The classification of skin diseases : containing a tabulated arrangement of all the principal modern classifications; and a modified scheme / by W. Tilbury Fox.

CLASSIFICATION OF SKIN DISEASES

DR. T. FOX.

A TABULATED ARRANGEMENT

OF THE

PRINCIPAL MODERN

CLASSIFICATIONS OF SKIN DISEASES.

TO ILLUSTRATE A PAPER BY

DR. TILBURY FOX,

TO BE READ BEFORE THE MEDICAL SOCIETY,

On MONDAY, MARCH 7th, 1864.

BY THE SAME AUTHOR.

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SKIN DISEASES:

CONTAINING

TABULATED ARRANGEMENT OF ALL THE PRINCIPAL MODERN CLASSIFICATIONS;

AND

A MODIFIED SCHEME.

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PREFACE.

THE following Essay is based upon a communication read before the Medical Society of London very recently. It appeared to me that a review of the various systems of classification might be useful to the Profession, and I have therefore tabulated, in a comprehensive and concise form, the various schemes of authority, and appended an arrangement, suggested by a careful analysis of all that is at present known in dermatological matters. I feel very strongly that the attempt to overthrow the anatomical arrangement of skin diseases is premature, and that a vast deal of confusion is likely to ensue, in consequence of the acceptance of opinions which are not as yet warranted by clinical observation. I trust this Essay will place the reader in possession of the important points and novelties of recent research.

15, OLD CAVENDISH STREET, W.
March, 1864.

CLASSIFICATION

OF

SKIN DISEASES.

CURIOUSLY enough, there are to be found men who, supposedly having a scientific position, positively negative all attempts at classification in Dermatology; indeed, affirm that we are much better without than with it. The argument in chief is stated to be the insufficiency of our knowledge; but a careful analysis detects a more potent agency at work, and that is the rank empiricism of the treatment of all skin diseases, and the disinclination of those in authority, so to speak, to disturb the question, for there is a hidden feeling that the inquirer, whoever he may be, will find the prosecution of the study of classification, in this instance, a hard task indeed. The antagonism to any and every attempt to unravel the intricacies of the subject must be met fully and fairly, and science demands that an effort should be made to establish a basis upon which the student may take his stand, and which he may regard as the starting-point of inquiry

—not a mere nothingness, but something, too, upon which the intelligence of the advanced student and practitioner may feed.

From time to time, in consequence of the variableness of pathological doctrines, different divisions and arrangements have been adopted, but not one as yet has satisfied the requirements of the practical physician. Preference has been given, until very recently, to the mode of classification founded upon an examination of the anatomical character of external manifestations or eruptions. To this much objection has been made of late, and such men as Hebra, Hardy, and Bazin stand foremost in the ranks of opposition among recent writers. In the *Edinburgh Medical Journal* for January, 1863, is a well-written article, from the pen of Dr. A. B. Buchanan, of Glasgow, in which some of the most interesting points, *sub judice*, are discussed in a very practical way. In the present dilemma (for a dilemma it is), we had better be taught by past experience, which tells us, that whenever two absolutely opposing views are supported by an equality of ability, so that the impartial inquirer is in a state of doubt as to his mode of procedure, the truth is generally arrived at by adopting a medium view of the disputation.

It appears to me, that a careful review of the whole matter under notice must lead one to think that the condemnation of the guides derived from a considera-

tion of anatomical features has been by far too great, and that, in the present state of pathology, these ought to have a material influence in any estimate of the subject that we may be disposed to form.

It is urged upon us now, in the strongest terms, that skin diseases should be classified, not according to *external aspect*, but *causation*, or pathological aspect and tendency,—but see the difficulty. On the one hand the humoralist, on the other the neuropathist (ably represented by Dr. Handfield Jones) hold staunchly to their opinions, and challenge us with seeming fairness, certainly with plausibility, to accept each their doctrine. We analyse the latter, or rather attempt so to do, and find ourselves unequal to the task, and with meagre result, in consequence of the uncertainty and insufficiency of the science of pathology generally. Take a familiar case for illustration: Herpes Zoster. Mr. Hutchinson—after having stated that it occurs at any age and in either sex, that it is not associated with any special form of ill health, is non-contagious, rarely occurs twice in the same subject, is not symmetrical, always follows the course of a sensitive nerve, on either side of the body without choice, cannot be produced by artificial irritation, runs a definite course, and is seen in the course of certain nerves by preference (3rd and 4th dorsal)—asks, *if an exanthem*, why unsymmetrical, non-contagious, and local? *if a neurosis*,

