subject of psoriasis, and frequently noticed that his urine was muddy. He had accidentally noticed

the tumours a short time previous to my seeing him. They were scattered over the body, especially the extremities; they were seated in the subcutaneous cellular tissue, varying in size from a large bean to a small walnut; and were soft, nodulated, and painless. They were non-adherent; and the skin over them was of the natural colour. No cause could be assigned for their appearance. A very similar case, not included in the present statistics, was recently admitted into the medical wards of the infirmary, under my care; but in this case the tumours, which presented all the characters above indicated, were associated with the diffuse development of fatty matter in the subcutaneous cellular tissue in the right hypochondriac and epigastric regions, to such an extent that he was obliged to bring the opposite sides of his waistcoat and trousers together with the aid of pieces of string.¹

The last class of diseases—the hemorrhages—includes a smaller number of cases than any of the others, not because they are infrequent, but because they are not usually regarded as diseases of the skin. Only nine cases were observed, all of which were varieties of purpura, although the case of *ephidrosis cruenta*, alluded to under the head of “functional affections,” ought, strictly speaking, to have been classed with the hemorrhages. It will be noticed that two cases, one of them a hospital and the other a private case, of that variety of purpura described under the name of *purpura rheumatica* (*peliosis rheumatica*—Schönlein) or *purpura pemphigoides*, occurred; and it is worthy of remark that, while in both these cases the bullous and the rheumatic elements were present, in some, one or the other is absent. The following is the note taken of the hospital case:—

Martha B. M——, aged twenty-four, came for advice at the Dispensary for Skin Diseases on January 13, 1869, on account of an affection of the lower extremities of three months' duration. At that time round red spots, for the most part the size of a fourpenny-piece, made their appearance: the next day they assumed a bluish tint; and on the third disappeared, leaving yellowish stains. On the fourth day a fresh crop was observed,

¹ This case is fully reported in the *Glasgow Medical Journal* for August 1872.

which ran the same course, and was succeeded by successive outbreaks up to the time of her coming to the dispensary. When these symptoms first appeared they were accompanied by great swelling of the ankles, with severe aching pain in them. At the same time a large bulla, about the size of a halfpenny, formed on the outer side of the right ankle. About a fortnight previous to admission a similar bulla was detected on the inside of the same leg. On examination, the remains of this bulla were still apparent; and numerous purpuric spots, varying in size from a pea to a sixpence, and of a reddish, livid, or yellowish tint, were scattered over both lower extremities. The veins were not varicose. She seemed in pretty good health; her gums were healthy; she had always had plenty of food of good quality, and had never before suffered from rheumatism. The treatment consisted of ten drops of turpentine on sugar three times a day, with occasional doses of castor oil, which had an immediate effect upon the disease; but it was two months before all tendency to the development of purpuric spots had disappeared, and for some time she was troubled with an ulcer which formed in the site of the last bulla as the result of injudicious local applications.

The following is an abstract of the private case, which was seen by me in consultation with Dr. S. J. Moore, of Glasgow, on December 9, 1868. The patient was a stout, healthy-looking gentleman, who "had never had a day's illness in his life," but who was interested in, and probably excited by, the municipal elections which at that time were pending. For several weeks he complained of pains, or rather perhaps of weakness, in his joints, especially those of the lower extremities; but his illness, which was accompanied by febrile symptoms, set in decidedly only a few days before I saw him. His tongue was moist and not much coated; his appetite fair; his bowels had been freely opened by medicine; and his urine, which previously had been scanty and loaded with lithates, was clear and of fair amount, under the influence of acetate of potash and colchicum. His pulse was 120 and rather feeble, but its rapidity was out of proportion to the extent of the fever. The lower extremities were markedly œdematous. There was swelling around some

of the joints, and a feeling of stiffness rather than of pain in them, which was attributed to the swelling. Three morbid elements were observed on the skin—namely, purpurous spots, a papular eruption, and bullæ. The first varied in size from mere points to ecchymoses the size of the palm and for the most part round. The greater number of the small ones constituted apparently the second stage of the papular eruption; and on the back, where the latter was most abundant, the transition from papules to purpurous spots was observed—that is to say, papules whose elevation was subsiding, and whose redness only partially disappeared on pressure. Most if not all of the large ecchymoses occupied the seats of previous bullæ, which varied in size from a split pea to a goose's egg, and which, when at their height, were fully distended with clear serum. The black purpuric patches covered by the flaccid envelopes of the bullæ after the serum had escaped looked very like patches of skin which had mortified. The bullæ were most abundant on the legs and buttocks; and the cutaneous manifestations had no special tendency, such as is often observed, to implicate the skin around the joints. The acetate of potash was continued, and purgative doses of castor oil and turpentine recommended, along with light, nourishing, fluid food. This patient made a good recovery.

Although not included in the present statistics, the following case, which was seen by me in consultation with Dr. Adam, of Coatbridge, while these papers were being written, is worthy of note, owing to the rapidity with which the disease proved fatal: A mining engineer, aged twenty-seven, who had previously enjoyed good health but who had lost a brother of phthisis and a sister of "softening of the brain," began to complain of debility, "weak stomach," and constipation, as the result, it was supposed, of hard work, and irregularity as to his meals. His symptoms did not improve under treatment; and he was therefore sent to Arran for change of air. On Friday the 16th of August, while there, his eye became ecchymosed, when he immediately returned home. When I saw him on Monday the 19th, copious extravasation of blood was observed beneath the conjunctivæ and around the eyes, while small purpuric spots were detected upon the legs, which had only appeared on the morning of my visit.

His gums were bleeding, he had slight hemorrhage from the stomach and bowels, and the urine was bloody. Two days afterwards he died. Dr. Adam wrote me as follows with regard to him: "After he got the castor-oil and turpentine the hemorrhage from the kidneys and mouth became much less; but it never altogether ceased from the stomach till a few hours before death, up to which time the retching and vomiting of altered blood were very persistent. Although stimulants were given very freely, exhaustion came gradually on, accompanied with delirium." I regret that in this case the subcutaneous injection of ergotine, which was spoken of, was not tried.

The last case—which is named *Purpura tuberculosa* in the classified list, but which might with equal propriety be termed *P. verrucosa*, or, as suggested by my late colleague, Dr. A. B. Buchanan, who saw it along with me, *P. hypertrophica*—was that of a woman aged sixty-six, who had formerly been in service, whose family history was good, and who had previously enjoyed excellent health. Four months prior to my visit, as the result, it was supposed, of poor fare, she began to complain of pain and swelling of the right foot; shortly after which slightly elevated livid spots, about the size of pin-heads, made their appearance on the thigh. These rapidly increased in number and in size until they became as large and as elevated as split-peas, especially on the inner and posterior aspects of the thigh. In these situations the surface of the patches, which were blackish, gradually assumed a distinctly warty appearance and feel. At this time, too, the whole limb became thicker, so that its diameter was about a half greater than that of the left. This increase was, in the foot, principally the result of œdema; but in the leg and thigh it was mainly, if not entirely, due to induration of the cellular tissue. When I saw the patient this induration was not limited to the limb, but implicated likewise the right side of the abdominal parietes and the right breast, which was firm, round, and plump, while the left was flabby and about one-third the size. The left thigh was at this time affected similarly to the right, but to a much slighter extent. The legs were quite free of eruption. The patient complained of neither pain, itching, nor heat; but on placing the hand upon the erup-

tion, especially upon the warty part, it felt much warmer than the healthy skin. (The temperature was one degree higher.) The right limb felt numb and weak, and she was confined to bed owing to the uneasiness experienced in sitting. She was thin, but not more so than many people of her age; her appetite was bad, and her bowels exceedingly costive, as the result, probably, of the confinement in bed. Otherwise she appeared well, and was very cheery. She gradually sank, three months after I first saw her, and seven months from the commencement of the disease, suppuration having occurred shortly before death at those parts which were in contact with the bed.

PART II.

THE THERAPEUTICS OF DISEASES OF THE SKIN.

CHAPTER I.

IN referring to the therapeutics of diseases of the skin, I shall not content myself with a mere enumeration of the remedies which are likely to prove of service, as is so often done—for such a course is practically of little use; nor, on the other hand, shall I attempt an exhaustive account of them: my remarks are intended to be suggestive only, and I must leave the filling in of the picture to the subsequent experience of the reader.

A great deal has been written with regard to the danger of suddenly “driving in” an eruption; but while I am not prepared to deny that its sudden disappearance is in no instance prejudicial, I am quite convinced that there is very little reason to dread such an occurrence. The idea has in part arisen from the fact that an eruption of the skin generally disappears if the patient is seized with any severe internal malady, in which case the result is mistaken for the cause. Some time ago—and such cases are frequently met with—while in attendance upon two children for very severe attacks of chronic eczema affecting the greater portion of their bodies, one of them took measles, and two or three days thereafter the eczematous eruption had almost disappeared. In a few days the other child fell ill of the same complaint, and in her case, too, the eczematous eruption quickly vanished. There could be no doubt that these children were affected with measles, for, while it was difficult to make out the characteristic eruption on their skins, owing to the existing eczema, their younger brother presented about the same time all the characteristic symptoms of measles. When the disease

had run its course in the case of the two first-named children, the eczematous eruption gradually but perseveringly returned—a circumstance which unfortunately happens in the great majority of cases. Had the intercurrent disease been an inflammation of an internal organ, instead of a specific fever, its occurrence would probably have been attributed to the disappearance of the eczema. Those who are most intimately acquainted with the treatment of diseases of the skin, will probably agree with me in thinking that the difficulty lies, not in curing them sufficiently slowly, but in curing them with sufficient rapidity.

In the treatment of diseases of the skin, as of most other complaints, it will be found that there are often different ways of arriving at the same goal. In Germany, especially in Vienna, local treatment is principally relied upon, while in England it appears to me that constitutional treatment is too exclusively resorted to. Some diseases of the skin are best treated by local, others by constitutional treatment, while a few may be cured by either; but the majority of them yield most readily, and are removed most permanently, by a mixed local and constitutional treatment.

A.—LOCAL TREATMENT.

Local treatment is *especially applicable to eruptions dependent upon local causes*—is, indeed, the only treatment, in most cases, which is of any use. In scabies, for example—*i. e.* the disease due to the presence of the itch insect—external treatment suffices for a cure, it being unnecessary, as suggested by Wilson¹ and others, to prescribe sulphur internally. Frequently, however, as in cases of eczema, an eruption is called forth by a local cause, which would have failed in producing such a result had there not been some constitutional derangement. Such cases require a mixed treatment.

On the other hand, it must be borne in mind that *many eruptions originally dependent upon constitutional causes become ultimately mere diseases of the skin*, the constitutional causes having

¹ On Diseases of the Skin. Sixth Edition, pp. 223. London: Churchill, 1867.

disappeared, and the eruption being perpetuated owing to the skin having, so to speak, contracted a bad habit. We see this, for instance, occasionally in young adults affected with chronic eczema which had begun in infancy; and in such cases a local treatment often yields the most satisfactory results.

