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Contributors

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Treatment
OF
Skin Diseases.

—
R. M. Simon.

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LECTURES

ON THE

TREATMENT OF THE COMMON DISEASES OF THE SKIN,

BY

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CONTENTS.

CHAPTER I.

	PAGE.
PRURITUS	7

CHAPTER II.

ECZEMA : ETIOLOGY	17
-----------------------------	----

CHAPTER III.

ECZEMA : CONSTITUTIONAL TREATMENT	29
---	----

CHAPTER IV.

ECZEMA : LOCAL TREATMENT	45
------------------------------------	----

CHAPTER V.

PSORIASIS	73
---------------------	----

CHAPTER VI.

SCABIES	87
-------------------	----

CHAPTER VII.

ACNE	95
----------------	----

CHAPTER VIII.

RINGWORM	105
--------------------	-----

THESE Lectures were delivered as a Post-Graduate course by invitation of the Committee of the Birmingham Medical Institute.

They are published as delivered, but for the convenience of readers, have been divided into chapters.

The Lectures are not in any sense a complete account of the diseases therein treated, for Etiology, Diagnosis, and Pathology have been discussed only so far as their bearing on treatment has rendered this necessary.

CHAPTER I.

PRURITUS.



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PRURITUS.

BEFORE considering the treatment of skin diseases, it is advisable to refer to *Pruritus*, a condition common to many of them, and to nearly all of those we meet with in ordinary practice. No symptom is so troublesome to the patient, or more readily brought under the influence of remedies, provided the cause can be ascertained. Such a cause is furnished by any irritant, an animal parasite for example, which induces hyperæmia and stasis of the blood in the papillary body. In consequence of this the terminal filaments of the nerves are pressed upon and itching results. It is, however, important to remember that general itching may result from localised causes, and hence, a single louse may be the cause of diffused and intolerable Pruritus.

The presence of the itch insect, of bugs or fleas, and less frequently of vegetable parasites, especially the *Tricophyton Tonsurans* are common causes of itching.

Eczema is essentially an itching disease, especially during the acute stage; and psoriasis also induces itching, but in a lesser degree than eczema. In both of these diseases the itching is aggravated by warmth, and is especially complained of when the patient is warm in bed.

Syphilides, as a rule, itch very little or not at all, and only on their first appearance; hence, this fact is one of very great importance in making a diagnosis between simple and syphilitic eruptions.

When Pruritus is due to any of the above causes, it may easily be relieved, and cured entirely by the removal of the exciting cause, but when it is so to speak a substantive disorder, and the first symptom of skin trouble, local or universal, its treatment becomes difficult, and often very unsatisfactory.

Such conditions are pruritus ani, and pruritus senilis.

Pruritus ani is often due to eczema, thread worms, piles, or excessive sweating, but occas-

ionally occurs independently of these, and is frequently associated with a similar affection of the scrotum in men, or the vulva in women.

Pruritus senilis is possibly due to trophic changes in the skin, especially the loss of subcutaneous fat, and is most difficult to treat. Like all other forms of pruritus it soon becomes associated with the presence of excoriations. These occur naturally on those parts which are most easily reached by the fingers, and especially about the lower part of the body and the shoulders.

As might have been anticipated, Pilocarpin and hot baths, which increase the activity of the sweat glands, are harmful, and the greatest relief is afforded by cold bathing, and by the use of evaporating lotions. Preparations of tar and sulphur are generally recommended, but in my hands they have availed little ; sedatives such as opium and potassium bromide are of no curative value. It is possible, of course, to get a good night by means of narcotics in large doses, but the disease is always chronic, and the abuse of narcotics, which at best procure a brief respite, is a remedy worse than the disease. Very

dilute solutions of hydrargyri perchloridum (gr. xv. to a pint of lime water) sometimes relieve, but I know nothing better than the free use of Eau de Cologne, or of Hazeline, mixed with an equal amount of cold water. These should be applied with a sponge, and frequently used, especially before going to bed. In some cases I have thought relief has been afforded by taking diuretics, and so throwing part of the work of the skin on to the kidneys. The acetate of potash in twenty grain doses answers this purpose admirably.

If pruritus ani be due to hæmorrhoids or worms, the treatment of the symptom becomes that of the disease.

Serious hæmorrhoidal trouble of course necessitates drastic and surgical treatment, but the milder form will generally improve under the use of unguentum gallæ copio, or unguentum hydrargyri. The treatment of thread worms is familiar to all of us, and its non-success, unfortunately, only too frequent ; but I have latterly had surprisingly good results from the internal administration of lime juice, after the failure of the ordinary remedies. If pruritus depends on excessive sweating, the parts should be dusted

with a powder of equal parts of tartaric and boracic acids.

If it appears to be idiopathic, an ointment of equal parts of oleate of zinc ointment, and unguentum picis liquidæ will prove useful, and in some cases I have added, with advantage, four grains of cocaine to an ounce of the ointment. Pruritus vulvæ should always excite the suspicion of Glycosuria; it is by far more frequent in the Glycosuria of old adults, than in the declared Diabetes Mellitus of younger women. When due to this cause, or to Leucorrhœa, extreme cleanliness is, of course, to be advocated, and it will generally be relieved by the use of proper internal remedies, and the application of a lotion containing borax:—

℞—Glycrini Boracis ℥ ij

Aquam ad ℥ viij

M ft. lotio

One case, which had long resisted all means devised for relief, got well at once when the vulva was dusted with calomel. In this case, however, there was no diabetes or leucorrhœa or any suspicion of syphilis.

The itching of eczema may generally be relieved by the free use of lotions, containing

hydrocyanic acid, 3 to 6 minims to the ounce, or liquor carbonis detergens, 1 to 2 drachms to the pint of lime water, but the greatest relief may be obtained by free sponging, with a decoction of bran. The bran should be boiled in a pudding bag, and the liquor, mixed with warm water, be freely used. In some cases lotio nigra, diluted with an equal quantity of lime water, has proved of great service.

Scabies is a cause of very severe itching, and its treatment often keeps this up. After the acari have been destroyed by the use of sulphur, it should be discontinued, as, if persevered with, its use often develops and keeps up eczema, and the itching dependent thereon.

There is another class of cases in which itching is a prominent symptom, such as icterus, urticaria, and scarlatina, in this last occurring with the outbreak and disappearance of the exanthem.

It has not been my experience often to meet with it in simple jaundice, but several times I have seen cases of gallstone colic, with or without a moderate amount of jaundice, in which the colic has been followed by intolerable itching. One lady, after enduring the misery of sleepless nights, and irresistible temptation to scratch,

with the usual result of sores and excoriations, consulted me in the hope of obtaining relief. By the aid of bran bath and the *lotio nigra*, she obtained some respite from her sufferings, but it was not until she was given half drachm doses of *liquor hydrargyri perchloridi* and drachm doses of *succus taraxaci* that she began to make definite progress, and ultimately recovered.

In this case there is no doubt that the presence of bile acids in the blood was the cause of her trouble, but what the morbid agent in urticaria may be is not so well known.

No doubt in the great majority of cases urticaria depends on the presence in the stomach of foods that, ordinarily innocuous, cause the disease in individuals predisposed thereto. The obvious indication is to get rid of the offending material by means of emetics and purgatives, and subsequently to give *vinum antimoniale* for a few days, in doses of from 3 to 7 minims. Most cases will yield readily to this treatment, but there are others, depending not at all on digestive disturbances, which are most intractable. These usually occur in people of a nervous temperament, and in women seem to be sometimes associated with uterine disturbance.

One lady, herself very nervous, and having a strong family disposition to nervous ailment, such as hysteria and migraine, was brought to me after having for seventeen winters been rendered unfit for all social obligations by the most terrible urticaria. She had been obliged to spend several winters in the south of France, but no medicinal means had availed her anything. The use of hot bran baths and antimonial wine did her much good, but she still remains liable to the disease. Lotions of dilute hydrocyanic acid, three drachms to a pint of *lotio nigra*, and of hazeline, five ounces to a pint of water, have seemed to do good in some of these cases, but they are very difficult to treat, and tax all the resources of medicine.

CHAPTER II.

ECZEMA. ETIOLOGY.

ECZEMA. ETIOLOGY

ECZEMA has commonly been defined as a catarrhal inflammation of the skin, but we attribute such a definite meaning to the word catarrh, and associate it so generally with diseases of mucous membranes, that its application to a widely different disease of the skin is scarcely correct.

We are then driven back to the unsatisfactory necessity of having to speak of eczema as being due to an eczematous inflammation of the skin.

Pye-Smith summarises the pathological anatomy of eczema as follows :—“ If a section of eczematous skin be made, the cuticle is found unaffected, the malpighian layer swollen, the papillæ œdematous with dilated blood vessels, and multitudes of leucocytes clustered round them ; the deep layer of the cutis and subcutaneous tissues are unaffected.”

The prime factor in every eczema is dilatation and congestion of the superficial blood vessels, and upon the amount of this congestion, and on its secondary effects, depend all the varieties of the disease. In skin diseases, in common with many others, the tendency has unfortunately been to multiply names unnecessarily, and the true connection of many conditions has thus been obscured.

Of eczema this is especially true, but fortunately practitioners have ignored names, and treatment has thereby not suffered so much as might have been anticipated.

The congestion may never pass into exudation, and redness may be the only sign of disease. This we call erythema, or eczema erythematosum, and often enough, even without treatment, it may pass away leaving only a little desquamation of the cuticle to tell its tale. Beyond the redness nothing is complained of but a little itching and burning, and if erythema did not often pass into other forms of the disease, it would hardly seem entitled to rank as an eczema.