why does one act as a protective to another attack? why run a definite course? why is it unassociated with ill health? why not producible by artificial irritation? does the nerve irritation begin centrally or elsewhere? what share has the sympathetic in the production of the disease? Truly it is a pathological riddle, but yet it is used as a grand argument by the neuropathist. Urticaria—what share has the nervous system in it or prurigo? Chilblains, we say, are due to the action of cold. What is the pathology? We say it is due to the action of *normal* blood upon altered innervation; and may not a like action give rise to many diseases which we rank as primary alterations of the blood? We err, it appears to me, very greatly in forgetting the *compound* character of the nutritive function. We call this a blood, that a nerve, that a lymph disease, as though the two, for example, nerve and blood, ever in actual disease, were mutually independent in action.

We may fairly say that many skin diseases are the result of altered nutrition. Then hear Dr. Carpenter: "All the functions of the animal body are so completely bound up together, that none can be suspended without the cessation of the rest. The properties of all the tissues and organs are dependent upon their regular nutrition by a due supply of perfectly elaborated blood; this cannot be effected unless the functions of circulation, respiration, and

excretion be performed with regularity." Again: "The respiration cannot be maintained without the integrity of a certain part of the nervo-muscular apparatus; and the due action of this, again, is dependent not only upon its regular nutrition, but also upon its supply of oxygen." We see a principle here in healthy nutrition, and the *mutual dependence of function* must also come into play, and be expressed in disease; hence the difficulty in allowing the existence of a neurose (*pur et simple*) as the cause of organic change. Nutritive changes will go on perfectly, if there be a due supply of blood, without the intervention of the nervous system, but the latter is at once affected by change in the quality or quantity of the blood: hence we have good reason to think that the objection raised is true, and that the middle course of humoralist and neuropathist is the tenable one. We use the word eczema with a frequency and familiarity which is unquestionably excessive. What is its essence? We say it is a form of abnormal nutrition. Does it arise from the introduction of mal-material *ab externo?* or is assimilation at fault? Does abnormality of the function of the sympathetic nervous supply produce this latter? What is the action of local irritants in the production of the disease? Many more such questions might be asked.

One more example. What part do fungi play in

skin diseases? Alopecia areata (*Tinea decalvans*), is it due to want of local nerve-power, "a want of dynamism," an atrophic state of the peripheral nerves? If so, what means its cure by the action of parasiticides? or the antecedent erythema, itching, and puffiness of the scalp? or the presence of parasitic elements? Read Mr. Wilson's Essay in the *Brit. and For. Med. Chir. Rev.* for Jan. 1864, and you will see the theory broached, that the favus matter is produced from the development of the nuclei of pus cells; that the fungus is not vegetable, or, if vegetable, that it exemplifies the conversion of an animal into a vegetable product. We are certain of our cancers, our atrophies, and hypertrophies, but of our commonest skin diseases we know little, *ex psoriasis.* Even in lichen we are not agreed as to the seat of the papules. Wilson and Cazenave say they are seated at the orifices of the excretory follicles. Hebra, Hardy, and others, that they are new formations.

It seems to me, looking the state of things fairly in the face, that we cannot, in the present state of pathology, make much advance upon the old system, and that we ought to use great care and discretion in the introduction of any new arrangement and detail which, as time advances, will probably be refuted and displaced.

What, then, are we to do in the meantime? I would ask if it be not very important to entertain

the possibility and desirability of adapting, by proper modification and reconstruction, the old system of classification to the requirements of science as it stands at present, instead of coining new names and divisions, which must inevitably give rise to confusion, in consequence of the rejection of terms and nomenclature which are well understood and in general use. The simple and yet practical system of Willan, which was picked out by a master mind from a mass of confusion, cannot be easily rejected. The types it portrays are absolutely true to life, must ever remain as so many guides, and, in their general significance, are the unchangeable elements, in the teaching of skin pathology.