We must not, however, lose sight of the fact that *local applications have not a merely local action*—that they are absorbed, and often react on the system at large. In the case of mercury this is admitted and acted upon; in the case of many other drugs it may be admitted in the abstract, but it is seldom taken into account. For instance, it occasionally happens that when a preparation of tar is rubbed firmly over an extensive surface, indications of its absorption are not wanting. The patient may be seized with nausea, vomiting, and diarrhoea, the discharges from the stomach and bowels having a black colour, while the urine may have a dark-green or even blackish tint, and a tarry odour. It is not usual for all these symptoms to be present in a given case, but the occurrence of any of them is sufficient to show that the remedy is not a mere local one.

Lastly, we must bear in mind that *local applications are far from uniform in their action*; this being due in part, no doubt, to the state of the general health, the varying sensibility of the skin, and the degree of care with which they are prepared. It is of special importance to insure the careful preparation of ointments; for if they are the least gritty or rancid they are very apt to prove injurious.

If the affected surface is covered with scales or crusts, or *débris* of any kind, it is generally desirable to remove them at the outset. This is often necessary for purposes of diagnosis, for otherwise we can only guess at the condition of the parts beneath: It is still more important previous to treatment, for otherwise local applications cannot reach the diseased surface whose condition they are intended to modify. The removal of crusts is a very easy matter, and may be effected in various ways. I usually order the patient to saturate the parts thoroughly with almond-oil, and to remove the crusts thus softened with warm water. Should this fail, a poultice of crumb of bread and hot almond-oil may be applied at night, and, if they do

not come away with the poultice in the morning, the part may be lubricated with fresh almond-oil, and the crusts removed about half an hour afterwards with the finger-nail, or, if the disease is on hairy parts, with the comb. The removal of scales—in cases of psoriasis, for example—is often satisfactorily accomplished by the use of potash applications, to which reference will be made hereafter.

Leaving out of view for the present the exact nature of the eruption (*i. e.* whether syphilitic, simple, strumous, parasitic, or the like), the first point to decide, before treating an inflammation of the skin, is *whether the eruption is acute or chronic*; that is to say, whether it requires soothing, or will tolerate stimulating applications.

If the surface is acutely inflamed, if it is the seat of a copious eruption of vesicles or pustules, if there is much swelling, and, above all, if the patient complains of burning heat or pain rather than of itching, local treatment should either be avoided altogether or soothing applications resorted to. To this as to most rules, however, there are a few exceptions. In tinea sycosis (ringworm of the beard), for instance, when the part is greatly swollen and indurated, the seat of numerous pustules, and the source of burning heat and pain, the best treatment consists, not in the use of soothing applications, but in the extraction of the hairs. In this case the treatment is decidedly stimulating; but the stimulation is more than counterbalanced by the soothing effect of removing hairs which are diseased, which are loaded with the spores and tubes of the fungus, and which are acting as foreign bodies.

Soothing applications may take the form either of baths, powders, poultices, ointments, or lotions.

Baths are often serviceable, especially warm baths to which a little washing soda, a pound of gelatine, or a few handfuls of starch have been added. They are particularly useful in inflammations affecting a large extent of surface; in cases of acute general psoriasis, for example.

Benefit is sometimes derived, too, from *hydropathic treatment*, which I am in the habit of administering thus: "On a firm mattress a sheet of M'Ghie's oil-paper or other material, to pre-

vent the wetting of the mattress, is placed; then a couple of straps are laid across the bed; above this a dry blanket is spread out; and, finally, a sheet wrung out of cold water. The patient in a state of nudity is made to lie down on this; and it is then wrapped tightly and carefully round him, so that every part of the skin is, if possible, in contact with it, and the blanket is similarly applied. The whole is then kept in position by the two straps, and the patient is covered by two or three blankets thrown loosely over him. In this state he is allowed to remain for two or three hours, during which time he is allowed to drink water *ad libitum* to promote perspiration; and the process is completed by making him jump into a cold bath, and then dress himself and take a sharp walk." This treatment is of value in acute general psoriasis associated with great heat of skin; it is sometimes useful—nay, even curative—in chronic general psoriasis, and relieves irritation of the skin when present in a very marked manner. It may, therefore, be repeated daily, and continued as long as improvement takes place.

The *shower bath* sometimes yields good results. It may even remove the eruption altogether, but it is chiefly of benefit as a palliative for the relief of uneasiness—in severe cases of acute and chronic eczema, for example. The water should be finely divided—should fall from the height of about a foot, and the shower should be continued on each occasion from five to fifteen minutes. The bath may be repeated three or four times a day, and the patient should take brisk exercise for half an hour after each.¹

Before leaving the subject of the treatment of diseases of the skin by water it may be well to state that patients should be warned against the use of hard or of sea-water, which is very apt to bring out, or to aggravate, an existing inflammation. Spring water is generally hard, and therefore to be avoided, while distilled, or rain water, is always to be preferred when it can be had; if not, the water should be boiled so as to cause a deposit of its salts before it is used.

Absorbent powders are sometimes of use when we have to deal

¹ On Diseases of the Skin, including the Exanthemata. By Ferdinand Hebra, M.D. Vol. ii. p. 147. Sydenham Society's Translation.

with an acute inflammation, such as erysipelas or shingles, and also when there is a tendency to moisture, and when it is desirable to keep the parts dry, as when we have to do with an eczematous eruption implicating portions of skin which are in apposition. Those which I am most in the habit of using are: Powdered starch, zinc, lycopodium, talc, carbonate of magnesia, and carbonate of zinc. These may be combined in various ways, and when burning heat or itching is complained of, a little camphor may be added, as in the following prescription: Powdered starch, six drachms; oxide of zinc, three drachms; cochineal, one grain; powdered camphor, half a drachm: make into a powder. Dusting powder, to be kept in a stoppered bottle.

Poultices are often of value for the relief of pain or tension, or to hasten suppuration when it is impending; but it must never be forgotten that their long-continued use is a source of inflammation. Thus they are apt to call forth eczematous eruptions, especially in persons predisposed thereto; and most persons are familiar with the fact that their incautious application in the treatment of boils favours the development of others in the vicinity. The most soothing poultices with which I am acquainted are made with cold water and potato starch.

Soothing ointments are more universally applicable than any of the preceding, although, in some cases, even the most emollient and most carefully prepared, owing to some idiosyncrasy, cannot be tolerated. They are used to soften and favour the removal of crusts and other *débris*, but, above all, to form a covering for and protection to the inflamed parts, and thus to exclude the air. One of the best of these is the benzoated oxide of zinc ointment (so prominently brought before the profession and so justly lauded by Wilson), and which is much improved by the addition of two drachms of spirit of camphor to each ounce of the ointment, being thus rendered softer and at the same time more cooling. The benzoin in the zinc ointment prevents it from becoming rancid and irritating, while at the same time it imparts to it a certain fragrance.

Another very soothing ointment is one containing bismuth, as in the following mixture: Subnitrate of bismuth, half a

drachm; rectified spirit, a drachm and a half; simple ointment, six drachms; oil of roses, half a minim. We must avoid using benzoated lard in this prescription, for while the benzoin in the zinc ointment, for reasons which I cannot explain, does not irritate, it is apt to do so in some persons when combined with other medicaments, such as bismuth.

A very good ointment, too, though not so soothing, is made from litharge plaster and olive-oil, as follows: Litharge plaster, four drachms; best olive-oil, three drachms. Apply heat until the plaster is melted, then stir till the mixture cools. This ointment, spread on strips of linen and applied in the form of a "scultetus," is very soothing, and gives support to the parts in cases of acute eczema of the legs. In cases of strumous eczema such as often occurs on the hairy portions of the face, and of strumous ulceration, great benefit is frequently obtained by keeping the parts saturated with pure cod-liver oil.

Soothing lotions are sometimes of service for the relief of uneasiness; indeed they are not unfrequently curative—in cases of acute eczema impetiginodes of the face, for example. Those containing lead and soda are amongst the best, and may be used in the following forms: (a) Solution of subacetate of lead, one drachm; glycerine, four drachms; distilled water, six ounces. (b) Dilute hydrocyanic acid, two drachms; bicarbonate of soda, one drachm; glycerine, four drachms; rose-water, five ounces and a half. The parts should be frequently sponged with these lotions, or pieces of clean rag dipped in them may be kept constantly applied.

CHAPTER II.

WE have seen that in the local treatment of diseases of the skin we must take into account whether the eruption is acute or chronic. In the last chapter we considered that which is applicable to acute inflammations, and now we have to study that which is applicable when the eruption is chronic.

If itching is a marked feature (and, for the present, we leave

out of consideration diseases dependent on parasites, such as scabies—the itch—which require special treatment), we may expect to derive benefit from the use of *empyreumatic oils or their derivatives*. It is right to mention, however, that, in exceptional cases, these increase the irritation to an intolerable extent; but in the majority they not only relieve the itching, but are decidedly curative, especially in chronic erythema, chronic eczema, and psoriasis (although more slowly), while in prurigo they give immense relief. It is well to know that in some persons, with very sensitive skins, their application produces all the phenomena of dermatitis (burning heat, redness, swelling, and sometimes an eruption of vesicles and bullæ). Their long-continued use, too, produces, in all persons, though more speedily in some than in others, an inflammation at the orifices of the hair-follicles: papules and pustules make their appearance, which present this peculiarity, that in the centre of each spot a black, tarry point is observed. This eruption has been called tar acne by Hebra. Some time ago I prescribed for a little girl, who was affected with slight chronic eczema of the leg, a lotion containing one of the empyreumatic oils. About six weeks afterwards her mother brought her to me again, the lotion having been continued regularly in the interval, and informed me that the disease was a great deal worse. On examining the part, I found that the eczematous eruption had quite disappeared, and that its place was taken by an eruption of tar acne. The lotion was discontinued, and the artificial rash rapidly subsided.

The empyreumatic oils with which I am most familiar are—first, Pix liquida, or common Wood-tar, of which Guyot's solution of tar is a purified form, and possesses these advantages, that it mixes with water in all proportions, does not emit such a pungent odour, and does not discolour the skin to the same extent; second, Coal-tar (Pix mineralis), of which the best form is the liquor carbonis detergens of Wright and Co., a solution which forms a creamy emulsion with water; third, Oil of Cade (Oleum Cadini), which is the product of the dry distillation of the wood of the *Juniperus oxycedrus*; fourth, the Oleum Rusci, which is obtained from the bark of the *Betula alba*, or white

birch. The odour of the last two is not so pungent or disagreeable as that of the others, but they are more expensive, and therefore less adapted for hospital use.

These preparations may be employed alone—in cases of chronic psoriasis, for example, after the removal of the silvery scales—in which case they should be rubbed into the affected parts, twice a day, as firmly as possible short of causing pain; or as lotions or ointments, as in the following prescriptions: Guyot's solution of tar, soft soap, rectified spirit, of each one ounce; spirit of rosemary, one drachm: mix. Wash off before each re-application. Nitric oxide of mercury, one scruple; nitrate of mercury ointment, one drachm; oil of white birch bark,¹ one drachm and a half; benzoated lard, four drachms: mix.