We see, however, exudation following the congestion, and further developing tissue change,

and inflammatory activity of the connective tissue corpuscles; and on the extent of these further changes depends the particular variety of the disease.

Sometimes the erythematous stage is succeeded by the appearance of little red dry elevations called papules. These again frequently remain unaltered throughout their existence, and constitute the disease we call Lichen, or more properly eczema Lichenoides. Their summits may, however, be converted, and finally the whole bulk of them, into vesicles, and the affection then become the common form of the disease known as eczema vesiculosum.

This may seem to begin with a crop of vesicles at once, but there has always been an erythematous stage, however short.

The thin epidermal roofs of the vesicles soon break down from attrition, or from becoming thinned by the pressure of the contained fluid, and we get the characteristic eczematous discharge, the saline constituents of which act as irritants, while its albuminous part stiffens linen, clothes, or bandages in contact with it.

If the eczema is one of a pustular nature, it may follow on the vesicular form, the bases of

the vesicles becoming inflamed and their contents pustular; but often the exudation is at once, or nearly at once, purulent, and we get the disease known as impetigo, or more properly eczema impetiginodes.

The pustules, just as do the vesicles, soon break down, and the pus dries into crusts which characterise this form of the disease.

It is common, however, to find all these forms of disease co-existing, and we rarely see a well-marked case of eczema, in which we do not find all four varieties simultaneously.

Besides these four principal varieties of eczema :—

1. Eczema Erythematosum,
2. Eczema Lichenoides or Papulare,
3. Eczema Vesiculosum,
4. Eczema Impetiginodes or Pustulosum,

we get other specially named kinds, which depend entirely upon the course and duration of the four principal varieties, and are called from the appearances they present, eczema madidans or rubrum, eczema squamosum, eczema rimosum and eczema verrucosum.

Eczema madidans or rubrum may result from any of the four chief varieties.

Duhring describes it as being "characterized by a more or less reddish weeping surface, accompanied by marked inflammatory symptoms. Serum exudes freely, and at once forms into crusts; blood likewise oozes forth from the lacerated and exposed corium, which, together with the serum, dries into thick bulky dark yellow crusts, completely enveloping the region. These crusts adhere closely and firmly to the part, and unless detached by mechanical means, may remain there indefinitely, the disease continuing its course beneath this mass of effete matter.

Eczema madidans then may present two appearances,—as it occurs with its crust, and as it exists without this covering. In the one case the skin itself is altogether obscured by a dirty yellowish or brownish crust, in the other the skin presents a bright red punctate wounded surface, deprived in great part of its epidermis, and exuding a clear syrupy yellowish fluid."

It occurs most commonly on the legs, especially of elderly people. It is generally chronic, and involves the deeper tissues, the skin becoming almost leathery.

Eczema squamosum, rimosum, and verrucosum depend upon the amount of thickening of the corium and the rimosum or fissure-type upon its situation, cracks occurring over the flexures of the joints, especially of the fingers, owing to inevitable movements. They present a red scaly surface, and are always associated with a great amount of exudation, which converts the skin into a thick inelastic mass. So long as this thickening persists, the disease cannot be considered as cured, and though the surface may appear normal, any slight disturbance will occasion a fresh outbreak, unless absorption of the exudation has taken place.

It will greatly facilitate the diagnosis and treatment of eczema, if we regard these forms of disease as variations from a common type, rather than as separate diseases.

We have seen that the four principal varieties may present their peculiar characteristics practically from the first, yet they do more often lapse from one into another, according as the inflammation is more or less acute.

Allied as they are pathologically, so are they by their clinical features, which may be summarised as follows:—

1. Unusual tendency to persist.
2. Invariable presence of itching.
3. The fact that when cured they leave no scar.
4. The absence of contagious properties.
5. The evidence of heredity.

A favourite pursuit of dermatologists has been to search for a satisfactory classification of skin diseases, and eczema has, by first one and then another, been classed under this or that head.

The latest writer on the subject, Mr. Tom Robinson, has, I think, wisely and boldly spoken of the eczematous diathesis ; but after all it is only a change of name, and instead of the herpetic, or the dartrous class of the French, or the catarrhal diathesis of Hutchinson, we simply speak of eczematous patients as having an eczematous diathesis ; but when we come to consider the evidence of this diathesis, we find a list of symptoms alarming, it is true, but not sufficient to include all or nearly all those who have had or may have eczema.

Nor is it probable that we shall find a classification for a disease which varies so much according to its cause, and the constitution of the patient who is suffering from it. No doubt

some people are specially liable to suffer from eczema, but there are certainly no sufficient data for predicting of an individual that he has, so to speak, "The mark of the Beast," and will suffer from eczema. It is true the eczematous diathesis is made to cover a wide area, and includes those who in early life are prone to chilblains, to a catarrhal condition of the mucous membranes, and to the advent of some form of irritation of the skin during cold weather.

Diathesis or no diathesis, some people get eczema from causes insufficient to affect others, and these causes are either internal or external; for eczema never occurs idiopathically, as I think it should if it were the manifestation of a diathesis.

Hebra calls the internal causes unknown, and the external causes known. This may be a witty aphorism, but is neither fair nor correct; if it were so, and we had no knowledge of internal causation, we should be powerless to prevent a patient who had once suffered from eczema from a repetition of the evil.

It is difficult indeed, but just as in urticaria we can, by regulation of the diet, often prevent a

recurrence, so can we in a gouty subject prone to eczema, by careful dieting, by the exclusion of alcohol, and the medicinal treatment of the gout, check the tendency to a relapse.

Again, a strumous child who has once had eczema will surely suffer again if his health becomes impaired, no matter how closely he be watched, and how thoroughly irritation of the skin be prevented. We know well enough that general hygienic and medicinal treatment will nearly of a certainty prevent an outbreak.

The known causes are such as produce irritation of the skin, and common among them are parasites, vegetable or animal, especially ring-worm, which sets up an eczema that often masks the disease, the presence of dirt, and some medicinal remedies, notably chrysophanic acid and mercury.

Some skins are so tender that flannel will produce an eczema, and for these silk undergarments will be found an efficient substitute.

It must not be forgotten that eczema is not unfrequently set up by the use of badly-dyed underclothing, in which the aniline dyes contain an excess of arseniate of alumina and act as irritants.

People predisposed to eczema usually suffer from it when they are much exposed to cold east winds, and sea air will almost certainly rekindle a half-cured eczema.

Lastly, certain trades, by which patients are much exposed to contact with sugar or flour, will produce special kinds of eczema which are known as bakers' or grocers' itch.

CHAPTER III.

ECZEMA :

CONSTITUTIONAL TREATMENT.

1887

1888

1889

ECZEMA :

CONSTITUTIONAL TREATMENT.

THE question of the constitutional versus the local treatment of eczema has been debated for more than half a century with varying fortune ; now the constitutional and now the local triumphing as the only effectual means of combating the disease. Forty years ago Dr. Hunt wrote : " It is painful to contemplate the unnecessary torments of a patient who has been tarred externally and internally, or tortured with caustic for weeks together without the slightest relief, and whom the abstraction of a pint of blood and the exhibition of a smart purgative, would deliver from more than half his suffering." Again he says : " To prevent the eruption spreading many alterative remedies have been tried with various degrees of success. It is not necessary for me

to enumerate them, my whole attention having been directed for many years to one antidote alone, which, under proper regulations, acts with such uniform efficiency as to leave nothing to be desired. That remedy is arsenic."

About the same date Hebra, then Professor of Dermatology in Vienna, to whom the great advances in local treatment are mainly due, wrote: "The insufficiency of the so-called specifics in the treatment of chronic diseases of the skin, and not any spirit of opposition or desire for novelty, obliged me to desire other means of arriving at the desired end." One after the other he discusses the means of constitutional treatment—diuretics, he says, have all proved useless, cantharides injures the patient without curing his eczema, and cod-liver oil, though of the greatest service as a local application, is quite useless when given internally.

Twenty years later he said, of arsenic, that he could not concede to it the undefined blood-purifying and eczema-curing powers which were attributed to it by English and French physicians, and therefore depended almost entirely upon local means for his undoubted success in treatment.

A very important and interesting discussion on the use of arsenic in eczema was carried on last year in America.

It must be remembered that whereas in England we have a tendency to regard many diseases or symptoms of unknown origin as possibly due to gout, so in America malaria is the cause to which are attributed similar difficulties, and therefore, bearing in mind the influence of arsenic over malaria, we must properly discount the opinions of American practitioners. One or two are as enthusiastic as was Hunt in their appreciation of arsenic, but the general tendency is to deprecate its unvarying use and general application in eczema.

The final propositions of Dr. G. H. Fox, as stated in the *Journal of Cutaneous and Venereal Diseases*, fairly express the views of American dermatologists of to-day on this subject, *i.e.*, firstly—"There are some forms of chronic inflammatory skin disease, and possibly some affections of a malignant type, in which the internal use of arsenic will undoubtedly exert a beneficial influence."

Secondly—"In most cases of inflammatory skin disease, regulation of the diet, and such

hygienic and medicinal treatment as tends to improve the general health of the patient will do infinitely more good than the continued administration of arsenic."

These propositions, neither optimistic with Hunt, nor pessimistic with Hebra, very fairly express the main opinion of to-day, and would appear to be supported by the observations of Murrell and Ringer, as quoted by Lauder Brunton.

They found that in frogs poisoned by arsenic the cuticle could be stripped off the whole body with the greatest readiness within a few hours after its administration.

Miss Lunn found this condition to depend on softening of the protoplasm of the columnar layer of cells in the epidermis, so that the cuticle remained attached to the dermis only by a few protoplasmic threads.