Analogy offers us good opportunity for arriving at a decision. If we run over the range of medicine generally, we shall find that, to a certain extent, diseases are grouped and divided upon purely anatomical grounds, with the most ample results. Take, for instance, the lung as a whole, and we meet with disease of its covering (pleuritis), of its intimate structure (pneumonia), or of its bronchial tubes (bronchitis), &c. So with the kidney, which may be diseased entirely, or only in part, perhaps simply the epithelial lining of its uriniferous tubes, or of the pelvis simply. So with the liver or brain, or indeed any other organ. Now, we must surely apply the same common-sense principle to the case of the skin (and its affections),

which is simply one large organ, composed of epithelium, derma, nerves, vessels, glands, &c. But can we actually, in practice, define clearly, as in other diseases, how far and to what extent these component structures are involved? Can we say that here only epithelium, or hair, or glands, or derma proper are morbidly influenced, or in so great preponderance as to constitute the primary and important seat of disease? Assuredly we can. Ptyriasis is an epithelial disease; nævi are alterations of the vascular supply; acne is glandular, and so on.

It will be seen at once that I am disposed to make use of anatomical criteria with rather a different object than that generally held in view. Willan and his followers arranged skin disease according to *the aspect* presented by anatomical features; I would rather classify according to *the extent and seat* indicated, and believe that our first grand division must be made in accordance with the latter. I think the arrangement proposed some years since by Mr. Erasmus Wilson decidedly commends itself very strongly in the possession of the desirable principle which has just been mentioned. It is our first duty, then, to ascertain the degree to which the influence of anatomical criteria should be extended in classification; we must then bring these criteria under subordination to the knowledge derived from a careful study of the causation of skin diseases—a most difficult and, at present,

very little hopeful task; and arrange the latter upon a plan based upon an equitable combination of these two methods of inquiry. Such appears to me the most logical mode of procedure, and not only that, but the one best calculated, in the end, to secure simplicity, and to help towards a correct understanding of skin affections generally.

Before detailing the scheme which I would have adopted, it will be as well to look at two or three classifications of recent date which have been propounded. Every one is well acquainted with Willan's system of eight orders—viz., Papulæ, Squamæ, Exanthemata, Bullæ, Vesiculæ, Pustulæ, Tuberculæ, and Maculæ,—which forms the groundwork of recent systems. In this country, to-day, Mr. Startin's name stands pre-eminent (with that of Mr. Erasmus Wilson) as the successful specialist, and it must, therefore, be conceded that in all probability his large and varied experience would teach us much in regard to the matter under consideration. (*Vide* Mr. Startin's mode, in the Tabular View.)

Well, this mode of grouping serves the purpose of a very fair practical guide, but there are certain details scarcely of a scientific character. The objections to it are briefly as follows:—

In the first place, under the term *chromatic*, leucopathia, chlorosis, cyanosis, icterus, &c., are ranked with ephelis, lentigo, without distinction.

The former are to be carefully distinguished as parts and parcels (small items) in peculiar blood states or diatheses, whose importance absorbs altogether that of the local change, and they must be carefully distinguished from pigmentary changes, in which the local deviation is the prominent thing, and the sole thing, perhaps, calling for treatment. Then it is very desirable to mark the difference of colours of such as pityriasis versicolor, and of the above *quoad* the cause—the one being parasitic, another pigmentary, another the presence of bile, &c. In pityriasis versicolor, the colour is in all likelihood produced by the presence and peculiar distribution of the parasitic elements. Possibly these objections might be met by subdivision. Herpes iris, moles, and syphilis should have no place here.

The second head ("phlegmonous or erythematous") does not define, as it should closely do, between specific and non-specific eruptions; besides, it includes lichen urticatus (papular, more properly), eczema acutum, and E. rubrum (abortive vesicular).

Under the third head (papulous) acne finds a place; yet this should surely be ranked in the sixth class (sebaceous). Scabies is placed under the heads, respectively, papulous, vesicular, and pustular, from whence it should be transferred to parasitic. Acne rosacea, urticaria, subcutanea, and U. chronica also have scarcely the right to the title papulous.