Two other remedies of this class must be mentioned—namely, Creasote and Carbohc acid.

Creasote may be added to ointments in the proportion of from five to ten grains to the ounce, for the purpose of allaying irritation of the skin. In cases of chronic psoriasis a strong creasote ointment was recently recommended by Mr. Balmanno Squire, and I have found it useful, although sometimes too irritating. The following is the form of ointment he employs: Creasote, two ounces; white wax, one ounce: dissolve. Rub very firmly into the eruption night and morning after the scales are removed.

Carbohc acid has a less disagreeable odour than the tarry preparations, and is more cleanly. It is soluble in water with the aid of a little glycerine or spirit, and forms a colourless watery solution. For these reasons it can often be used when tar is inadmissible, as when an eruption is situated upon an exposed or hairy part; but it must be admitted that, as a rule, it is not nearly so effectual as the empyreumatic oils. The following is a form in which I frequently prescribe it: Crystallized carbohc acid, two drachms; Price's glycerine, six drachms; rectified spirit, four ounces; distilled water, one ounce: dissolve. Sponge the affected parts two or three times a day, and also when itching

¹ Mr. Greig, the manager of the New Apothecaries' Company, Glassford Street, Glasgow, has obtained a supply of this from Germany for me.

is complained of. This solution is of use in cases of chronic erythema, chronic eczema, and the like, and not only relieves irritation of the skin, but also is directly curative.

Potash applications have of recent years been brought prominently under the notice of the profession by Hebra. They are of use in the removal of abnormal products—*e. g.* the scales of psoriasis—and in many cases they favour the cure of the eruption by virtue of their stimulating effect, especially in combination with other remedies, such as tar.

Those which I am most in the habit of using are, potash soap (black soap—*sapo mollis*), liquor potassæ, and solutions of potassa fusa varying in strength from two grains to a drachm to the ounce of the excipient. I shall refer to stronger solutions under the head of Caustics. A few illustrations may be given of their use.

In cases of tinea versicolor, that brown scurfy eruption which attacks the covered parts of the body, due to the presence of a fungous growth, the *Microsporan furfur*, we can effect a cure by scrubbing the *whole* of the eruption night and morning with black soap or its solution in spirit. The soap acts as a stimulant, but is chiefly serviceable owing to its mechanically removing the scales which are loaded with the fungous matter. But the cure may be accelerated by the use of one of the so-called parasitocides, which can be combined with the solution of black soap as follows: Perchloride of mercury, twelve grains; black soap, two ounces; rectified spirit, four ounces: dissolve, and add oil of citronella, one drachm. Rub, night and morning, as firmly as possible into the whole eruption short of causing pain.

Again, potash applications are useful in cases of chronic eczema, not only by removing morbid products and allaying irritation, but also by stimulating the parts and favouring the disappearance of infiltration of the skin when it is marked. For this purpose I generally employ solutions of potassa fusa, and vary the strength of the solution according to the amount of the infiltration and the extent of the disease. It should be rubbed into the affected part with a large paint-brush, or with a small sponge provided with a handle, until decided smarting and excoriation result, when its action may be stopped by

washing with water and applying a soothing ointment. If the surface is left alone after the application of the solution, it is soon covered by an immense number of gelatinous drops, showing the extent to which it has been stimulated. After the effect of the first application has passed off, it may be repeated, and the treatment continued until the infiltration of the skin is gone, when the cure may be accelerated by the use of some other application, such as the oil of cade, or the like.

Lastly, in cases of chronic general psoriasis, Hebra's modification of Pfeuffer's treatment may prove effectual. This consists in rubbing soft soap into the whole of the eruption twice a day for six or eight days, each patch being on one occasion rubbed so hard as to remove the scales entirely, and to cause slight bleeding. During this time, and for a few days thereafter, the patient lies in bed enveloped in blankets, after which he takes a warm bath and dresses himself. The treatment often requires to be repeated, and is only successful in a few cases; for which reasons, and also owing to the pain which it produces, and the necessity of confining the patient to bed, it can seldom be carried out in private practice.

Mercurial applications are often of service in simple inflammations, although not to the same extent as the preceding remedies; while in syphilitic affections they are almost indispensable. If itching is a prominent symptom, they may with advantage be combined with one of the empyreumatic oils. Those which are most valuable are corrosive sublimate, calomel, white precipitate, red oxide, and red and green iodide of mercury, and ointment of nitrate of mercury; not to speak of the well-known yellow and black washes of the Pharmacopœia. A few illustrations of their use as powders, lotions, and ointments may be given.

In cases of syphilitic condylomata, at the anus we shall say, Ricord's treatment is very effectual. This consists in washing the parts twice a day with solution of chlorate of soda, drying them, dusting them with calomel, and separating them with a piece of clean dry lint.

Again, in cases of acne and in chronic erythema of the head (pityriasis capitis, as it is often called), the following lotion is

of use: Perchloride of mercury, from twelve grains to one scruple; Price's glycerine, four drachms; rectified spirit, five ounces; spirit of rosemary, one drachm; cochineal, one grain: mix and strain. Dip a piece of sponge or flannel into the mixture, and rub firmly into the part night and morning.

In a recent very able article by my friend Dr. Moriz Kohn, of Vienna, on Lupus Erythematodes,¹ the value of emplastrum hydrargyri in that affection is referred to; and I can in a measure corroborate his experience of it in the treatment of this and of allied affections. A piece of lint the size of the part is spread with the melted plaster and applied, and changed once in twenty-four hours.

Lastly, when we have to deal with patches of dry eczema (eczema siccum), or of psoriasis, and above all, when we have to treat dry syphilitic eruptions, the following ointment may be used: Subchloride of mercury, one drachm; ammoniated mercury ointment, three drachms; glycerine (Price's), one drachm; simple ointment to one ounce: mix. Rub firmly into the eruption night and morning.

It must never be forgotten that all kinds of mercurial applications are to a certain extent absorbed, and hence patients must be warned of the possibility of salivation, especially if a considerable extent of surface is being acted upon.

CHAPTER III.

IF we were to put faith in the general verdict, we should have to believe that *sulphur* is the panacea for all skin complaints—a verdict which I, for one, cannot homologate; for the result of my experience is, that, taken over head, it gives rise to more diseases than it cures. It is very apt to produce eczematous eruptions, or to aggravate them if they are already present, and all the more certainly the more nearly the attack approaches an acute one, or the more decided the tendency to

¹ Archiv für Dermatologie und Syphilis, Erstes Heft, p. 18. 1869.

suppuration. If an eczematous eruption is produced by the nails of a patient attacked by lice or labouring under the itch, sulphur kills the parasites and removes the source of the irritation, and thus the medicine often gets the credit of curing eczema when in reality it acts by removing the special cause. As the reader is probably aware, sulphur is the nearly universal remedy for the itch; but I have no hesitation in saying that it is often not the best, for although there is no drug more effectual in destroying the acari, there is none which is more likely to irritate the skin, which is already over-irritated by the nails of the patient. I shall refer to this, however, further on.

In the treatment of chronic obstinate patches of eczema the use of sulphur may do good in virtue of its stimulating properties, although it is generally found that other remedies are more effectual.

But while all this is true, it must be admitted that, when used with discrimination, in certain cases sulphur is of great value. Thus in the treatment of so-called acne rosacea (that eruption which is so frequently observed upon the face as the result of debility or the abuse of stimulants) it is exceedingly useful in the form of ointment, as in the following prescription: Rumex ointment, one ounce;¹ hypochloride of sulphur, two drachms: mix. Rub very firmly into the eruption night and morning, short of producing pain or inflammation. Sulphur is useful also in cases of acne vulgaris (that pimply eruption which occurs so frequently on the faces and backs of young persons), in the form of a lotion, as follows: Sulphur, and glycerine (Price's), of each six drachms; rectified spirit, six ounces; oil of roses, one minim: mix. Shake the bottle: rub very firmly into the part night and morning with a piece of flannel. Finally, sulphur is of great value in *genuine* cases of prurigo (I do not refer to cases of pruriginous eruption—*i. e.* eruptions brought out by the nails of patients whose skins are itchy), especially in combination with one of the empyreumatic oils, as follows: Sulphur, one ounce; liquid tar, six drachms; benzoated lard, four ounces: mix. Rub very firmly into the eruption night and morning.

¹ For the mode of preparing rumex ointment, see Part I. chapter iii. p. 25.

During a visit last summer from Drs. Weisse and Satterlee, of New York, those gentlemen recommended me to try a solution of *acetate of soda*, of the strength of eight grains to the ounce of water, in the treatment of lupus. Having given it a pretty extensive trial, I am prepared to recommend it in the treatment of strumous diseases of the skin. I usually employ a solution of twenty grains in an ounce of water, which, as a rule, does not smart. The affected parts are sponged with it three or four times a day, and rags, dipped in it, are applied at night, and covered with oil-skin. It is very valuable in lupus exedens, and in other strumous affections, in the stage of ulceration. Under its influence the crusts fall off and the ulcers heal, after which the improvement is slower, and then a more speedy cure generally results from substituting some other treatment. It is sometimes of advantage to touch the ulcers with the pure crystals of the acetate of soda; while the injection of the solution into strumous sinuses with the aid of a small glass syringe favours their closure to a marked degree. Such is my experience of the value of this remedy; but if I am asked how it acts, I must confess my ignorance.

We are indebted to Hardy, of the St. Louis Hospital, for the proposal to employ *impermeable dressings* in the treatment of certain diseases of the skin. This treatment has been tried on an extensive scale by Hebra of Vienna and by myself, and the following is the result of my experience of it. The material which is used for the purpose has been, for the most part, vulcanized India-rubber and vulcanized India-rubber cloth. It acts in a variety of ways: it excludes the air, keeps the part warm and at a uniform temperature, and promotes the secretions from the cutaneous glands, which it retains, so that they macerate and favour the removal of the epidermis. According to Hebra, it does good also in virtue of the sulphur which it contains. Of this, however, I am doubtful. I lately recommended a patient labouring under *eczema rimosum* (the fissured variety of *eczema*) of the palms to use a pair of vulcanized India-rubber gloves. He subjected the left hand only, however, to the treatment. "For the right," he wrote me, "I merely wore an ordinary leather glove with the fingers cut off, and lined in the palm with a bit of oil-

silk; this I have found quite sufficient for it, as the slight indications of its being affected have quite disappeared" (*i. e.* in a couple of weeks).

The following cases illustrate the value of impermeable dressings in appropriate cases.

CASE 1. *Psoriasis palmaris*.—Mrs. M——, aged forty-five, monthly nurse, was admitted at the Glasgow Skin Dispensary August 12, 1868. The disease had appeared about nine years previously, since which time she had hardly ever been free from it. It commenced as a small crack in the palm of the right hand, and gradually the whole of the palm became affected.