From physiological considerations, therefore, it would appear that as arsenic causes "increased metabolism in the cells of the epidermis," and therefore causes increased congestion, it would intensify itching and aggravate the symptoms generally of an acute condition.

Practically these results do follow the use of arsenic in acute eczema, and it should therefore

be avoided in such a condition. Indeed it may be taken as established that arsenic does harm in acute eczema, and that it is of the greatest utility in the chronic form, where there is much infiltration of the cutis and the epidermis is thickened.

Arsenic may be given in various forms, but should always be taken during or immediately after a meal.

Arsenious acid may be given in a pill, $1/30$ th of a grain with 1 grain of the extract of gentian, and increased to $1/12$ th of a grain, or Fowler's solution three drops for a dose may be given twice or thrice daily.

If the remedy is doing good, the dose should be increased until as much as ten drops are taken thrice daily.

If our patients complain of colicky pains, and mucous or dysenteric diarrhœa, or if there be irritation of the eyes or running at the nose, the arsenic should be discontinued for a time.

In the sense that there is no specific constitutional treatment for skin diseases, Hebra was no doubt right, and his crusade against the indiscriminate use of arsenic has done much good, by forcing attention to each disease and its

treatment on its merits ; but his attitude is absurd, and his views extravagant when he speaks of constitutional treatment doing no good.

There are two constitutional conditions or diatheses, the gouty and the strumous, in which internal treatment is invaluable in conjunction with local measures, and I think the tendency of to-day would be to reverse the dictum of Hebra, and to attach all the importance to the internal, and little to the external use of cod-liver oil in strumous eczema.

The skin condition may be due in the first place to local causes, but given a healthy body it speedily gets well ; given on the other hand a pale pasty child, whose glands tend to enlarge and become caseous, whose wounds show little tendency to heal, and in whom suppuration rather than resolution is the rule, what is more certain than that the eczema will spread, and, until the bodily condition is improved, will grow worse instead of better under the influence of local remedies, or at best, improve slightly, only to relapse into a deplorable condition ?

If Hebra thinks more of the external than the internal use of cod-liver oil, it can only be

because the oil not only exercises a beneficial local influence, but is also absorbed. In gouty people nothing is more difficult to treat than eczema—they are particularly liable to eczema of the finger tips, and of all kinds of eczema this is the most intractable, until local measures of some severity have been supplemented by the use of alkalies.

I had recently under my charge a hale but gouty publican, who had been using under medical supervision for more than a year the same remedies with which I was fortunate enough to effect a speedy cure, after assisting their action by the internal administration of iodide of potassium.

With the exception of diseases of nervous origin, such as Herpes Zoster, which tends to get well irrespective of treatment, and pemphigus which gets well under the influence of arsenic (and even these will benefit from additional local treatment), all skin diseases require local treatment. Whatever their origin, whatever the diathetic condition, the skin itself becomes diseased, and we can influence it best by local treatment, but the most philosophic course, as well as the safest, will be to steer between the Sycylla of

Hunt and the Charybdis of Hebra, and combine the best of the treatment of each.

For a disease which varies so much in different individuals as eczema, it is out of the question that we should find any specific remedy.

The dry irritable eczema of the gouty drinker will not yield to the same treatment as the pustulating discharging skin of a strumous child; in each case we must observe general hygienic laws, regulate the bowels, order a suitable diet, and to our local measures add the special internal treatment the diathesis demands. Nothing is better than iodide of potassium in small doses for a gouty eczema, or cod-liver oil for the strumous form.

While there is no internal specific, some remedies as we have seen with arsenic in the chronic form of eczema, do seem to have a special influence on the skin.

Piffard, a modern American authority, recommends the use of calx sulphurata and viola tricolor in eczema.

In eczema rubrum, especially in infants and children with much soreness and irritation, calx sulphurata, in small doses, grain 1/50th to grain

$\frac{1}{25}$ th, he considers often proves of great service.

“Again, in cases in the second stage, when the exudation is abundant and purulent, it should be given in larger doses, grain $\frac{1}{20}$ for children to grain $\frac{1}{5}$ for adults. Thirdly it may be used with very manifest advantage when the patches of eruptions are greatly infiltrated, and the inflammation is of a sub-acute character. If the effects of the drug are not evident at the end of two weeks, it will not be worth while to continue the drug longer.”

The infusion and fluid extract of *viola tricolor* have been found of use by French and American dermatologists ; it increases the amount of urine, and the total quantity of solids excreted with it ; but it is rather in virtue of its depurative action that it has been found useful in eczema. It is in cases of eczema capitis in children, with formation of pustules, and tendency to become chronic, that its use is indicated. If the eruption be acute the dose should be small, if chronic or indolent the dose may be increased.

One drop of the fluid extract two or three times a day is enough for an infant, whereas for an adult it may be given in doses of from 5 to 60 drops thrice daily.

Before leaving the subject of constitutional treatment, it is necessary to refer to a procedure which has been practised by Mr. Lawson Tait and Dr. Kidd, a leading Homœopath, in some cases of general eczema in young children, which had resisted a prolonged course of general treatment, namely re-vaccination.

Perhaps with a conscientious desire to be a consistent homœopath, Dr. Kidd recommended this course, the principle of *similia similibus* suggesting the remedy, since the disease was supposed to have originated from the first vaccination.

In all the cases recorded, three, I think, the result was most successful, and one can only wonder that so speedy and easy a cure is not more often resorted to, or at least, that successes and failures in the process have not been more often recorded.

Personally I have no practical experience of this method, and should as soon think of putting a child into a fever ward as vaccinate it in order to cure eczema.

It is well known that any general febrile disturbance, dependent upon an exanthematous cause, will for a time suppress the evidences of

eczema, which will recur when the exanthem is recovered from. The re-appearance is, however, not constant, the eczema is sometimes lost with the other disease, and ceases to affect the patient.

To some chance, such as this, I think it more reasonable to attribute improvements after vaccination, rather than to vaunt an isolated success as a triumph of principle. Nothing is more common than for a doctor to be asked if vaccination has not been responsible for the eczema which followed it. Never was the *post hoc propter hoc* argument more specious. Most surely eczema does often follow vaccination, but it is no more caused by it than it is by indigestion. They both, without doubt, try the strength of an ailing child, and make it ripe for the outbreak of any disease to which it may be predisposed, but to be causative, in the real sense of the word, they have no claim.

A very interesting and important question has been raised as to the propriety of healing completely a discharging eczema, and the fear of driving in the disease has often deterred practitioners from effecting a speedy cure.

Hebra and his school laugh at this idea, and no doubt in the majority of cases with good reason.

The question at issue, whether an habitual discharge may be suppressed without danger to a patient, depends, I think, upon the patient, and not on the disease.

I attended a child who had lost two young brothers from acute tuberculosis. He had a very extensive eczema of the scalp and face, but otherwise appeared in good health. Under appropriate remedies his eczema rapidly got well, but its disappearance was attended with all the signs of acute hydrocephalus from which he soon died.

With the family disposition to this disease, it is not unlikely that the child might have succumbed to tuberculosis, had the eczema not been cured ; but I fear my treatment was injudicious, as the child's disposition to disease, of a special and serious kind, was not taken into account.

Many experienced practitioners, I know, hold this view, and use the seton to keep up a slight but harmless irritation where a long standing discharge, as from pustular eczema is being suppressed. There is not any harm likely to be done by this, perhaps, indeed, much good, but I think it will be found sufficient if we keep the bowels acting rather more freely than

is absolutely demanded by the requirements of an ordinarily healthy condition. For this purpose I combine with anti-eczematous treatment small doses of calomel, and have no reason to regret this practice.

Analogies of the impropriety of rapidly suppressing habitual discharges are common enough. Hæmorrhages from the lungs or stomach occur often enough, when hæmorrhoids, which have been bleeding for years, are suddenly cured, and I have seen cases in which cerebral hæmorrhage has seemed to follow rapid cure of an old ulcer. I am not prepared to argue a *post hoc propter hoc* relation, but it is one which appeals very forcibly to the lay mind, and we are bound to consider it; certainly the attitude of those who laugh at the notion of metastasis, because they have seen no cases, is not to be commended.

Specialists rarely see their cases from start to finish, and it is to the general practitioner and not to the specialist that we must look for a solution of this problem.



CHAPTER IV.

ECZEMA:

LOCAL TREATMENT.



ECZEMA : LOCAL TREATMENT.

THE question of the propriety of local treatment having been settled, we are met at starting by the two questions—What do we expect to obtain by local treatment? and by what means may we attain our end?

To the solution of both these questions, Dr. Unna, at the recent meeting in Dublin, made very important and satisfactory efforts.

Hitherto in dermatology clinical skill has furnished the basis of practice in a spirit of the purest empiricism; but now the axiom of Hippocrates that "Law rules all things," has, to some extent at least, been supported by the recent work of Unna and others in the field of dermal therapeutics.

As was to be expected, a thorough knowledge of the structure and function of the skin is at the bottom of this development.

For the purposes of this lecture one need refer only to the horny epidermis, and the superficial vessels, ready, under the slightest irritation, to become congested, and furnish in excess materials for the manufacture of the three main products of the skin. These are :—

1. The watery vapour or insensible perspiration,
2. The fluid watery sweat,
3. The fatty sweat.

The watery vapour constitutes $\frac{7}{9}$ ths of the whole of the watery evaporation from the skin, and if suppressed, as by a hot bath, is compensated for by the increase of the fluid sweat, which can, as we shall see, be used for softening the horny layer.