Pemphigus is, as stated by Mr. Sartin, really vesicular, and Rupia pustular.

Favus, variola, varicella, vaccinia, scabies pustulosa, on the other hand, are wrongly stated *pustular*.

Sycosis is regarded not as parasitic but tubercular, molluscum not as sebaceous but parasitic, and alopecia circumscripta not as parasitic but neuralgic. If there be a word in the nomenclature whose use is objectionable, that word is certainly tubercula. Tubercle should belong solely and entirely to the phthisical diathesis and pathology. The confusion has been sought to be avoided by a difference of spelling, there being an additional *u* before the last two letters in the word applicable to skin disease, but the euphony still is an insuperable bar to the adoption of the suggestion. I think "degenerations" would be a good substitute, as we shall see by-and-by.

The 10th, or ulcerous group, includes lupus (tubercular), rupia, and ecthyma (pustular); that is, the secondary and not the primary stages are considered sufficient to shift a disease from its proper place, and thus make it appear a different disease. Ulceration is a feature common to very many diseases; and if we recognize an ulcerous group, we must include only such as are essentially ulcerous.

The 11th, or parasitical group, omits scabies, but receives pityriasis, and acne punctata (non-parasitic).

Then the 12th, or structural, includes a heterogeneous class, epithelial, vascular, pigmentary, sebaceous, and other diseases. Now, most of these should find their place in the other groups. Structural clashes as unnecessary with corneous, sebaceous, and ulcerous. Besides, all skin diseases are structural in a certain sense. What, then, is the true definition of it? "*Manifesting changes, or novelties of structure,*" does not aid us much.

Cachectic (13th) is rather a subdivision of the other groups than a deservant of independent existence, and so with neuralgic.

In the French school, perhaps that of Hardy is the best. He divides skin diseases into (1) maculæ; (2) local inflammations; (3) parasitic; (4) eruptive fevers; (5) symptomatic eruptions; (6) dartres (or tetters); (7) scrofulides (or strumous); (8) syphilides; (9) cancers; (10) exotics. The characteristic of Hardy's classification is the recognition of a "dartrous" diathesis, which includes lichen, eczema, pityriasis, and psoriasis. If by this is meant that these four diseases are but stages of one common disease, then I take exception to the hypothesis; but if it means that they have a more or less family likeness, *quoad* history, course, duration, and treatment, then I accede in great degree. Speaking generally, I do not see that this arrangement has any great advantage over that of Willan. Take the class dartres: for my

own part, as at present defined, there does not appear that much is gained; it is a very convenient term, in one sense, but not particularly conducive to the solution of the difficulties which attach themselves to the four signified diseases. Other writers claim the admission of prurigo into the same category, and even erythema, which is thought to be an early stage of eczema, so that great caution must be exercised in the determination of points connected with this subject of the dartrous diathesis. Hardy, in his prefatory remarks, states his opinion—which, of course, must inevitably follow from the adoption of a dartrous group—that elementary forms of eruption play only a second part; one is obliged to recognize in the same malady sometimes vesicles, sometimes pustules, sometimes squamæ, sometimes all these lesions together—for example, in scabies, where one constantly meets with several elementary lesions coexisting, and in eczema, in which vesicles, pustules, and squamæ simultaneously occur.

Hardy, in class 1 (*vide* Table), places pigmentary nævi, lentigo, ephelis, nigrities, albinism, vitiligo, deformities of vascular and sebaceous structure, papillary alterations, epithelial and dermal diseases. These should be distinguished anatomically; and Hardy's method of classification certainly does not in this instance fulfil the desired end—viz., arrange skin diseases according to the nature of causation. No one, however, can

appreciate Hardy's charming work, as a whole, more than myself. In the second class (*local inflammations*) Hardy places erysipelas (a specific disease) with erythema, uticaria, ecthyma (pustular), herpes (vesicular), strophulus and prurigo (papular), acne (sebaceous), and pemphigus (bullous), without offering any exposition of their causation—the why and wherefore they are local inflammations. Does not the 4th class, eruptive fevers, rather class with this the 2nd? Then the 5th group, or symptomatic eruptions, herpes labiales, typhoid spots, sudamina, purpura are included (ought to be) in the 2nd and 4th. The classes *local inflammations*, *eruptive fevers*, and *symptomatic eruptions* appear to me confusing.