Appearances on admission.—The whole of the palmar surface of the right hand was covered with minute silvery points about the size of pin-heads, while numerous fissures traversed the affected surface, which always had been dry, and not in the least degree itchy. At the period of her visit, according to the patient's statement, the eruption was on the increase. She was ordered a lotion containing tar and spirit, and a tonic aperient mixture.

On Dec. 7th the eruption was only slightly improved; this treatment was therefore discontinued, and she was ordered to procure an India-rubber glove and to wear it constantly for a fortnight.

On the 23d the eruption had almost entirely disappeared.

Jan. 6th, 1869.—It was observed that there was a little tendency to excoriation on the sides of the fingers, owing to the maceration of the tender epidermis, as the result of the continued use of the glove.

11th.—As the soreness continued, and as the psoriasis had completely disappeared, the use of the glove was omitted, and she was recommended to apply a little benzoated zinc ointment to the tender points.

On Feb. 8th the artificial irritation had subsided, and, as the primary eruption remained in abeyance, notwithstanding the cessation of the use of the glove, she was dismissed cured. (Reported by Mr. J. D. Walker.)

CASE 2. *Eczema manuum*.—Allan M'A——, aged forty, hatter, was admitted to the Glasgow Skin Dispensary on Dec.

23d, 1868. The disease had appeared for the first time about three years before this date, and somewhat in the following manner. He first noticed a number of small "blisters," about the size of pin-heads; these, after remaining a short time, burst, discharging their contents, and leaving a raw surface, which was extremely itchy and "leeted" very much. The eruption appeared first on the dorsal surface of the right hand, then on the sides of the fingers, and lastly on the dorsal surface of the fingers. Shortly after this a similar eruption appeared on the left hand. The disease lasted a considerable time, and disappeared under medical treatment. The second attack commenced about eight weeks previous to admission, appearing in the same manner and order as before; but this time the palmar surfaces of the fingers were implicated as well as the above-mentioned parts.

Appearances on admission.—On the left hand the eruption implicated its dorsal surface, as well as the dorsal surfaces and sides of the fingers; these parts were considerably infiltrated, covered with a serous exudation, and were the seat of numerous excoriations. The right hand presented similar appearances, but the infiltration of the skin on its dorsal surface was much more marked. The eruption was extremely itchy, and was rapidly extending. The patient's general health was good. He was ordered to procure a pair of India-rubber gloves, and to wear them constantly for a fortnight.

On Jan. 6th, 1869, the disease had in most parts completely disappeared, a faint reddish blush only being left on the sites of the previous eruption. He was ordered to continue the use of the gloves for another fortnight, and then to return—which, however, he failed to do. (Reported by Mr. J. D. Walker.)

CASE 3. *Ecze^ma capitis.*—Louisa W—, aged four years and eight months, admitted to the Glasgow Skin Dispensary June 28th, 1869. Her father stated that the eruption first made its appearance when she was three months old, and disappeared about three months thereafter. She remained well till after an attack of scarlatina at the age of a year and a half, when it

reappeared, since which time she had never been altogether free of it.

Appearances on admission.—The eruption implicated the external ears and the whole of the scalp. These parts were very red, much infiltrated, exuded an abundance of clear serum, and were studded with crusts. The patient complained of great irritation of the skin and of burning heat. She looked rather delicate, but her digestive organs were in good order, although the year before she had been troubled with worms. Various remedies had been tried, but to little purpose. She was ordered a vulcanized India-rubber cap, which was to be worn constantly.

On July 15th the infiltration of the skin and the exudation had completely disappeared, the itching and burning heat were almost gone, and a faint red blush was all that remained of the previous eruption. The India-rubber cap was continued. The patient did not return. (Reported by Mr. Robert Sinclair.)

CASE 4. *Strumous disease of the toes, etc.*—A young lady, aged about twenty, consulted me in 1868 with regard to an attack of lupus, of old standing, implicating the tip of the nose. It was of the non-ulcerating variety. She had also a strumous eruption on each foot on and around the toes, associated with several small ulcerations, and covered for the most part with thick hardened epidermis. Under treatment the nose recovered perfectly, and the eruption on the toes improved, but the skin remained very thick and hard, and would not yield to the remedies employed. She was therefore ordered to cover these parts with vulcanized India-rubber. This was on April 13th, 1869. She made use of a piece of a tobacco-pouch for each foot, and at her next visit, on April 28th, the thick, hardened epidermis had almost entirely disappeared, and the toes had nearly resumed their normal appearance. She was ordered to continue the use of the India-rubber for a considerable time.

CASE 5. *Pruritus senilis.*—A gentleman, aged about sixty-five, of a spare habit of body, whose general health was fair, with the exception of a marked tendency to constipation, and who had the advantage of plenty of out-door exercise, consulted me on account of intolerable itching over the whole body, that malady which is described under the title of *pruritus senilis*, and which

has no connection, as some would have us believe, with phthei-riasis corporis, the disease due to the presence of lice, and which is so common in old persons. His skin was the seat of a pruriginous eruption, the result of the scratching in which he indulged, and the irritation of the skin interfered much with his sleep. After a trial of other means, which were only very partially successful, he procured at my request a complete under-dress of vulcanized India-rubber cloth, on commencing to wear which the itching and eruption completely disappeared.

This treatment is useful also in cases of prurigo and ichthyosis, and probably in most obstinate localized eruptions. It possesses this advantage, too, that it does not interfere with the simultaneous use of other local applications. The dressing often proves curative, even when the patient is only able to make use of it at night; but of course it is more quickly and more certainly successful if worn continuously. It should be removed from time to time for the purpose of cleansing it, and of wiping the skin; and if, as often happens, the tender skin in the vicinity of the eruption is abraded and raw, a little benzoated zinc ointment may be applied with advantage, or the covering taken off for a day or two.

CHAPTER IV.

It is unnecessary to enter into details with regard to the use of *caustics*, as their selection and application must be regulated, for the most part, by the same rules as have been so well laid down in surgical works; but a few illustrations of their special use in certain diseases of the skin may be given. The use of *arsenical caustics* is not without risk, especially if a considerable extent of surface has to be acted upon, for the danger of their absorption to such an extent as to give rise to symptoms of arsenical poisoning is by no means remote; indeed, many cases have been recorded—most of them, I am glad to say, in the hands of illiterate persons—in which a fatal issue has resulted

in this way. It is right, to add, however, that in some cases of epithelioma, associated with ulceration of small extent, I have sometimes succeeded in healing up the ulcers by painting them daily with *Fowler's solution*—taking care, however, that not more than from ten to twenty drops of the solution are used on each occasion. This treatment is by no means so free from pain as might be expected.

In cases of chronic eczema associated with very marked infiltration of the skin, and when the eruption is not very extensive, the application of a solution of *potassa fusa*, in the proportion of one drachm to two of water, as recommended by Hebra, is of great value. The affected part is painted with this solution with the aid of a large brush, after which the patient is directed to dip the hand or a piece of flannel in water and to rub the skin until a lather is produced. Cold-water dressings are then applied, changed frequently, and continued till the effect of the first application has passed off. It may be repeated as often as necessary until the infiltration of the skin has been moderated or removed, after which the cure may be accelerated by the substitution of some other remedy, such as one of the empyreumatic oils.

One of the most useful of the local applications in cases of lupus vulgaris is the *solid nitrate of silver*, if it is energetically applied. A pointed piece of caustic is made to penetrate the lupus deposit so as to destroy it completely, and to reach the healthy tissue beneath; after which no dressing is required, as the black crust which forms is sufficient protection from the air. When the crust falls or is removed, the caustic may be re-applied, and the treatment continued until all trace of lupous deposit has disappeared.

We are indebted to Mr. Higginbottom, of Nottingham, for the introduction of the use of a *concentrated solution of nitrate of silver* in the treatment of erysipelas. The affected surface is washed with soap and warm water, in case the skin should be oily; and afterwards with warm water, to remove all traces of soap (which would decompose the caustic), and dried with a soft towel. A solution of nitrate of silver, in the proportion of a scruple to a drachm of water, is painted over the affected skin

and about an inch beyond the limits of the inflammation, and allowed to dry. If, on the following day any part is not blackened, thus showing that it has escaped the action of the caustic, the solution must be reapplied at that part; and if the inflammation has a tendency to invade new surfaces, these must in turn be attacked. If blisters form as the result of the caustic application, they need not be interfered with; but if they are the result of the erysipelatous inflammation, they should be opened, and the solution lightly applied to the abraded surface. It is scarcely necessary to add, that if the scalp is implicated the head should be shaved, as a preliminary to the subsequent treatment. Should the scalp be too sensitive to permit of this, the hair must be removed as thoroughly as possible with a pair of scissors. The extent of the inflammation upon the head can often only be detected by the occurrence of pain and pitting on pressure.

It sometimes happens that parts affected with lupus are attacked by erysipelas, and when the inflammation subsides the lupus is very much improved; and accordingly it has been recommended by Hardy to apply a thin layer of a *strong ointment of red iodide of mercury*, in the proportion of equal parts of the mercurial and of lard, in cases of lupus vulgaris—to excite an artificial erysipelas, in fact. This treatment, which may be repeated when the inflammation resulting from the previous application has subsided, is often followed by marked improvement—but it is a painful process.

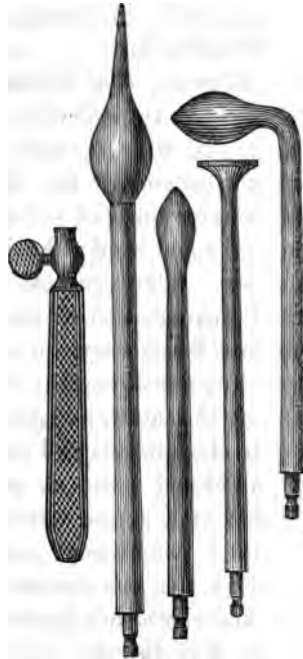
I have often derived the greatest benefit in cases of lupus from the use of the *acid nitrate of mercury*, which may be applied at intervals of from ten days to a fortnight. The crust which forms after the part is touched with the acid is sufficient protection to the ulcerated surface without any dressing. Under its influence the lupous deposit often vanishes, the profuse granulations disappear, and the ulceration heals.

Another method of treating cases of lupus vulgaris is by destroying the deposit by means of the *actual cautery*, with the aid of the instruments delineated in the accompanying wood-cut, recommended to me by my friend Mr. Jonathan Hutchinson. Patients who have been treated in this way do not seem to

suffer nearly so much as from the use of caustics; but on the whole I am inclined to think that the deposit is more likely to recur than after the use of nitrate of silver.

In the treatment of obstinate circumscribed eruptions, *blisters* are often of great value; but then they must be applied *over* the affected part, not in the vicinity of it; that is to say, they are of no use as counter-irritants. Indeed, their application in the vicinity of an eruption sometimes leads to the development of a similar eruption on the blistered surface. This is especially true of the eczematous group of skin diseases.