The fatty secretion can be restrained by the permanent water bath, a method of treatment with which we are not familiar in England, and which has, I believe, been used in Germany only in extreme cases of burns and intractable instances of Pityriasis Rubra, but the result has not been such as to justify enthusiasm for the means. On the other hand the fluid sweat can be easily restrained by means of inunction of fat, and to an even greater extent by the use of air

and water-tight materials, such as gutta percha or india-rubber. Not only by these means does the subjacent skin become saturated with water, but the normal proportion of fat and water becomes disturbed, and the fat becoming relatively less, one of the main obstacles to absorption by the skin is diminished.

In the commoner skin diseases we have on the one hand, either lying under a normal or only slightly hypertrophied epidermis, a focus of disease which we desire to reach, or as in Psoriasis, an enormously increased epidermal mass which prevents the absorption of our remedies. On the other hand a great portion of the epidermis may be absent, but what remains is so swollen and distended with the products of inflammation, and the centrifugal tendency is so pronounced owing to excessive secretion, that the possibilities of absorption are reduced to a minimum. To this class belong weeping eczema and impetigo.

In the first class of cases, in which we seek to procure absorption of our drugs, and the normal or hypertrophied epidermis is the obstacle, we have recourse to measures either mechanical or chemical. By chemical means we can reduce

the mass of fat-laden epidermis, and so get our remedies absorbed. McCall Anderson has popularised in England the use of caustic potash for this purpose ; to Hebra we owe the similar use of *sapo viridis*, or potash soap ; and to Unna the recent introduction of salicylic acid for the same purpose is, I think, due.

Anderson, in his treatise on eczema, and again in his recent work on skin diseases, advises the use of potash soap in the following manner :—“ If the infiltration is slight, or the rash extensive, soft soap should be used. A piece of flannel, dipped in a solution of it, should be rubbed as firmly as possible over the affected parts night and morning, and the solution allowed to dry upon them ; or a piece of flannel wrung out of the solution may be applied to the part, and left in contact with it all night, if the patient can bear it.

A more elegant preparation is *liquor potassæ*, which may be painted over the eruption once daily with a large brush, its irritant properties being neutralized by means of tepid water, if the smarting becomes excessive.

Instead of soft soap or *liquor potassæ*, solutions of *potassa fusa* may be used. In the

mildest cases, with only slight infiltration, two grains of potassa fusa—in the more severe, five, ten, twenty, thirty grains, or even more—in an ounce of water may be employed ; but I rarely resort to a stronger solution where the eruption is extensive.

Even the solution containing thirty grains to the ounce, which may be applied in the same way as liquor potassæ, must be used with great caution, and soon washed off with water, and the application should not be repeated oftener than once daily at the most.

When such a strong solution is prescribed, and especially if the eruption is extensive, it is advisable for the physician to apply it himself, at first at all events ; and in no case should it be used so strong, or allowed to remain on so long, as to produce any manifest destruction of the skin.”

In cases of eczema sclerosum, Hebra used a solution of one drachm of potassa fusa in two drachms of water, in the following manner:—
“After the accumulated masses of dead epidermis in the form of scales, crusts, etc., have been removed by appropriate means, so as to expose the subjacent red, infiltrated, moist

surface, the solution is applied with a charpie-brush, passed quickly and evenly backwards and forwards over the affected part in every direction ; then the hand or a piece of flannel is to be dipped in water, and with it the lotion spread more equally still over the whole surface. A white froth, not unlike soap suds, will soon be observed to form on the eczematous patch ; and this only occurs when water is thus rubbed in after application of the caustic solution.

When this part of the process has been thus finished, a considerable quantity of fluid exudes in drops upon the surface. To allay the pain, and to prevent the formation of scabs, rags dipped in cold water should be applied, and frequently changed during the day.

The patient need not be disturbed during the night, if care be taken that the rags are kept wet, and this is best done by help of oil silk or gutta percha.

After water dressing has thus been constantly applied for a week, the minute raw places of greater or less depth, which the caustic application has here and there produced, will have recovered their epidermis, and the itching, which has quite ceased during this time, will

again become troublesome. Moreover it will soon be observed that red spots re-appear here and there, and vesicles are seen ; this should lead to a repetition of the former procedure. When the water-dressing has entirely removed the traces of the second caustic application, a third should follow, and this weekly course of treatment should be repeated as often as the symptoms just mentioned return. It is scarcely ever necessary for the solution of potash to be used more than twelve times, even in the most severe cases ; for even if after this a few small places should show a disposition to relapse, some more gentle treatment will suffice to prevent it." This very drastic treatment is of course, only necessary in the most obstinate cases ; but I have found it of the greatest service in cases of long standing dry eczema of the fingers, especially when the application has been followed by the use of a two-grain solution of acetate of lead in an ounce of lime water. This should be used on rags soaked in it, and evaporation prevented by a covering of oil silk or gutta percha tissue.

In the not unfrequent cases of callosities of the palms of the hand or soles of the feet, a

milder treatment is effectual. Either lumps of *sapo viridis* may be put on the places and bound firmly on with bandages, or the *spiritus saponis alkalinus* of Hebra may be rubbed firmly in twice a day. This is prepared by putting four ounces of *sapo viridis* into two ounces of *spiritus vini rectificati*, and filtering after twenty-four hours. It should be well rubbed in with a sponge previously dipped in hot water. A good lather will be produced, and should be allowed to dry in.

I have obtained good results also in these cases by painting on the following preparation with a camel's-hair brush :

Salicylic acid, 30 parts ;

Ext. *cannabis Indicae*, 5 parts ;

Collodion, 100 parts.

Incidentally I may mention that in a few cases of warts that have resisted all other treatment, this preparation of salicylic acid has brought about a cure ; but in others its use has been followed by failure. In other cases where the infiltration is not excessive, and the horny layer not greatly increased, Unna prefers to proceed by means of what he calls plaster mulls.

These are made by spreading the medication employed on a sheet of gutta-percha tissue,

which is incorporated with a sheet of mull, undressed muslin. Adhesion of the drug to the skin on the one hand and the mull on the other is secured by the addition of some substance, such as the purest india-rubber or purified oleate of aluminium. These are both indifferent to the skin, and cause the plaster, drug and skin to stick together. By this means a large amount of the drug employed is brought into direct contact with the skin, while its absorption is facilitated by means of the impermeable covering. The watery sweat cannot escape, and saturates the diseased part, while the fatty sweat which forms the chief obstacle to absorption becomes relatively less, and absorption takes place freely and easily.

By these means the first difficulty of procuring absorption of drugs is overcome, and these methods are of the greatest value in all chronic cases such as eczema squamosum, lupus or indurated acne. The glycerine gelatines are of use in cases of acute eczema, erythema or diffused eczema with much discharge, especially when the horny layer is wanting and its fatty matter deficient. Here our object is to procure the absorption of the secretions, and dry up the

mass while the epidermis has time to be reformed. For this purpose rice powder may be used, but the gelatine compounds are especially serviceable. They permit the escape of the insensible perspiration, so no objectionable results to the lungs or kidneys occur. They cause no distress to the patient, and protect the affected parts from exposure to the air and contact with injurious substances. They are prepared by mixing gelatine and glycerine in definite proportions with the addition of the medicament desired.

A sufficient quantity of the compound is melted in a water bath or in a spoon, and painted on the part affected with a brush. It soon dries, and may then be covered with a bandage where friction by the clothes may disturb, but on the face it need not be covered ; and as it is barely noticeable, will be of inestimable value to people who have facial eczema, and still may have to be engaged in business. According to Unna, the glycerine gelatines are of the greatest utility as auxiliaries to other dressings.

Besides effecting the cure of inflamed surfaces, they ensure rest, immovability, and, if covered by bandages, an increased compression.

In the case of ulcers of the leg, it is of great advantage to paint the healthy skin thickly round the sore with zinc gelatine, and then to bind the whole of the leg firmly with a double-headed bandage. Under this bandage the accompanying eczema heals, the varicose veins improve, and the patient cannot possibly do himself any harm by scratching.

For the better class of patients I feel sure these methods will in time be universally adopted, but motives of time and expense will prevent their universal adoption amongst our poorer patients, and for these we must consider how to use the lotions, powders, and ointments of our pharmacopœia.

In the choice of remedies we are guided firstly by the stage of the disease, by its acuteness or chronicity, and secondly by its situation. If acute, our object is to soothe and allay irritation, to prevent, if possible, exudation, and so check the further spread of the disease. For these purposes we have to apply sedative drugs, and above all to exclude all external irritants. Of these the commonest are air and water. If the stratum corneum be absent, the soft and succulent cells of the rete Malpighii rapidly

absorb water when in contact with it, and so become swollen and burst, with the production of increased redness, swelling, and irritation.

It is always advisable for a patient with eczema in the erythematous or vesicular stage to abstain altogether from the use of water. If, however, its use be insisted on despite advice, it can be rendered less harmful by the addition of a little glycerine or common salt.

More harmful than water alone is soap and water. To say nothing of the inevitable friction, soap is prejudicial from its composition. It always contains an excess of free alkali, whether soda or potash, and therefore acts as an irritant. Moreover, it combines with and removes the oily matter of the skin, which is rendered dry and harsh. For this reason ordinary soap is most objectionable in eczema, and indeed its use ought to be interdicted amongst all who have a tendency thereto. Eczematous patients, even when well, commonly have dry rough skins ; and a very little extra dryness, such as that caused by exposure to wind or over much washing, often starts a fresh outbreak of the disease.

In my experience medicated soaps do very little more good than those in common use—

they all do harm on account of their free alkali depriving the skin of its oily protection. To meet this difficulty, Unna suggested what he calls an over fatty soap, which contains four per cent. of unsaponified oil.