Bazin has cut up Hardy's class, dartres, into three sub-classes, according to the effect of treatment:—

a. Scrofulous (benign) (eczema in children).

b. Arthritic (gouty, rheumatic) (eczema in adults, 1st form).

c. Dartrous proper, or herpetic (eczema in adults, 2nd form).

Colchicum does good in *b* class, arsenic in *c* class.

Hebras' arrangement (*vide* Table) is as yet incomplete; so far as it goes, it is the best, considered pathologically.

Class I. (Hyperæmias) borrows one or two of its tenants from the early stages of other diseases.

Hyperæmia, too, is a feature in most skin diseases: hence Hebras' definition of the word must be special and limited.

Class 3 is really an anatomical arrangement. In Class 4, the second grand division recognizes and endorses the truth of Willan's system.

Dr. Gull's modification of Willan's system commends itself to beginners, but is insufficient, and there does not seem to be any plan of groupage, and some of the subdivisions are unimportant. The first two classes would go together under the term parasitic, and from them are omitted several important instances of disease. Class 3 is one-sided; there are diseases of *diminished* pigment. Class 10 should be transferred to class parasitic. Classes 14 and 16 contain allied diseases; the former is confused and mixed.

Mr. Erasmus Wilson, in his last edition, has considerably modified his view of classification. It appears from the preface, that the personal appearance of Hebra in Mr. Wilson's consulting-room led, in the end, to the moulding of the views of the latter to those of the great German dermatologist. In Mr. Wilson's scheme (*vide* Tabular View), anatomical particulars are received and commended, but it is hardly so good, it appears to me, as his original plan. The present clearly defines "dermal" diseases and those affecting the special structures, and syphilitic dis-

eases, but takes no cognizance of vegetable parasitic and epidermal diseases. It appears to me, moreover, to rank erysipelas with erythema, eczema with sudamina, impetigo with ecthyma, scabies and malis (diseases due to animal parasites other than acari) with ambustio and gelatio. Then why should not lepra, lupus, kelis, and elephantiasis be ranked under the head of "Diseases arising from general causes?" In other words, the latter heading is indefinite. Syphilis is a general cause. Rubeola, variola, &c., why separated from the third division? Then the diagnostic significance of papules, vesicles, pustules, &c., is almost nullified.

The classification adopted by Dr. A. B. Buchanan, in the *Edin. Med. Journ.*, Jan. 1863, is framed in accordance with the views of some continental dermatologists of high repute. He makes five primary divisions:—1. Inflammations; 2. New formations; 3. Hæmorrhages; 4. Diseases of accessory organs; 5. Diseases dependent upon uniform causes. The thing that strikes us at first blush is the compound character of, the want of uniformity in, this manner of grouping. The fourth class is one made upon anatomical grounds, the others chiefly upon views of causation.

The first, or inflammations, comprises (*A*) *erythematous*, including erythema, herpes, urticaria, dermatitis (erysipelas), and pemphigus; (*B*) *eczematous*, including eczema, which has three grades—1st, dry, E. erythe-

matodes, E. papulatum (lichen and prurigo); 2nd, humid, E. vesiculosum, E. rubrum, E. pustulorum (impetigo), eczema rimosum; 3rd, dry, lichen and E. squamosum (chronicum), acne, ecthyma and psoriasis; (*C*) *phlegmonous*.

The second group, new formations, are homologous (epidermic, pigmentary, dermic), or heterologous (pseudoplasms, neoplasms).

The third and fourth speak for themselves.

The fifth, or diseases dependent upon uniform cause, are—(A) parasitic, (B) syphilitic, (C) febrile eruptions.

The erythematous subdivision of group 1 includes herpes and pemphigus, which are separated altogether from the vesicular diseases; dermatitis is the new name given to erysipelas, which is evidently regarded as a local disease.

Why should it be separated from the C category (febrile eruptions) of the fifth group?