The affected part may be readily blistered by painting it with a solution of a drachm of corrosive sublimate in an ounce of spirit: it is a painful process, however, and the danger of salivation is by no means slight; so that, if used at all, it should be restricted to very circumscribed, obstinate, syphilitic patches. For blistering purposes I generally employ Smith's "emplastrum cantharidinis liquidum," the directions for the use of which are indicated upon the bottle. The treatment of indolent ulcers by means of blisters, as first recommended by Mr. Syme, is so well known and so thoroughly appreciated, that I need not dwell upon it. It is not so well known, however, that good results are not unfrequently obtained in cases of lupus erythematoses and lupus non-exedens, especially in the former; but then the blistering requires to be frequently repeated. In cases of tinea decalvans I know no remedy which is so likely to prove successful as the long-continued use of blisters, while the same treatment is sometimes effectual, though



Size three-sevenths.

not so generally indicated, in cases of *tinea tonsurans* (ring-worm of the head).

The following case illustrates the value of this treatment where we have to deal with obstinate circumscribed patches of eczema: A woman, well advanced in years, came to the Glasgow Dispensary for Skin Diseases on account of an eczematous eruption of old standing, which covered the palmar surface of each hand; she had likewise a tendency to eczema of the leg. The eruption on the palms assumed that form which I have described under the name of eczema rimosum, the fissures being very numerous and deep, and the infiltration of the skin considerable. She complained of itching and of pain; but the latter, on account of the fissures, predominated. Owing to the stiffness and pain, the hands were kept constantly in a half-closed position, and she was unable to use them. The effect of a single blister was astonishing. The eruption disappeared completely, and the patient returned with joy depicted in her countenance, not unmingled with pride, and opened and closed her hands with perfect facility.

Where the disease is obstinate, but too extensive to be blistered at one time—in cases of *tinea decalvans* implicating the whole of the head, for example—the part may be attacked piecemeal, or an ointment containing cantharides may be used instead, as in the following prescription: Powdered cantharides, two drachms; prepared lard, one ounce; red iodide of mercury ointment, one ounce. Melt a little, and paint the part as firmly as possible, short of causing pain or vesication, night and morning.

Iodine is chiefly valuable in the treatment of strumous affections of the skin. The use of the tincture and ointment in cases of strumous enlargement of glands is too well known to need description, so that it will be enough to give one or two illustrations of the value of this remedy in other affections. In cases of lupus, especially of lupus erythematoses, the long-continued use of a concentrated solution of iodine and iodide of potassium may effect a cure. The following is the formula which I generally employ: Iodine and iodide of potassium, of each half an ounce; glycerine (Price's), one

drachm. Paint the part, and repeat daily till a thick red skin forms, or till the application becomes painful; then omit till the effect of the previous applications has passed off.

Again, in cases of tinea tonsurans (ringworm of the head) the following combination of iodine and tar, as recommended by Mr. Coster, has often a good effect, although in very strumous subjects it may lead to suppurative inflammation, and must then be abandoned: Pure iodine, two drachms; oil of tar (specific gravity .858), one ounce. The iodine and oil of tar should be gradually and carefully mixed, otherwise a considerable amount of heat will be generated and the iodine dissipated. "In the course of a week or ten days," writes Mr. Coster, "the scarfskin separates, and generally leaves a healthy surface beneath. I usually find that one application is sufficient to effect a cure where the disease is recent; but if it be very chronic, or of several months' duration, it needs to be repeated perhaps three or four times."¹

There is a class of remedies denominated *parasiticides*, from the power which they are supposed to possess of destroying the animal and vegetable parasites which attack the skin. With regard to the first, there is a long list of remedies from which we may select. It is altogether out of the question, however, to enter fully into this subject; so that one or two illustrations must suffice. These are selected either on account of their being well-known and well-tried remedies, or on account of their not being in common use, although equally valuable.

In cases of phtheiriasis (the disease due to the presence of lice), one of the best of all remedies, because one of the cleanliest, safest, and most effectual, is a lotion of corrosive sublimate, such as I have indicated in speaking of mercurial preparations. (See page 46.) When the lice attack the body (phtheiriasis corporis), I often prefer an ointment of staphisagria, of which the following is the formula: Powder of staphisagria, one ounce; lard, three ounces: digest for three hours, and strain.

In the treatment of scabies, as before remarked, the most

¹ A Practical and Theoretical Treatise on the Diseases of the Skin. By George Naylor, F.R.C.S., p. 123. London: Churchill, 1866.

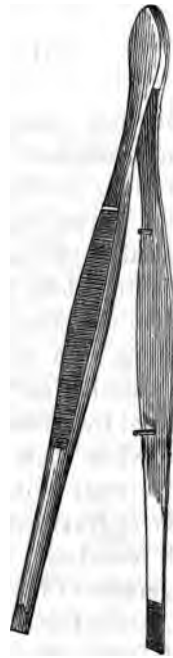
universally employed remedy is sulphur, but one which may often be dispensed with; for although it kills the acari, it irritates the skin, and thus tends to aggravate the artificial eruptions. I very much prefer, therefore, sponging the whole body night and morning with a solution of chlorate of lime, as recommended by Dr. Christison; or anointing it every night for three successive nights with an ointment of styrax, of which the following is the formula: Liquid styrax, one ounce; lard, two ounces: melt and strain. Or Schultze's modification of Pastau's prescription may be employed, and which is the following: Liquid styrax, one ounce; rectified spirit, two drachms; olive oil, one drachm. This is enough for one patient. The styrax not only kills the acari as effectually as the sulphur, but also, instead of aggravating, soothes and favours the removal of the eruption called forth by the scratching.

There is much difference of opinion as to whether those local remedies which are used in cases of skin disease dependent upon fungous growths are really parasitocides, or do good merely in virtue of their stimulating action: but, without offering any decided opinion on this point, I think it must be admitted that their stimulating qualities have something to do with the good result. Most of these have been already alluded to under other sections, such as sulphur, mercurial preparations, and empyreumatic oils and their derivatives. It may be well, however, to mention two others of proved utility, and more recently introduced—namely, sulphurous acid and the hyposulphite of soda. The first may be used pure, or diluted with water; the second dissolved in water in the proportion of from half a drachm to a drachm to the ounce. The affected parts, after the removal of epithelial *débris*, etc., should be sponged with these two or three times a day.

It must never be forgotten that when vegetable parasitic skin diseases implicate hairy parts, and when the hairs are attacked, we are unable to reach the fungous matter which lies imbedded in their roots, and, accordingly, epilation must frequently be superadded. Indeed, as far as my experience goes, it is quite essential in the treatment of tinea sycosis (ringworm of the beard), and of tinea favosa when the hairy parts are attacked.

The accompanying wood-cut illustrates the kind of instrument which should be used for the purpose. The forceps should be about three inches long, and should be made so that the two extremities come together very exactly, and do not slide the one upon the other. Each extremity should be furnished on the inside with denticulations, after the manner of a file, and these should be very fine, else the brittle hair may be cut across by them. The forceps should not have a strong spring, otherwise the hand soon becomes fatigued in using them. It is necessary to avoid extracting the hairs except in the direction of their axes, else they are very apt to break; and not more than half a dozen hairs at the most should be seized at one time, and even these must be in close proximity to one another. It is advisable, too, to clean the points of the forceps often, for the *débris* which accumulates between the denticulations is apt to cause the forceps to slip when the hair is grasped. The pain of epilation may be diminished by rubbing oil of cade into the parts night and morning, as suggested by Bazin (which, at the same time, acts the part of a parasiticide); but, for my part, I prefer to keep them constantly lubricated with almond or cod-liver oil, which not only diminishes the pain, but also causes the hair to grow more healthily and renders it less likely to break. After one complete epilation, the treatment should be stopped for a week or so, after which partial epilations may be required, at those parts, namely, where the disease reappears owing to the roots not having been completely removed.

It seems unnecessary, as recommended by some, to destroy the clothing of a patient affected with a parasitic skin disease, although it may sometimes be the most convenient way of removing sources of reinfection—in the case of the lining of bonnets, for example—when patients are labouring under ringworm



of the head. But if we wish to insure the non-recurrence of the disease—in cases of scabies, for instance—it is necessary to disinfect the clothing, which can be done in a variety of ways, such as steeping it in boiling water, or exposing it to the fumes of sulphur, or to the influence of very hot air.

CHAPTER V.

B.—CONSTITUTIONAL TREATMENT.

BEFORE entering into details with regard to the constitutional treatment of diseases of the skin, a few preliminary observations are desirable. And in the first place, let me remark that a disease which is purely local cannot be benefited by any internal medicine, except arsenic, which acts specially upon the skin, while local treatment is almost always preferable to it. On the other hand, if an eruption is symmetrical—thus indicating, as a rule, its constitutional origin—or diffused over an extensive surface, it is much more likely to yield to constitutional treatment. Again, if an eruption is coming out rapidly, even when there is no constitutional reaction, it generally requires what is denominated a cooling treatment, and is likely to be aggravated by the use at the outset, of iron, arsenic, and such remedies. It must also be borne in mind that if any derangement of internal organs, of the kidneys, digestive organs, etc., complicates a skin affection, remedies specially directed against the skin disease—tonics, for example—are almost certain to aggravate it.

As long as an eruption continues decidedly to improve, and if the general health is not suffering from the use of the remedy, no radical change should be made in the treatment; but if, as sometimes happens, the patient tires of the long continuance of one prescription, the remedy may be given in another form. Further, if a particular medicine is decidedly indicated, and if the patient starts objections to it without good reason, and if

there is reason to believe that no other medicine has any chance of being equally effectual, it is sometimes allowable to give it in a concealed form. (It is in order that the patient may not know that he is taking opium that the name of the opium pill of the Pharmacopœia has been changed from "pilula opii" to "pilula saponis composita.")

In conclusion, let me say that the most judicious treatment is very apt to prove abortive if the diet and regimen are not carefully attended to, in regulating which we must be guided by broad general principles. And let me add—and this is a point which is too often ignored—that sea-air and sea-water are very apt to prove prejudicial in the subjects of skin affections, with the exception, perhaps, of those labouring under strumous diseases.

Purgatives or aperients are of service in a large proportion of cases, at the outset at all events; and many can be cured by the exclusive use of them. This is especially true of the eczematous group when seen in the early or acute stage, and when associated with digestive derangement or constipation. In doubtful cases it is safer to inaugurate the treatment with aperients; but it must never be forgotten that where debility is well marked, or where there is a decided tendency to ulceration, great caution is required in the use of purgatives. In the employment and selection of purgatives and aperients we must be guided by general principles.

A very excellent aperient is the well-known sulphate of magnesia and sulphuric acid mixture; to which, if there is a gouty tendency, a little wine of colchicum, or, if anæmia, sulphate of iron, may be added as follows: Sulphate of magnesia, three ounces; dilute sulphuric acid, an ounce and a half; sulphate of iron, three drachms; simple syrup, four ounces; tincture of ginger, one ounce; infusion of quassia to twenty-four ounces: a tablespoonful, in a good deal of water, three times a day.