Mr. Perry, chemist, of the Hagley Road, has made a similar soap for me, which will, I think, prove of great value to people predisposed to eczema, and to those whose skins are dry and harsh owing to a deficiency of fat. This soap will minimise the evils of washing in cases of eczema, and to that extent will be useful ; but it is rather in the prevention than in the cure of eczema that its very great value lies. Though we owe much to Unna for his other preparations, this soap is, I believe, destined to prove the most useful of them all.

The glycerine gelatines, especially those containing lead or zinc, best serve our purpose in treating acute eczema, for they offer a protection against external irritants, and at the same time encourage absorption of the watery products of inflammation, while the fatty ones are stored up and help in reforming the thinned or lost epidermis. Though very little absorption of drugs is possible when used in this combination, very

little is needed—we have only to allay the symptoms, to diminish congestion if the disease be only erythematous, and to dry the skin if the eczema be of the weeping variety.

We may gain our ends also by the use of powders and lotions, especially such lotions as deposit powders when drying up.

Of powders, simple rice powder, powdered starch or talc, answer very well, whether used alone or in combination with zinc oxide or oleate, which exercises a slightly astringent action. To these camphor may conveniently be added, if there be much itching ; and a useful formula is the following :

R—Zinci oxidi.

Pulveris amyli ā ā $\frac{z}{3}$ ss

Camphorae gr. 20.

M. S. to be used as a dusting powder.

Care must be taken, in using powders, not to allow them to cake on the skin or become worked into a paste, especially in the intertrigo of young children.

Lotions should be applied on rags soaked in them. These should not be too thick, and should never be covered with gutta-percha tissue to prevent evaporation, for they do good partly

by evaporation and partly by the powder they leave on the skin.

To promote this end they should contain a little glycerine, which, as Bulkeley points out, facilitates the adhering of the powder, and keeps the parts supple.

Some lotions are particularly valuable in the first and second stages, when the vesicles are just rupturing, and the irritation and itching are at their height. One of the most valuable of these is *lotio nigra*, which must of course be shaken before being used.

Among other useful combinations are the following :

℞—Plumbi acetatis.

Zinci sulphatis, ā ā gr. 40.

Liq. carbonis detergentis, ℥ ij.

Glycerini, ℥ j.

Aquam calcis ad. ℥ xx.

M. ft. lotio.

℞—Acidi boracici, ℥ v.

Acidi hydrocyanici dil. ℥ ij.

Glycerini, ℥ j.

Aquam ad. ℥ xx.

M. ft. lotio.

It is easy to multiply prescriptions for lotions, but as a matter of practice one gets into the habit of using only a few remedies, and indeed the most important part of successful dermal therapeutics lies not in the number of remedies which one can employ, but in a recognition of the right time to use them—when, that is, to encourage or check transudation through the skin by the use of lotions or ointments ; and at the risk of wearisome iteration it is necessary again to emphasise the necessity for using lotions or powders in the acute conditions, and ointments in the chronic.

With respect to the above mentioned lotions, it is important to bear in mind that some skins tolerate tar preparations very badly, whereas others are irritated by the use of glycerine.

To some extent, then, the use of our lotion is experimental, and it is wise to begin with small quantities of the liquor carbonis detergentis, which is a patent preparation of Wright's, and generally very much relieves itching, but sometimes causes a good deal of burning pain.

When the disease is in the stage of pustulation, and a good deal of pus is exuded, and scabs are freely formed, oily preparations are of

most use. Here again the tarry oils must be used with great discretion, as though invaluable they are apt to inflame some skins if used in too great strength. It is well to combine them with cod liver oil, or castor oil, or olive oil, as in the following prescriptions :

℞—Olei cadini, ℥ iv.
Olei morrhuae ad. ℥ iv.
M. ft. lotio.

℞—Olei rusci, ℥ iv.
Olei ricini, ℥ j.
Olei olivæ, ℥ j.
M. ft. lotio.

A patent preparation of this kind is the so-called linimentum plumbi lactatis co, which perhaps is the best of the oily remedies in use.

A drug I have been using lately with the greatest advantage is the Oleum Deelinæ. This owes its name to the Dee Oil Company, who prepare it. I prescribe it in the following combination, varying the strength of the prescription as the patient becomes tolerant of the oil.

℞—Olei deelinæ, ℥ j,
Olei ricini, ℥ ij.
Olei olivæ, ℥ iij.
M. ft. lotio.

It is a little known preparation, but invaluable. In common with all oily preparations, it is used by spreading lint soaked in it on the diseased part. Lotions can be used easily in the day-time ; but, unless they are constantly renewed, the lint saturated with them soon becomes dry. For this reason they are difficult to use during the night, and it is then that the oily preparation may be used with advantage.

Ointments may be used towards the end of the second stage of eczema, when the very profuse serous discharge has ceased and there is a tendency to the formation of crust, and some slight exudation into the skin ; but they are especially valuable in the chronic form of the disease when the skin is thickened and leathery. They are of use in proportion to their power of excluding irritants, and to the ease with which they are absorbed. Both of these ends, as mentioned before, are best served by the use of Dr. Unna's plaster mulls, but we may to some extent gain the same end by covering lint, spread with ointment, with gutta-percha tissue.

The number of ointments is legion, but as a matter of fact no practitioner uses more than two or three. Most others use zinc ointment,

or, preferentially, that made with the oleate of zinc.

If there be much itching, it is wise to add half-a-drachm of carbolic acid to each ounce of this. If the case be obstinate, and if there be no long-standing venous engorgement as from varicose veins, a useful preparation can be made by mixing the zinc ointment with the ung. picis liquidæ of the Pharmacopœia in the proportion of 6 to 1. If this amount of pitch be found to be tolerated, the quantity may be increased; but it is wise to be careful with it, especially in elderly people. Young plump skins seem to tolerate tar much better than the old and shrivelled.

Of mercurial ointments, that made with the oleate is I think best. It is commonly made of the strength of 5 or 10 per cent., and should of course be used with discretion. It will be found a very valuable adjunct to the internal treatment of syphilitic sores, especially if a little morphia be added to the ointment.

The difference this addition makes is almost incredible; like many good things it comes to us with the sanction of long years, for it was freely and successfully used in Naples before the

days of mercury. Chrysophanic acid ointment must be carefully avoided in acute eczema—it does little if any good in the chronic form, and is occasionally very prejudicial if too freely used on the head.

The influence of the localization of the disease on its management is sometimes considerable. This is especially true in eczema of the scalp, owing to the sticky exudation matting the hair together, and to the free discharge of pus. It is impossible to get to the seat of disease without removing the hair. This may be best done by clipping it close to the scalp. Very frequently, in hospital practice, these cases are seen to be due to the presence of pediculi, which must, in the first instance, be got rid of. This can be done by washing the head with equal parts of petroleum and olive oil. Then the crust must be removed, but often at the expense of much time and trouble.

The head should be saturated with olive oil, and after a few hours the scalp should be washed with soap and warm water. This will probably get rid of the crusts, and then oleate of zinc ointment should be freely rubbed on the surface. The ointment should be renewed once or twice

daily, and crusts or old ointment removed whenever discovered.

This form of eczema commonly occurs in delicate or strumous children, and the internal use of cod-liver oil is of the first importance in the treatment. They soon do well if, after the first washing, no more water be used, and the ointment be thickly applied.

When the discharge ceases, and the scalp remains dry and scaly, it is well to add a little unguentum picis liquidæ to the unguentum zinci, or better still to use the oleum deelinæ, in the proportions mentioned before.

For a similar dry eczema of the scalp, in which some irritation is associated with excessive formation of scurf, Piffard recommended the use of the following preparation :—

℞—Acidi salicylici, grains x to xx.

Ol Lavandulæ, ℥ ijss

Ol Citronellæ, ℥ ss

Ol Pini Sylvestris, ℥ ij

Ol Ricini, ℥ jss

℥

In this preparation the salicylic acid is designed to restrict the formation of scales, the oil of the pinus sylvestris acts as a stimulant, and

the castor oil to correct the drying effects of the latter. The best way to apply the oil is from a small oil can. The hairs having been separated, a few drops are applied directly to the scalp, and gently rubbed in with the finger. The application must be made daily at first, but afterwards at longer intervals.

Eczema of the hairy portion of the face may be treated like eczema of the scalp provided there be no formation of pustules and infiltration of the skin. In the latter cases every hair on the affected part must be pulled out. As a rule they come out easily as their attachments to the follicles have been loosed by inflammation. Zinc ointment must be rubbed on, and according to Piffard, calx sulphurata, in doses of grain $\frac{1}{10}$ th to grain $\frac{1}{5}$ th administered twice daily.

Eczema of the scrotum is characterised by great itching and extensive infiltration, and its treatment is most difficult, owing chiefly to the dependent position of the part. The scrotum should be supported by a suspensory bandage, the bag being made of, or lined with, india-rubber. This, of itself, often causes marked improvement, but if our patient will permit it, it is next advisable to scarify the scrotum, and

let blood flow freely. The patient should sit in a tepid bath to encourage bleeding, and after drying the parts a little tincture of benzoin should be applied. The scarification will have to be repeated in a week or two. If this procedure is objected to, a solution of liquor potassæ must be applied as before directed, and after the irritation has subsided, zinc ointment is to be rubbed freely on.

Eczema of the legs, if chronic, is best treated by the use of Unna's impermeable dressings, but if associated, as so frequently happens, with varicose veins, may be cured by applying zinc ointment spread on lint, and covered with one of Martin's bandages. If the condition be sub-acute it is best to apply linen soaked in boracic acid, and covered with gutta percha tissue, or sometimes merely rags, saturated with the linimentum plumbi lactatis co.

Of course a very important part in the treatment of these cases consists in the maintenance of the horizontal position. It is best to keep the patient in bed, and to get rid of the weight of the bed clothes by means of a cradle.

Eczema intertrigo, which so often occurs in fat young children or obese adults in the fold of

the groin or beneath pendulous breasts, should be treated by dusting on oleate of zinc and starch in equal parts, with the addition of a little tannin, if there be much secretion.

Eczema of the nipple has assumed much importance since the publication of Sir James Paget's paper on the subject in the St. Bartholomew's Hospital Reports for 1874. He drew attention to "a disease of the mammary areola preceding cancer of the mammary gland." He described the condition of the skin as resembling chronic eczema in certain features, with an intensely red raw surface, very finely granular, giving rise to a copious, clear, yellowish, viscid exudation; the sensations were commonly tingling, itching, and burning.

In some of the cases the eruption presented the characters of an ordinary chronic eczema, with minute vesications, succeeded by soft, moist, yellowish scabs or scales, and a constant viscid exudation. In some it was like psoriasis, dry, and with a few white scales slowly desquamating. In both these forms, says Paget, I have seen the eruption spreading far beyond the areola in widening circles, or with scattered blotches of redness covering nearly the whole

breast. This is not a true eczema, but probably a slowly advancing cancerous change near the mouth of the lactiferous ducts, which at a very early stage leads to irritative effects on the superficial tissues of the nipples and surrounding skin, and eventually penetrates into the substance of the mammary gland. The diagnosis is difficult, but if the disease does not yield soon, as would an ordinary eczema to general treatment, its true nature should be suspected.

Eczema is very often set up by and associated with scabies, and must be specially treated after the acari have been destroyed, but as will be seen later, ought not to be confounded with that disease. Generally speaking the modern and wide definition of its name renders its diagnosis easy, nor with the exception of a few cases of squamous eczema ought there to be any difficulty in its recognition. I have drawn largely on the literature of the subject, but am especially indebted to the writings of Unna, Piffard, Duhring, Bulkley, Hebra and McCall Anderson.



CHAPTER V.

PSORIASIS.



PSORIASIS.

NEXT to eczema and scabies Psoriasis is the most common of skin diseases. The frequency of its occurrence renders its diagnosis a matter of importance, while the difficulty of deciding in exceptional cases, whether we have to deal with eczema squamosum, a squamous syphide or simple psoriasis makes it necessary to carefully review its pathology, its ordinary situation and clinical characteristics. A simple case cannot be mistaken for any thing else, but every now and then we meet with cases which require the utmost care in diagnosis. It may be defined as a disease of the skin which is chronic, usually relapses, is symmetrical in its localisation, and is associated with the formation of profuse quantities of silver grey scales, which can be removed readily by the finger nails, upon more or less large reddened parts of the skin, which are elevated to a trifling extent.

The pathological element in psoriasis is great enlargement of the papillæ, with marked distention of the blood vessels of the skin. Neumann found the papillæ elongated twelve to fifteen times the normal, their tissue infiltrated with round cells, the coils of vessels dilated in some places, narrowed in others ; in the upper parts of the cutis the bundles of connective tissue are broader than normal, and the dilated vessels surrounded by proliferated round cells. Upon the areas of enlarged papillæ are formed in excess the epidermal scales which give to psoriasis its clinical characters.

At first the collections of scale are discrete and punctiform. They soon increase in size, and constitute the common form of the disease known as psoriasis guttata, in which the body is more or less covered with white raised scaly spots more or less widely separated from each other by healthy skin. These increase at the periphery and form masses of varying size, often running into each other, and according to their arrangement, giving names to different varieties of the disease. These varieties do not, as in the case of eczema, vary in their pathological anatomy, and there is no object in specially

naming them. Locality has very little influence in modifying the appearances ; only when the disease affects the scalp and nails does psoriasis require special description.

On the scalp it occurs in irregular streaks of eruption, very closely resembles *seborrhœa sicca*, and, if unaccompanied by general psoriasis, is difficult to diagnose. There is no discharge as in *eczema*, nor are the hairs so much matted together.

The nails are thickened at the free edges, of a dark yellow or brown colour, lustreless, laminated and brittle. They often break away in patches, leaving portions of the matrix uncovered.

The disease commonly breaks out simultaneously at several points, but almost invariably the backs of the elbows and fronts of the knees are the first parts to suffer. It may occur anywhere, but chooses especially parts where there has been pressure, as from garters or a belt. Patches of psoriasis tend to disappear, leaving only a pigmented surface, but unless treatment is adopted and persevered with, the body is rarely altogether free from the eruption. It is not only chronic, but relapsing, and, like many other skin diseases, has a tendency to reappear every spring and autumn.

If it occur on the face, its unsightliness is a sufficient reason for treatment, but otherwise, as no symptoms beyond more or less itching are complained of, it will often be found to have existed for years before it is brought under medical notice.

No organic disease or visceral disturbance is constantly associated with it, and indeed those who suffer from psoriasis commonly enjoy robust and vigorous health. As to its causation, nothing definite is known ; it occurs among the rich equally with the poor. It is associated with no diathetic disturbance, and beyond a strong probability that it is hereditary its etiology is a blank. Recently it has been added to the victims of the all-devouring bacterial pathology, but as yet neither has its course been modified, nor its treatment altered thereby.

In determining whether a rash is simple psoriasis or a squamous syphide, there is, as a rule, no difficulty. The history of the patient, the position of the rash, concomitant signs of syphilis, or their absence, render the diagnosis easy.

Sometimes, however, we are met by cases which almost baffle correct diagnosis, and in

view of such, it is important to have a clear idea of the differences between the two diseases.

Fournier, the great French Syphilographer, has drawn up the following scheme of distinction :—

1. *The Volume*.—In papulo-squamous syphilide the eruption is characterised by papules, generally small or of medium size, while in psoriasis they are large, unless in psoriasis guttata, and frequently form extended plaques.

2. *Colour*.—In syphilis the papules are of a dark red, often of a characteristic raw ham colour. In psoriasis they are rose coloured, or at least of a lighter red. Still both diseases have often quite a similar colour.

3. *Desquamation*.—Here we have a marked difference. Syphilitic papules are slightly and only partially squamous, often being free from scales over a large portion of their surface, and the scales are thin, small, superficial and grey. In psoriasis, on the contrary, they are abundant, the scales cover the whole or greater part of the papule or psoriatic patch ; they are large, thick, heaped-up, stratified, white, and form a laminated covering, often a true epidermic carapace.

4. *Results of Scraping*.—In a papulo-squamous syphilide the papules do not show, upon scraping

with the finger nail, the micaceous striac and the candle grease drop (*tache de bougie*), which is characteristic of psoriasis, and pathognomonic when well marked.

5. *Consistence*.—The hardness of the papule is what I call the sign of the blind. In syphilis the papule is resistant to the touch, hard, and gives the sensation of a foreign body inserted beneath the epidermis, and recalls the parchment induration of the chancre. In psoriasis we find the skin simply thickened, but without hardness or true resistance.

6. *Localisation*.—In syphilis there is no characteristic localisation, no point of predilection, except for the palmar and plantar varieties. In psoriasis we find, in the great majority of cases, the curious localisation on the knees and elbows, which is truly characteristic.

7. *Treatment*.—While syphilis is in general rapidly modified by mercury, psoriasis is no wise affected by its use.

8. *Duration*.—In a large number of cases the duration of the eruption is an excellent sign. In syphilis it is short in comparison to the habitual persistence and chronicity of psoriasis, and scarcely ever exceeds a few weeks or

months ; while in psoriasis it remains for months and even years ; the eruption is always chronic, and this chronicity is often of itself a characteristic sign.

9. *Antecedents.*—In the syphilitic, contamination can usually be found, if carefully sought for, traces of the early lesions being generally discoverable ; often the papulo-squamous lesions coincide with other secondary manifestations, such as mucous patches, alopecia, etc. Nothing of this kind exists in the psoriatic, unless the two diseases be present at the same time.

The treatment of psoriasis differs so widely from that of eczema that a diagnosis must be made with as much certainty as possible before treatment is commenced. As is the case with syphilis, no difficulty as a rule occurs in deciding the disease we have to deal with, but occasionally also it is next to impossible to make up one's mind. Patients' statements are so unreliable that but little value can be attached to them : were it otherwise, the fact that a chronic eczema has nearly always at some time or other been associated with a moist exudation, would suffice to establish a diagnosis ; for psoriasis is always and completely dry. It is always chronic

and relapses with almost mathematical precision and certainty, eczema is often acute or sub-acute, and when chronic, has been acute as a rule, at the beginning ; psoriasis affects the thicker parts of the skin and the most exposed regions, such as the knees and elbows ; psoriasis affects the extensor aspects of joints, eczema the flexor aspects ; psoriasis the parts which sweat but little, eczema those in which perspiration is common : psoriasis has always the same aspect, eczema is protean in its appearances.

The difficulty of distinguishing between these two diseases arises most frequently when we have to deal with a squamous affection of the palms and soles. This may be due also to syphilis, and while a correct diagnosis is important, it is also most difficult. Of course it is easy enough when there are other evidences of one of these diseases, but if the palmar eruption stand alone, we shall be right probably six times out of ten if we treat the case as eczema, three times if we regard it as syphilis, and only once if we call it psoriasis.

TREATMENT.

When once we have made up our minds that we have a case of simple psoriasis to deal with,

the treatment is easy enough. In the first place we must get rid of the scales, for no local application can do any good when applied on the top of a mass of dead epidermis. Our patients therefore should be directed to take a hot bath, and scrub themselves well with soft soap and a good stiff nail brush. When dry, the ointment considered most suitable should be well rubbed in. The local applications which, up to recent times, have been considered of most service in psoriasis are the tarry preparations ; either the unguentum picis liquidum, or oleum cadini, or oleum Rusei.