Another very useful tonic aperient, especially if the bowels are easily moved and there are indications of nervous debility, is the following: Phosphate of soda, three ounces; dilute phosphoric acid, two ounces; syrup of ginger, four ounces;

compound infusion of gentian, eight ounces; distilled water to twenty-four ounces: shake the bottle: a tablespoonful, in a large wineglassful of water, to be taken three times a day.

In each case the dose must be so regulated that the bowels are kept freely open. If purging is induced, it must be reduced; while, if the bowels are not acted upon, a pinch of sulphate of magnesia may be added to each dose in the case of the first prescription, a little phosphate of soda in the second.

In acute cases, one or two full doses of calomel, followed by castor-oil or a seidlitz powder, is often beneficial at the outset; but prolonged purgation must in every case be avoided, for although it may remove the eruption for a time, it returns whenever the treatment is stopped, and, by weakening the patient, may indefinitely prolong the disease.

We are told that sulphur is the great blood depurant in the case of diseases of the skin; but for my part, I am as little partial to it when administered internally as when used as a local application. When it does good, it is generally in virtue of its purgative action; while it has this drawback, that it is converted into sulphuretted hydrogen, so that the secretions have a disagreeable odour. It is usually given in electuary with acid tartrate of potash, but it is better to prescribe one of the natural mineral waters containing it; and the fact that some of these do not act as purgatives must not be taken to disprove my assertion with regard to the *modus operandi* of sulphur, for the benefit which accrues may be due to the combination of salts held in solution. Those of Harrogate and Moffat in this country, and of Aix-la-Chapelle, Enghien, Baresges, and Luchon on the Continent, have the greatest reputation in this respect; and while some of these waters may be had from the chemist, it is always more judicious, when it can be effected, to send the patient to the spring itself, for he is thus certain to get the waters fresh and pure, and, away from home and the fatigues and anxieties of business, his body is at the same time invigorated and his mind refreshed.

Diuretics are indicated if the kidneys are torpid, especially in the treatment of the erythematous and eczematous group and in acute cases. Their diuretic action, however, does not always

account for the good result observed; thus alkaline diuretics, such as the bicarbonate of potash, or neutral (which in the system are converted into alkaline) salts, such as the acetate of potash, probably do more good in virtue of their alkaline reaction. And this leads me to remark that *alkaline medicines* are especially useful in the treatment of skin diseases occurring in rheumatic¹ and gouty subjects, and in persons who are martyrs to acidity, or in whom there is a tendency to the deposit of uric acid and of urates in the urine. The alkaline and neutral preparations which are most used are salts of potash, such as the acetate, bicarbonate, and citrate; but if a stimulant is required, I generally prefer the carbonate of ammonia; and it will often be found of advantage to combine these remedies with arsenic, or, if there is a gouty tendency, with colchicum. The following is a useful combination: Carbonate of ammonia, one ounce; solution of arsenic, three drachms; syrup of ginger, six ounces; infusion of cascarilla to twenty-four ounces: a tablespoonful in a third of a tumblerful of water three times a day.

It must never be forgotten that alkalis should be given largely diluted, and also some time before food; for although the administration of a small quantity of an alkali seems to cause an increased flow of gastric juice, a large quantity may neutralize its acidity. The dose should be so regulated as to keep the urine constantly alkaline as tested with litmus paper; and the medicine should be steadily continued, unless it disagrees, until some time after the disease has disappeared.

Sedatives and narcotics are indicated under the same circumstances as in the treatment of disease of other organs. But it is necessary to bear in mind—and the remark applies not merely to skin diseases—that sleeplessness is often the result of debility, in which case tonics, especially iron and arsenic, are the best narcotics. Sedatives and narcotics are of no use for the relief of irritation of the skin except in so far as they may induce sleep; indeed, if they derange the stomach they are very apt to increase the irritation.

¹ A somewhat extensive trial of alkalis in the treatment of rheumatic fever, and especially in lingering cases, in which the effects of remedies can be more readily appreciated, has convinced me that they are often of service.

But, as is well known, opium in small doses, frequently repeated, is of value in the treatment of affections of the skin occurring in broken-down subjects, especially in cases of ulceration; but then, they do good in virtue of their stimulating, rather than of their narcotic, properties.

In genuine cases of urticaria perstans, that is, nettle-rash, recurring from day to day and from week to week, when it is independent of local causes, and when no constitutional derangement (disorder of the digestive organs or the like) is present, sedatives are sometimes curative, especially bromide of potassium in full doses.

Lastly, it need only be mentioned that the neuralgia which so frequently accompanies and follows attacks of zona (shingles) is best relieved by the subcutaneous injection of morphia.

Cod-liver oil is indicated in the treatment of strumous diseases of the skin, although it is of more value in preventing fresh outbreaks than in removing existing manifestations. The following case illustrates the above remark:—

A little boy was brought to the Glasgow Skin Dispensary who had an elevated, warty, strumous patch about two and a half inches long by one and a half broad on the buttock—that disease which I described recently¹ under the name of lupus verrucosus. No local treatment was prescribed, but he was ordered to take a tablespoonful of cod-liver oil three times a day. The eruption improved very slowly, and it was about nine months before it had completely disappeared.

Cod-liver oil is also indicated in the treatment of skin diseases, although they are not strumous, provided they occur in strumous, half-starved, or broken-down subjects.

In dispensary practice we are often consulted by persons who have long been out of employment, whose diet has been very defective, and whose bodies are infested with lice. The use of cod-liver oil in full doses, without the use of parasitocides, often removes the disease by supplying the place of a nourishing diet, and by improving the general health, *i. e.* by rendering the soil uncongenial to these unsavory companions.

¹ *Journal of Cutaneous Medicine*, vol. 1.

Two more illustrations of the beneficial effects of cod-liver oil may be given.

A child, fifteen months old, was brought by his mother to the Glasgow Dispensary for Skin Diseases on October 9th, 1862, affected with eczema impetiginodes. The eruption implicated almost the whole of the body, was very itchy, constantly exuding, and studded with crusts. The child was dreadfully emaciated, "just skin and bone," as the mother remarked. It could neither sleep nor eat, and was so weak that it had to be brought upon a pillow. The case looked hopeless, and, indeed, the child had been given up by the previous attendant; but acting upon what I have observed in similar cases, twenty drops of syrup of the iodide of iron in a teaspoonful of cod-liver oil were prescribed, to be repeated thrice daily, and the dose of the oil to be gradually increased to a tablespoonful. "On Oct. 16th the child was better. The skin being still itchy, however, a lotion of dilute hydrocyanic acid, containing twenty minims to the ounce of water, was ordered, to be used thrice daily as a palliative. The oil was omitted for a week, as it produced purging. With this exception, the oil and iron were steadily continued till November 17th, about five weeks after the commencement of the treatment, when the mother brought the child, out of gratitude, to show how well it was. There was hardly a vestige of the previous eruption, with the exception of a few dry crusts and discoloured spots on the buttocks, which were rapidly disappearing. The child appeared to be in robust health; it was quite plump, and its cheeks rosy; its skin soft and white; its appetite very good; and its sleep sound and refreshing. The medicine was to be continued for another month."

It may be well to remark in this place that if cod-liver oil is taken greedily by infants, it is almost certain to do good, although the reverse does not hold.

A man aged about fifty came to the Glasgow Dispensary for Skin Diseases in the year 1864, on account of an attack of psoriasis. He had a severe posterior curvature of the spine in the dorsal region; and, being out of employment, his diet was of a very inferior description. The eruption was very extensive, and

had existed uninterruptedly to a varying extent for twenty-eight years; and yet, in the space of six weeks, under the influence of full doses of cod-liver oil alone, it had all but entirely disappeared; and I then lost sight of him.

It will thus be seen that I differ from Hebra, who limits the value of this medicine to the treatment of strumous diseases; and from many others who, on the other hand, laud it in the treatment of an immense number of cases of skin disease.

It is unnecessary to dwell upon the use of *iodine and its compounds*, as these are indicated in the same class of cases as cod-liver oil. Of course this remark does not apply to the iodide of potassium, to which reference will be subsequently made.

CHAPTER VI.

As so many affections of the skin occur in connection with, if not in consequence of, the system being below par, *tonics*, especially iron and arsenic, are frequently indicated. With the exception, however, of *arsenic*, which is the great cutaneous tonic, it is unnecessary to point out the indications for their use, as these are the same as in the treatment of disease in general. There is much difference of opinion as to the use of arsenic; and while I am altogether opposed to those who are inclined to disparage its virtues, I am equally opposed to the view that almost all affections of the skin should be treated by means of it. At the present time I must content myself with a very few remarks, which, for the sake of brevity, I make in the form of aphorisms:—

1. Arsenic, judiciously administered, is as safe a medicine as any in the Pharmacopœia, and may often be used for months without injury to the general health.

2. It often requires to be continued for many weeks, and sometimes the disease seems to resist its action for a considerable time, when all of a sudden improvement occurs followed by a rapid cure.

3. It requires to be given in proportionately larger doses to children than to adults.

4. Infants may be subjected to its influence by administering it to their nurses.

5. The dose should be at first small, and not increased, as a rule, for some time. Then it may be gradually increased till the medicine disagrees, or till the disease begins to yield, when it may as gradually be diminished.

6. It should not be omitted altogether without very good reason, but may be tried in smaller doses or in another form, or omitted for a few days, till the bad effects have passed off.

7. Puffiness of the face, or irritation of the eyes, or such-like physiological effects, if slight in degree, should not lead us to discontinue the medicine; indeed, it is sometimes only then that its beneficial action on the disease is observed.

8. It is decidedly contra-indicated in acute cases, and when its use is followed by marked increase of the irritation of the skin (itching, heat, etc.), the disease is probably not in a state to be benefited by it.

9. It is generally more rapidly effectual if the disease, though in a chronic state, is recent; and the first attacks yield more readily to it than subsequent ones, as a rule.

10. It is contra-indicated in most cases which are complicated with digestive derangement.

11. It is apt to produce bronchial catarrh, so that patients should be warned to avoid exposure to cold while taking it; and for this reason it is generally contra-indicated in persons labouring under bronchitis.

12. In exceptional cases it may be given with benefit in large doses, as in the following cases:—

On May 11th, 1861, I was sent for to the country for the purpose of seeing a little girl, aged about ten, who had been suffering for about three months from a papulated eczematous eruption, principally affecting the back. When I saw her she was confined to the sofa, and at that time her whole back, from the neck to the hips, presented an enormous ulcerated surface. The ulceration was quite superficial, and presented a slightly papulated aspect. It had all the appearance of a superficial

ulcer from a burn which was gradually contracting and healing at the edges. At the margin, also, papules and vesicles, containing opaque serum, were detected. Papules were likewise scattered thinly over the body, but especially on the brow. From the surface of the sore semipurulent matter was exuding. The little girl had been able to run about till within a week of the above date, since which time she had been confined to the sofa. Her general health was, however, good, except that she had suffered a little from the confinement and from the irritation of the sore.