Balmanno Squire some few years back suggested the use of chrysophanic acid, or chrysarobin as it is now more properly called. This is the active ingredient of Goa powder, and is used by Indians and Brazilians in the treatment of skin diseases.

The Indian mode of using the drug is to cut a lime fruit, dip it in the powder, and dab it on the affected part. The Brazilians mix it with vinegar, and so apply it, or use it as an ointment. In the latter form we find it most convenient for use, and I commonly make the ointment of the strength of ten grains of chrysophanic acid to an

ounce of vaseline. Some use it in much greater strength, a drachm to the ounce, but I think it unadvisable, as, especially in recent cases, some skins are very intolerant of the action of chrysarobin.

If the disease be limited in extent, no local treatment can be so good as the use of Unna's plaster mulls, containing from 18 to 45 per cent. of chrysarobin. By their means free absorption takes place, and we can overcome the great objection to the use of chrysophanic acid, namely, the inevitable discoloration of linen and underclothing. These plaster mulls are expensive, and Messrs. Southall, of Birmingham, have made an effort to provide an efficient substitute. They have made a mixture of the drug, gelatine, and glycerine, and water in definite proportions, forming a mass which can be dissolved by gentle heat, and applied by means of a gum brush. When applied it soon dries, and whilst drying should be covered with cotton wool or charpie, which forms a tissue containing the drug and adhering to the skin, whilst the clothes are, to a great extent at least, spared from staining.

The oil of cade should be used in cases of psoriasis of the hairy scalp, and rubbed in once

or twice daily ; but for other forms of the disease, except in my experience in one case only, the tarry preparations are not comparable in their good effects to chrysophanic or pyrogallic acid. They are unpleasant to use, and not so efficacious. If the bases of the eruptions are very red, irritable, and itch a great deal, we had better discard the chrysophanic for pyrogallic acid. Practically this means use pyrogallic acid in acute cases, since the older forms of the disease do not itch much.

Pyrogallic acid may be made into a good application by mixture with vaseline or lanoline, 20 or 40 grains to the ounce being used ; but it should be employed with caution and its effects carefully watched, as sometimes its constitutional effects are very alarming. It should therefore be used only over a small area, and its effects watched. In nearly every case, however, we may safely use chrysarobin.

The most important part of treatment is the internal administration of arsenic. Its use alone, with the aid of soap and water, will get rid of the disease for a time, though it is better to combine it with local treatment ; but even if we continue using arsenic after the disease has

apparently been cured, in nearly every case a relapse is certain to occur.

A patient should be warned of this liability to relapse, and encouraged to persevere time after time with the same treatment. We very frequently see cases of more or less recent psoriasis, and very seldom cases of the inveterate type, so that it is probable that the tendency to reappearance may die out. One or two cases have certainly justified the recommendation to continue taking arsenic in small doses for a year or more.

Fowler's solution may be given in doses of from 3 to 10 minims thrice daily, beginning with the smaller dose and gradually increasing to the larger. If symptoms of arsenical poisoning come on, the use of the drug must be discontinued for a time.

The Asiatic pills of Hebra are very useful where arsenic has to be taken for a lengthy period. They are prepared by mixing 66 grains of arsenious acid and 9 drachms of powdered black pepper with gum arabic and water, so as to make 800 pills. Each pill contains about 1-12th of a grain of arsenious acid. In most instances Hebra used to give the three pills once

a day, just before dinner ; but sometimes, for months at a time, he gave as many as twelve a day. We can most surely do good with arsenic internally, and chrysarobic or pyrogallic acid externally, but must never fail to remind our patients of the almost inevitable occurrence of relapses.

CHAPTER VI.

SCABIES.

SCABIES.

QUIEF among the parasitic diseases to which the skin is liable is Scabies, the Itch.

It is dependent upon the presence of the itch insect, the *acarus scabiei*, and is manifested partly by the effect of the *acarus* itself on the skin, and partly by the effects of the scratching caused by almost intolerable itching. It is only during the last fifty years that the *acarus* has been identified and recognised in England as the cause of this disease, though as far back as 1687 Bononio published an accurate but long-forgotten account of the *acarus*, which, for twenty years before Renucci demonstrated it conclusively to the savants of Paris in 1834, was the cause of keen controversy in that city.

A M. Galès, apothecary to the Hospital St. Louis, was successful in winning a prize offered to the discoverer of the itch mite, and though none of his contemporaries were equally fortunate, it was nearly twenty years before Raspail

proved the itch mites of M. Galès to be cheese mites, and his discovery a fraud.

However, it is now an established fact that scabies is due to the presence of the acarus.

The male is very small, and does not burrow under the epidermis ; its sole function seems to be to impregnate the female.

The latter dives at an acute angle under the epidermis, into the soft cells of the rete, through which it tunnels a passage, called a cuniculus, and as it travels deposits an egg daily. These burrows average one-fourth of an inch in length, and are indicated by the presence of a vesicle or pustule at the head of a chain of little black dots, placed at regular intervals.

The vesicle is due to the irritation caused by the acarus making its way through the epidermis, and the black dots are the eggs.

When the process of ovulation is complete the acarus hollows out a little chamber beneath the epidermis, in which it dies.

From the ova, if undisturbed, are developed fresh acari, which pass from the skin broken by friction, and keep up on the same person, or develop in others in close contact with the original sufferer, a fresh outbreak of scabies.

To a diagnosis of this disease the discovery of these burrows is an absolute necessity. An expert will be almost sure to find the acarus itself or some of the ova, but, failing this, the presence of even one cuniculus is sufficient.

The most common seat of the cuniculi is the tender skin between the fingers, and over the ulnar prominence at the wrist; but they may be found beneath the mammæ, in the axilla, or on the penis, and in children frequently on the buttocks or between the toes.

It is common to find along with the cuniculi acuminate and more or less isolated vesicles and pustules, with irregular dots or lines in the roofs.

When the nature of this disease has once been suspected, and the burrows sought for, it will rarely be misunderstood, but it is not uncommon to find the victim of scabies treated solely for eczema. Some degree of the latter is almost invariably present, as the itching, especially at night, is intolerable, and the temptation to scratch irresistible. Consequently, we find excoriation, vesicles and pustules and other evidences of an inflamed and irritated skin.

It is possible to mistake scabies for Cheiro-

Pompholix (Hutchinson), in which we get vesicles between the fingers, and very distressing itching, but the vesicles soon become blebs, and if the burrows are sought for no mistake ought to be made.

TREATMENT.

The disease being due to a definite cause will be cured by the removal of the cause, and therefore we have first to get rid of the acari. Sulphur, iodide of potassium, petroleum, balsam of Peru, and other substances will kill the acari, provided they are brought into contact with the drug.

It is advisable to scrub the patient thoroughly well with soap and water in order to break open the burrows, and then to rub freely on the skin the ointment preferred. The patient should then go to bed, clothed in flannel garments, and next morning repeat the bath. A repetition of both inunction and bath should be made during the next twenty-four hours, and then, beyond the use of a soothing lotion to relieve any accompanying eczema, no treatment should be employed for a ^{*} day or so, until the result has been watched.

It is important to discriminate between the

itching due to the presence of the acarus, and such as may be caused by eczema. The latter will be increased by undue persistence in the treatment by means of parasiticides, while if the itching is due to the acarus it will be cured.

If the burrows are broken up and the ointment well rubbed in, it will rarely be necessary to repeat this method, but occasionally some cases resist the ordinary treatment, and in such a one, after many other doctors as well as myself had failed in giving relief by ordinary means, I was fortunate enough to effect a cure by the use of Naphthol in the following combination :—

℞—Naphthol, 15	}	M ft. unguentum (Kaposi)
Lard, 100		
Green soap, 50		
Prepared chalk, 10		

For ordinary cases we rely upon the Unguentum Sulphuris of the British Pharmacopœia, or prescribe one of the following combinations :

℞—Potassii Iodidi ℥j
Sulphuris ℥j
M ft. unguentum

℞—Sulphuris sublimati ℥ iij.
Olei cadini

Saponis viridis

Adipis ad ℥ viij

Cretae ℥ ij

(Hebra) M ft. unguentum

A sulphur vapour bath may be used, but is not a pleasant remedy, and if the ointment be well applied, is unnecessary.

The disease is very contagious, being transmitted mainly by contact of warm bodies, and therefore patients should be isolated, while, as a matter of precaution, their clothing should be destroyed or thoroughly disinfected by heat.

CHAPTER VII.

ACNE.

ACNE.

NO skin disease is more annoying to the patient, or troublesome to the doctor. It is annoying because it occurs commonly at an age when people are peculiarly sensitive to appearance, and always on the face. It is troublesome because it is so very difficult to cure.

There are two common varieties of acne—Acne Simplex and Acne Rosacea. By the first we mean an inflammatory process (generally chronic) of the sebaceous glands, with the formation of nodules and tubercles, in the centre of which is a black comedo. Acne Rosacea is due to dilatation of the deeper plexus of blood vessels of the skin, with or without affection of the sebaceous follicles, and therefore is improperly named acne. It is manifested by erythema of the skin of the nose, cheek, chin, and forehead, and may present visibly dilated blood vessels and evidences of acne simplex, which it resembles in the chronicity of its duration.

Acne Simplex depends upon deficient activity of the sebaceous glands, which produce an imperfect kind of sebum, with a tendency to dryness in the efferent duct. From this results a varying number of black points on the surface of the skin, especially on the nose and forehead. These consist of comedones or plugs of sebum, the end of which get blackened by extraneous dirt. Nearly every one, at some time in his youth, presents evidences of this defective sebum formation, but other conditions are necessary for the development of acne. For this it is necessary that inflammation should be excited in the connective tissue round the follicles and their ducts. If the sebum merely continue to increase in quantity without inflammation, we get little round whitish nodules on the surface of the skin, as well as the black dots, but if inflammation occurs, we get first a reddened condition of the nodules and surrounding skin, and nearly always in some degree the formation of pustules. These suppurate, evacuate their contents, and lead to more or less cicatrisation; but if the follicles alone be inflamed, cicatrisation is avoided. There may be hundreds of these comedones, nodules, and pustules scattered over

the surface of the skin, not only of the face but also of the shoulders, which have a peculiar greasy feel.

Digestive disturbances seem occasionally to induce acne, and I have several times found it in young girls who have eaten too much meat and taken too little exercise. Anæmia also seems sometimes to be a predisposing cause, but the advent of puberty in the great majority of cases furnishes the occasion for the outbreak of the disease.

What is the exact value of the generative function in the production of acne is doubtful, but the fact of its rare occurrence in eunuchs seems to indicate some connection. The establishment of the menstrual function generally determines its appearance in young girls, for while it is common in males, it occurs with greater frequency in young females, and I have known cases of adult females in whom every menstrual period has coincided with a fresh outbreak.

Certain drugs develop acne, especially tar, chysarobin, and the salts of iodine and bromine. Tar and chysarobin exert a local influence, whereas the excretion of the iodine and bromine salts by the sebaceous glands is the cause of

their irritant qualities. The iodide eruption coincides with catarrh, and manifests itself commonly about the face; pustulation soon occurs and leaves no scar. Bromide acne occurs usually on hairy parts, especially the scalp, and, as with the iodic form, disappears or increases as the drug is withheld or increased. The treatment of these drug eruptions is therefore obvious; discontinue the drug and the acne will disappear. If, however, as often happens, iodide and bromide of potassium or sodium must be taken, we may minimise their acne-producing effects by the addition to each dose of from three to six minims of liq. arsenicalis.

As acne is chronic in its course, and tends to recur when apparently cured, its treatment resolves itself into two considerations—firstly, how to get rid of the present evil; and secondly, how to prevent relapses. The disease should always be promptly treated, owing to the desirability of preventing the formation of cicatrices. It is therefore important to commence treatment before there is much inflammation. Unfortunately, we are not often consulted before this stage is developed, and we are therefore driven to minimise the evil, where some permanent

marking is inevitable. As there is usually an excess of fat on the face, it is advisable to wash with Hebra's spiritus saponis alkalinus, which dries the face. For a mild case in which there are not many pustules or tubercles, I am in the habit of prescribing a sedative lotion to relieve accompanying irritation, and generally use the following lotion :—

℞—Acid boracici, ℥ iij.

Aquam ad., ℥ xij. m. ft. lotio.

Before going to bed the patient is recommended to steam the face over a jug of hot water, and then to rub the skin thoroughly with a hair glove, and lastly to sponge it freely with a lotion containing sulphur, *e. g.*—

℞—Sulphuris præcipitati,

Glycerine, ā ā ℥ vj.

Spir. vini. rectificati, ℥ iv. m. ft. lotio.

The spirit evaporates, and the glycerine causes the powder to adhere to the skin. This remains during the night, and next morning should be washed off with hot water and free sponging with the boracic lotion repeated. Instead of a sulphur lotion, the ungu. sulphuris iodidi of the B.P. is sometimes prescribed, but I prefer the lotion ; it is easily applied and more cleanly. If tuber-

cles be present, Unna's salicylic or ichthyol plaster should be put on each, and kept on as long as possible ; if the nodules are not pustular, ichthyol gelatine should be melted and painted on in the usual manner. If there be pustules, their contents should be evacuated with a needle. In addition, every black spot should be got rid of by pressing over it a watch-key. A little white plug of sebum will be expressed. This is by the laity commonly thought to be a grub, but microscopical examination proves its real nature. A parasite, the "demodex folliculorum," has occasionally been described, but is rarely to be found in these collections of sebum. Such measures will usually get rid of the disease, but it is, as we have seen, very apt to recur, and it is therefore advisable to recommend our patients to steam their faces, scrub them well with the hair glove, wash with alkaline soap and water, and above all spend a little time daily in expressing the contents of the blocked follicles.

Failures of health must be attended to, the bowels must be kept regular, and a suitable diet enjoined ; but the treatment must be mainly local, and if conscientiously carried out by the patient, will usually prove successful.

CHAPTER VIII.

RINGWORM.

RINGWORM.

I AM sorry that the time at my disposal does not permit me to give an exhaustive description of the varieties of ringworm, so I purpose very briefly to review its treatment, and show how its well known difficulty depends on the anatomical peculiarities of the disease.

Ringworm is known as *Herpes Circinatus* or *Tinea Circinata* if occurring on the surface of the body, as *Tinea Tonsurans*, or *Tinea Tondens* if occurring on the scalp, and *Tinea Sycosis* if attacking the hairy portion of the face. In every case it is due to the presence of the *Tricophyton*, a vegetable parasite, and is extremely contagious. When it occurs on the body it begins as a small reddish spot, which extends peripherally, and tends to become circular. The advancing edges may be in the form of minute vesicles, or the inflammation of the skin may evidence itself in desquamation.

The patches of course vary in size, sometime being as large as the palm of the hand, and have a reddish surface covered with thin greyish scales, especially about the advancing edge, while the centre is paler in colour and only slightly scaly. This difference between the advancing edge and the portion of skin which is earliest attacked is most marked in the rare cases of so-called Eczema Marginatum, which is in reality due to the presence of the Tricophyton.

The fungus finds its way into the epidermis, and sets up slight inflammation with either the formation of vesicles or of desquamation. If some of the epidermis be scraped off and soaked in liquor potassæ, the fungus will be found to consist of mycelium and spores, the latter, however, being usually very scanty.

The mycelium consists of long, slender, delicate, sharply-contoured pale-greyish ribbon-like formations, or threads, containing here and there spores and granules. It is jointed at irregular intervals, is remarkable for its length, and usually forms an irregular network. The spores are small round or roundish highly refractive bodies of a greyish colour. They are met with singly or in the form of chains, of two,

three, or more, and may be isolated or joined to the mycelium.

Upon these microscopic features depends the proof of the disease, though it may generally be easily distinguished by its centrifugal growth, and circular form from the two diseases it is most likely to be confounded with, namely squamous eczema and seborrhœa. This last often takes a circular form on the back and chest, and is associated with some degree of disquamation, but the presence of enlarged sebaceous follicles, and the greasy condition of skin should suggest the correct diagnosis which the absence of the Tricophyton would confirm.

The treatment is simple and easy, wash the part well with soap and water, and then rub on either an ointment of mercury, preferentially the 5% oleate of mercury ointment, or wash freely with a lotion of equal parts of sulphurous acid and glycerine.

Ringworm of the scalp is due to the same parasite as that of the body, but unlike the fungus of *Tinea Circinata Corporis*, the spores predominate while the mycelium is diminished. It invades the hairs, hair follicles, and epidermis, especially the hairs. The spores

are found round the outside of the bulbs and roots, as well as inside the hairs which they completely disintegrate. The hairs become distended with spores and rupture here and there along the shaft, giving the exterior a rough uneven surface. They become brittle and break, and the free end of the shaft presents a jagged bristly extremity, consisting of broken filaments, between which spores may be found. The epidermis is affected in a lesser degree, and becomes grayish and branny, resembling somewhat eczema squamosum or seborrhœa of the scalp. This latter, however, does not affect the hairs, and should not be mistaken for ringworm.

An error in diagnosis ought not indeed to be possible, for a microscopic examination of the hair must settle the question. In eczema the hairs are not broken or jagged, and do not, as in ringworm, come out easily; and alopecia areata in which patches of baldness occur, is distinguished by the smooth and shiny surface, while there are never present the broken brush-like hair, which characterise ringworm.

The real difficulty of ringworm is its treatment, and that because the fungus penetrates so deeply beneath the surface that we cannot reach

it, or only more by accident than design.

The disease may last for years, and then seemed to get well of its own accord ; for this reason there are any number of specifics, the last remedy which happened to be used at the time of recovery winning a reputation only to lose it when tried on a recent case. There ought to be no insurmountable barrier against getting at the fungus, and though in the face of what I have just said, it would be boldness indeed to claim to have discovered a cure, the following method has proved with me more successful than any other. The hair is cut close to the scalp, and then I wash the head well with ether to dissolve the fatty matter of the scalp, which opposes absorption of the drug and its soaking into the hair follicles ; and then with a sponge I rub well into the affected part equal parts of ether, glycerine and sulphurous acid. This is done every morning, and every evening a pomade of glycerine of carbolic acid is used for the whole head

This is the method I employ in cases as they usually present themselves to us, more or less chronic.

If one can get a case in the earliest stage when only the epidermis and perhaps a few hairs

are affected, the hairs should be pulled out, and Iodine, which is an excellent parasiticide, painted on the part. Now and then we can by such means prevent the disease extending. It would be impossible to enumerate the varieties of treatment, but I would draw your attention to a method which Dr. Harrison, of Bristol, has found very successful.

Into a solution of half an ounce each of liquor potassæ and spirits of wine, and half a drachm of iodide of potassium, he dips a pledget of lint, which he applies to the scalp for three or four minutes at a time. When this has been done two or three times at intervals of two or three days, he uses a solution of four grains of mercuric chloride in equal parts of spirits of wine and water to make an ounce. This is applied also every other day for a week. He then discontinues all treatment, except inunction with cocoanut oil for a few days, and recommences his former treatment, only using the potassium solution once. He claims for this treatment that it softens the hairs, and permits the formation of biniodide of mercury, where it is most wanted, at the hair bulb itself.



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