Dr. Robert Stewart, of Coatbridge, saw the patient with me, and we agreed that the sore should be dressed with cod-liver oil, and Fowler's solution administered in gradually increasing doses.

I am indebted to Dr. Stewart for acquainting me with the result of the treatment. In a letter dated October 22d, 1861, he wrote: "After you saw her she commenced with two drops of Fowler's solution three times a day. Each dose was increased by a drop each day, so that latterly she was taking thirteen drops of Fowler's solution three times a day, which had the most charming effect, and produced a decided cure. Altogether she must have taken, in the course of six or seven weeks, two and a half ounces of the solution. I saw her regularly, and there never was a bad symptom."

I have at present under my care, in the Glasgow Royal Infirmary, a little girl, aged nine, who has been affected with pemphigus in a most aggravated form for two years, and who has been taking ten minims of Fowler's solution thrice daily for many weeks with perfect impunity, and with the effect of entirely removing the bullous eruption. It is exceedingly probable, however, that such large doses would induce catarrh of the mucous membrane of the respiratory tract if the patients were not kept within doors and protected from draughts.

13. It sometimes requires to be given during meals, or immediately after food is taken, for when administered on an empty stomach it occasionally deranges the digestive organs; and it is often better tolerated if given along with a bitter infusion.

14. It should not, as a rule, be entirely discontinued until some weeks have elapsed since the complete disappearance of the eruption.

15. There are few chronic diseases of the skin of constitutional origin—provided they are not syphilitic—which may not be benefited by it (although often other treatment is to be preferred to it), but it is especially valuable in psoriasis, pemphigus, lichen ruber, pityriasis rubra, and in many cases of eczema; unless contra-indicated as above.

The preparations which I am most in the habit of using are liquor arsenicalis (Fowler's solution), of which the medium dose for children is two, for adults five, minims thrice daily, and Asiatic pills, of which the following is a modified formula:—White arsenic, two grains; black pepper and glycyrrhiza powder, of each half a drachm; with a sufficient quantity of mucilage: divide into thirty-two pills, one to be taken two or three times a day.

Empyreumatic oils and their derivatives.—In former days tar-water and tar pills appear to have been favourite remedies in the treatment of chronic diseases of the skin, but these, as is well known, have long ago fallen almost entirely into disrepute. Being struck, however, with the powerful influence of tarry preparations in the treatment of certain chronic affections when applied to the skin, and feeling convinced that their action is not a mere local one; being sure, too, that, when a remedy has been at any time in favour with the profession there must be some foundation for its use, I determined to give them a trial.

The preparations which I have employed are pix mineralis (coal-tar) and pix liquida (wood-tar); and of these the latter is less likely to derange the digestive organs. The medicine should be given in treacle or in the form of capsules; but on no account in the form of pills, as they are apt to become hard and consequently useless.¹ The dose is two or three minims thrice daily, and it may be gradually increased to twenty if necessary. If the digestive organs are in good order and the bowels free, and if too large a dose is not given at the outset, the medicine

¹ The capsules are prepared for me by Mr. Robert T. Dun, 288 Argyle Street, Glasgow.

agrees perfectly. It is useful in cases of chronic psoriasis implicating a large extent of surface; also in chronic eczema, especially if associated with chronic catarrh of the stomach or bowels, or with chronic bronchitis—morbid conditions which it sometimes modifies or removes entirely.

A young lady, aged about twenty-six, of good constitution, consulted me on the 15th July, 1867, on account of an attack of the so-called acne rosacea, of many months' duration, and implicating the whole of the face, which was of a deep crimson tint; she had also a few spots of psoriasis upon her brow and one upon her knee. An arsenical course had been prescribed for her two years before, on account of the psoriasis, by Mr. Erasmus Wilson, and she had continued to take it ever since on her own responsibility, for she found that whenever she stopped it the psoriasis reappeared. The arsenic was now discontinued; a tonic aperient mixture was given, and an ointment of rumex and sulphur (*ante*, p. 25) prescribed for the face. On the 30th August the psoriasis was very decidedly on the increase, and she desired to resume the arsenic. Instead of this, however, she was ordered to take *pix liquida* in capsules; at first in three-, gradually increased to fifteen-minim doses, thrice daily. On Oct. 8th, when I next saw her, the tendency to the aggravation of the psoriasis had been completely checked; and on the 10th December the eruption had almost disappeared, while the face had resumed its normal appearance. The cure of the acne rosacea was no doubt due in part to the use of the ointment; but the psoriasis was checked by the *pix liquida*, as no outward treatment was resorted to for it. Moreover, she found that whenever she stopped the tar, just as in the case of the arsenic, the psoriasis tended to return; and, seeing that her health was perfect in every respect, and that she suffered no inconvenience from the use of the capsules, I allowed her to continue them, and, for all I know, she may be doing so yet.

In this case the *pix liquida*, like the arsenic, only kept the disease in check; but then it was a very chronic and exceedingly inveterate one. Did time permit, I could relate other cases in which *pix liquida* was more speedily and more perma-

nently effectual; but I have selected this one, as it appears to me to be very instructive.

Within the last two years, encouraged by the results of the tar treatment, I have tried, on an extensive scale, the internal administration of *carbolic acid*, which, as might be expected, is indicated in the same class of cases as the tar preparations. I prescribe it in doses of from three to ten grains thrice daily, and usually in the following form: Crystallized carbolic acid, three drachms; glycerine, one ounce; distilled water to six ounces: a teaspoonful in a *large* wineglassful of water thrice daily, some time before food.

If the same precautions are observed as in the case of the tar, the remedy rarely disagrees, although transient giddiness is sometimes complained of a minute or two after it is taken, especially after the morning dose. If no improvement takes place within two or three weeks, it generally does not succeed, or at all events not without increasing the dose; but a slight aggravation of the eruption for a few days after the medicine is commenced is by no means an unfavourable symptom.

Carbolic acid is especially useful in cases of chronic psoriasis when the patches are not much infiltrated, and not unfrequently I have succeeded in removing the eruption after a fair trial of arsenic, although, on the whole, it is not so useful as the latter. Those, however, who have much to do with the treatment of psoriasis cannot but consider it a great boon that another remedy has been added to the very limited list of internal medicines which are capable of modifying that most obstinate disease.

The following cases—and I could quote many others—may prove interesting in connection with the preceding remarks.

CASE 1. *Psoriasis*.—Mary G—, aged nine, school-girl, was admitted to the Glasgow Skin Dispensary on January 4th, 1869. Her mother stated that before the appearance of the eruption, which occurred six weeks previous to her visit, she was not at all in good health, but that immediately thereafter she recovered completely.

Appearances on admission.—The left leg was thickly covered with spots, which were, for the most part, the size and shape of a florin. The left thigh also was the seat of numerous spots,

varying in size from that of a pea to that of a shilling. The nates were studded with them, and these for the most part were the size of peas. The extensor surfaces of the arms were covered with spots about the size of a sixpence, whilst very few were found on the flexor surfaces. A few small spots were seen on the right cheek. All the patches were circular in form; the larger ones presented a pinkish tint, while the smaller were covered with typical silvery scales. The eruption was extending rapidly, but was not in the least degree itchy. Ordered the following mixture: Crystallized carbolic acid, one drachm and a half; glycerine, a sufficient quantity; distilled water to six ounces: a teaspoonful in a wineglassful of water three times a day, on an empty stomach.

The following reports of the subsequent progress of the case were taken:—

January 18th, 1869.—For a few days after the medicine was commenced the eruption “hacked” more, was stiffer and more painful. Since then it has become less red, and the scales are falling off very rapidly. Medicine agrees, “and she is eating much more.”

February 1st.—Continue, as medicine agrees. Eruption becoming paler and less scaly, and no new spots.

18th.—Mother says she never improved so much as she has done the last fortnight. Very little to be seen now, except the stains of previous eruption.

This patient did not return.

CASES 2 AND 3. *Psoriasis.*—Agnes L——, aged fifteen, factory girl, was admitted to the Glasgow Skin Dispensary on December 14th, 1868. The first outbreak, which commenced immediately after an attack of scarlet fever six years previous to admission, covered almost the whole body, and got well under medical advice. The attack on account of which she came to the Dispensary was of four weeks' duration, and commenced upon the elbows.

Appearances on admission.—On the right elbow there was a round patch about the size of a florin, covered with silvery scales; while numerous small spots of the same character, and varying in size from a pin's head to that of a pea, were scattered

over the forearm. The left arm was similarly affected, but the patch on the left elbow was much larger, being about three inches long and half an inch broad. On the right knee was a patch about the size of half-a-crown, and numerous spots about the size of a split pea were scattered over the leg, all of which were covered with silvery scales. The same appearances were observed on left knee and leg. The eruption was increasing rapidly, and was very itchy. Her general health was good. Ordered seventy-two grains of crystallized carbolic acid in twenty-four ounces of distilled water: a tablespoonful in a wine-glassful of water three times a day, on an empty stomach.

As her sister Ann, aged seventeen, was reported to have the same disease and to be otherwise in good health, the same medicine was prescribed for her, and a message was sent to her to come to the Dispensary the following week.

The following were the subsequent reports:—

December 28th, 1868.—In both the above cases the spots came out more rapidly for the first week, but none since; and the old spots and patches are beginning to disappear.

January 11th, 1869.—Improvement very marked, especially in Agnes.

February 8th.—Very great improvement in the case of Agnes since last visit. Decided improvement in the case of Ann, although not so marked; therefore let Ann increase the dose to a tablespoonful and a half.

March 17th.—Agnes all but cured. Ann very greatly better, and disease progressing rapidly towards a cure under the increased dose.

These patients did not return. (Reported by Mr. J. D. Walker.)

CASE 4. *Psoriasis.*—A lady aged about thirty-five, who had undergone much anxiety and fatigue in nursing a sick child, was attacked for the first time by psoriasis. The patches, on an average about the size of florins, were of a dusky red tint, but not scaly. They were very numerous, especially upon the arms and legs. She felt weakly, and was incapable of much exertion, and the feeling of fatigue and lassitude was very marked at times; otherwise her health was good. She was subjected to an arsenical course by her medical attendant, but without bene-

fit. She then consulted me, when, the arsenical course having failed, four grains of carbolic acid in solution was prescribed thrice daily. There was immediate improvement. The feeling of lassitude and exhaustion diminished, the eruption began to fade, and in a few weeks she was quite well.

CHAPTER VII.

IN these days of scepticism, when we hear so much of the successful treatment of syphilis without mercury, it becomes those whose experience justifies them in giving an opinion, to do so clearly and without reservation. It is my firm conviction, then, that while mercury is of little use in the treatment of non-specific affections of the skin except in so far as it is of value as a purgative or corrector of digestive derangement, it is invaluable, in appropriate cases in syphilitic affections; and further, that no one who has not had ample opportunities of testing its efficacy in syphilitic affections of the surface, where we have the eye to guide us, is qualified to form a correct opinion as to its value in syphilis.

We are justified in bringing the patient fairly under the influence of mercury under the three following conditions, although it is not always necessary to touch the gums, and certainly in no case should salivation be courted.

1st. When we have to treat one of the earlier of the cutaneous manifestations of syphilis in a person of sound constitution.

2d. When the syphilitic poison has not only attacked the skin, but also some delicate organ, such as the eye.

3d. When, in a person of sound constitution, we have to deal with a circumscribed syphilitic eruption of old standing, which resists external applications and iodide of potassium in full doses.

A gentleman, resident in the West Highlands, consulted me a couple of years ago with regard to an obstinate syphilitic eruption of old standing, implicating, and limited to, the soles

of his feet. The patches were slightly coppery in tint; their edges were composed of segments of circles; and the skin was for the most part thick and almost horny. He had taken iodide of potassium *ad nauseam*, and had tried all kinds of external applications, including the use of blisters, under the direction of one of the most celebrated surgeons of the day; but to no effect. He was an exceedingly strong and healthy man, and I had therefore no hesitation in giving him a course of mercury. Within three weeks the eruption had completely disappeared, and there has been no return since, while his general health remains as perfect as before.

Instead of administering mercury by the mouth, the process of subcutaneous injection, as recommended by Lewin and others, may be tried—a mode of administration from which I have obtained excellent results. Four grains of the perchloride of mercury should be dissolved in an ounce of distilled water, and of this from seven and a half minims at the least (*i. e.* a sixteenth of a grain) to thirty at the most (*i. e.* a quarter of a grain) should be injected once daily. It is indifferent where the injection is made, except that the least sensitive parts and the parts least liable to pressure should be selected. It possesses the following advantages: 1. The dose can be regulated with the utmost precision. 2. The medicine has no tendency to derange the digestive organs. 3. It acts with greater rapidity than when the perchloride is administered by the mouth. 4. A much smaller quantity is sufficient to produce the desired effect. 5. It does not usually produce salivation, although stomatitis is a frequent result. The process has, however, the following disadvantages: 1. The operation is somewhat painful, and much pain is experienced for several hours after each injection; so that patients sometimes object to its continuance. This, however, may be counteracted by adding one-sixth of a grain of morphia to each injection. 2. In exceptional cases—once in about two hundred injections (Lewin)—the operation is followed by circumscribed inflammation and abscess.

Another mode of employing mercury is in the form of the *mercurial vapour bath*, which is specially valuable in the treatment of syphilitic ulcerations of the skin, and also of syphilitic

eruptions occurring in cachectic subjects: but I am not prepared to coincide with those who laud it as the most effectual, although it is undoubtedly the safest, method of bringing the system under the influence of mercury in every case. The preparations which are most frequently employed for this purpose are the subchloride and the bisulphuret; of which half a drachm of the former and two drachms of the latter may be used for each bath. The mode of carrying out this treatment, and its special advantages, have been fully discussed by Mr. Langston Parker and Mr. Henry Lee, to whose writings I must refer the reader for further details.

In syphilitic eruptions occurring in infants, the subjects of hereditary taint, mercurial treatment is certainly curative, provided it is commenced before the poison has had time to produce profound syphilitic cachexia. Indeed, there is no other treatment which appears to have any material influence over the disease; so that, in my opinion, to withhold mercury in such cases is altogether unjustifiable.

As a rule, the most simple and the most satisfactory way of treating infants is to rub into the eruption, night and morning, an ointment containing mercury, such as I have indicated in a previous chapter, or to make use of the mercurial belt. A piece of mercurial ointment the size of a bean should be rubbed daily upon the inside of a piece of flannel two inches broad, and sufficiently long to surround the body of the child about the level of the umbilicus, and this should be worn until two or three weeks after the complete disappearance of the symptoms. Should the ointment, however, irritate the skin, and tend to produce an erythematous or eczematous rash (the so-called *eczema mercuriale*), the belt may require to be removed for a time, during which the ointment may be rubbed into some other part of the body.

Every one is familiar with the cutaneous manifestations of infantile syphilis; but it does not seem to be generally known—at least, there is no allusion to it in most dermatological works—that eruptions occurring after the infantile period in children and young persons are sometimes dependent upon hereditary syphilis. The diagnosis is often difficult, but the

beneficial effects of antisyphilitic treatment sometimes serve to convert a suspicion of syphilitic taint into a certainty. Cases illustrative of what has just been stated have been referred to in a previous chapter (see Part I. chapter ii. pp. 17-19).

CHAPTER VIII.

WITH regard to the employment of *iodide of potassium* in the treatment of syphilitic skin diseases, I must content myself by laying down the following rules:--

1. The longer the interval which has elapsed between the contraction of the syphilitic taint and the development of the eruption, the more confidently may we substitute it for mercury.
2. If the patient is cachectic, it is, as a rule, to be preferred to mercury, except in recent cases of syphilis, when the mercurial vapour bath, or some such treatment, is more likely to prove successful.
3. The more extensive the tertiary eruption, the more certain it is to yield to the iodide of potassium; although to this rule there are numerous exceptions.
4. If there is any tendency to syphilitic disease of the nostrils or neighbouring parts, iodide of potassium should be withheld, or given with great caution, for, if it produces coryza, it is very apt to aggravate the morbid condition of the parts.
5. It should be given in full doses.

The last rule is one of great importance, and all the more so, seeing that one of the most distinguished surgeons of the present day recently recommended, in one of the medical journals, the administration of doses of three grains; while my own experience has led me to conclude that ten grains is the proper dose in the majority of cases, and that occasionally as much as thirty or forty, thrice daily, may be requisite. It is generally advisable to prescribe it in combination with a bitter, and in cachectic subjects a little iron is a valuable addition, as in the following prescription: Ammonio-citrate of iron, three drachms; iodide

of potassium, one ounce; syrup of ginger, six ounces; compound infusion of gentian, eight ounces; water to twenty-four ounces: a tablespoonful in a large wineglassful of water thrice daily.

The Alkaline Sulphites and Hyposulphites.—Some years ago Polli of Milan made experiments with the sulphites and hyposulphites of potash, soda, and magnesia. Having proved, by experiments—"first, that sulphites, when administered to a living animal, are carried, *as such*, into the circulation, and diffused all over the organism without the slightest inconvenience to the animal; and, secondly, that the presence of these salts in the liquids and solids of the body retards the putrefactive fermentation for a very considerable period. . . . he took two dogs of about the same size, and equally in good health; he fed them exactly alike for five days, with the exception of administering to one of them two grammes of sulphite of soda daily—the other dog getting exactly the same food, minus the sulphite. At the end of five days he injected into the femoral veins of both animals one gramme of pus taken from a fetid abscess occurring in a broken-down constitution. The operation in both cases was carefully performed, and the animals suffered but little. Immediately after the injection both dogs appeared stupefied; they lay down and refused all food, remaining quite prostrate for twenty-four hours. On the following day, however, they both seemed a little better, and took some food. A second injection of pus was now practised on both animals to the same amount, but the first dog had meanwhile been getting two grammes of sulphite daily, while the latter was only getting plain food. The effect of the second injection was most interesting: both dogs were affected instantly alike; both were seized with stupor; in both the pulse was rapid and feeble, while the respiration was greatly accelerated; both dogs refused to eat; both lay down in a state of stupor; and, when made to rise and walk, they tottered and reeled across the room. The first dog, however, continued to receive, daily, a dose of two grammes of sulphite of soda, and in four days was so far recovered as to be able to eat his food with relish, while the wound in the femoral vein was rapidly

healing. The other dog fared differently: he got no sulphites, either before or after the operation, and the result was that he daily became worse; the wound in the thigh became gangrenous, the limb swelled up, and ten days after the second injection the dog died, with all the symptoms of typhus, the first dog being already about and well."¹

One other experiment may be mentioned. Polli "took two large dogs, as similar as possible both in size and health, and, having administered to one of them eight grammes daily of sulphite of soda, he injected into the femoral veins of both dogs three grammes each of the muco-purulent discharge obtained from the nares of the same glandered horse which had served for a previous experiment. The first dog, which had received the sulphites, seemed at first to suffer the most from the injection. It at once fell to the ground as stunned, and its breathing was rapid and panting; but in a few hours it began to recover, and the following day it was able to eat. The second dog bore the operation better, and did not appear to sustain so severe a shock; but on the following day it began to mope, towards evening it was very drowsy, and with difficulty it could be got to stand; by the third day the animal's extremities had become œdematous and painful; by the fourth, a purulent discharge was running from its nose and eyes, and the wound in the thigh was now almost gangrenous. On the fourth day the animal died, worn out by pain, fetid suppuration, and diarrhœa. The first dog was by this time completely recovered."²

For further details I must refer those who are specially interested in this subject to Dr. de Ricci's paper, and to Professor Polli's work "On the Use of Alkaline Sulphites in the Treatment of Diseases depending on Morbific Ferments."

Acting upon these data, and believing that impurity of the blood lies at the root of those cases of recurrent furunculi in which no local or special constitutional cause can be detected, I made a trial of hyposulphite of soda in this complaint, and in

¹ Dublin Quarterly Journal of Medical Science, vol. xxxvi. p. 470: article by Dr. de Ricci.

² Dublin Quarterly Journal of Medical Science, vol. xxxvi. p. 407: article by Dr. de Ricci.

some instances I was surprised at the result, as in the following case:—

“A young man, of good constitution, but who for some months had suffered from a series of boils, appearing principally upon his legs, came for advice to the Dispensary for Skin Diseases. The complaint had not moderated in the least when I saw him; for the furunculi were coming out in rapid succession. I prescribed for him half a drachm of the hyposulphite of soda, thrice daily, in water; and from that day he never had another boil.”

Before giving the medicine we must make inquiry as to the condition of the general health, especially as to the state of the bowels, which are frequently constipated, and correct any derangement which may be present. It should be given largely diluted, as in the following prescription: Hyposulphite of soda, an ounce and a half; simple syrup, one ounce; cinnamon water to twelve ounces: a tablespoonful, in a large wineglassful of water, thrice daily, on an empty stomach.

Dr. de Ricci prefers the sulphite of magnesia for internal administration; “because it is not so unpalatable, and is less likely to produce diarrhœa, and because, in consequence of the atomic weight of magnesia, it contains, bulk for bulk, more acid than the soda salt.” He cites a case of chronic pemphigus in an old gentleman over eighty, in which the external use of a saturated solution of sulphite of soda, and the internal administration of the sulphite of magnesia, had a remarkably beneficial effect.¹

It appears, then, that the alkaline sulphites and hyposulphites are of value in the treatment of some diseases of the skin; and that they are deserving of a more extended trial than has hitherto been accorded to them.

¹ Dublin Quarterly Journal of Medical Science, vol. xlii. p. 363