Pityriasis rubra and furfuracea are looked upon as species of erythema, and designated by the term squamosum. The eczematous subdivision must be examined with reference to the meaning attached to the word eczema; its well-accepted signification is contravened by assigning it a position together with acne (sebaceous) and psoriasis (squamous). The further division into grades is purely arbitrary; indeed, the whole arrangement, if carefully scrutinized, will be

noticed, in practice, to be founded rather upon an *ideal* than an *actual* type. "Thus the lesion of eczema," says Dr. Buchanan, "at the commencement is a localized macula (E. erythematodes), the macule passes into a papule (E. papulatum), the papule into a vesicle (E. vesiculosum), the vesicle into an excoriation (E. rubrum), or a pustule (impetigo). In the next place, the skin becomes infiltrated, while the secretion, if there has been any, dries up (lichen proper), and the whole terminates in a desquamation (E. squamosum)." "These represent ideal stages," and this is a primary objection. In practice, these stages and transformations are not carried out; you may find papules, pustules, or vesicles commingled more or less, but it is more certain that, in most cases, the disease preserves one type; there are papules and papules only, vesicles and vesicles only, &c. Lichen is never, so far as I have seen, a secondary stage of an eczema. The second disease differs most essentially in the presence in one of secretion, and its absence in the other; the one is *dry*, the other *moist*. It appears to me, moreover, that it is scarcely right to take a mere stage (for example, the first of eczema), and make it a distinct disease, eczema erythematodes. We must be guided by the assemblage of specialty of characters furnished by the entire and fully-developed disease. No doubt an erythema is a part of eczema, but it is equally so of

many others, of all the acute specific diseases of ecythma, herpes, and a host besides.

We mostly hear quoted, as evidence in favour of the close relationship between papules, vesicles, and pustules, the cases of scabies and the application of local irritants, in which the elementary forms of eruption occur as the result of one and the same cause; indeed, it is *the* argument. Hardy makes use of it in favour of his dartrous diathesis; Hebra and Wilson also accept it: indeed, the classification of eczema by Hebra, which forms the groundwork of that of Dr. Buchanan, is founded upon the effect of local irritants when applied to the skin. I take exception to the line of reasoning in the case in point: the eruption of scabies is dependent upon a local cause—so, indeed, may eczema be; and so far the analogy apparently occasionally holds good, but the irritation of acari and croton-oil friction is unequal in amount; not so in eczema, which results from a *blood alteration, minus* the inequality of local irritation. The two cases of scabies and croton-oil friction stand together in the light of artificial experiments; and Hebra, in founding his classification, is open to the charge of having been guided rather by the teaching of artificial experiment than clinical facts, more properly so called. Show clinical warranty in support of the identity of these diseases (included by some under the head of eczema), and I will be the first to recognize it,

but object to be guided by "ideal" representation; and so long as a disease preserves a type peculiar to itself (or in marked preponderance), it is entitled to rank as a distinct disease; and the conjunction, now and again, of two or more anatomical lesions, implies nothing more than *co-existence*, and does not certify identity; and looking to the supposed identical diseases eczema, psoriasis, lichen, and pityriasis, in their several entireties, differential criteria are observed, sufficient, in the present state of our knowledge, to compel us to regard them (it may be as possessing a family likeness) certainly as distinct diseases. Mr. Wilson's remarks on psoriasis are calculated to mislead. He, as I understand it, makes lepra inclusive of what is usually known as psoriasis, and calls chronic eczema, psoriasis. Again, the classification now under notice opens the door for the entrance of a host of new names, the very *pons asinorum* of students. The present appears to be a peculiarly unfit time for the introduction of a new nomenclature, for a growing interest is just now being excited in regard to skin diseases, and those very terms whose meaning has become thoroughly appreciated and obtained good foundation, are the very ones of all others most likely to be done away with or modified. The substitutions are as follows.

Eczema papulatum for lichen simplex and prurigo, "a chronic dry eruption, more or less diffused over

the body." *Lichen exudativus* may arise in two ways, by the aggravation of lichen simplex (E. papulatum), or by the drying of a humid eczema. *Eczema rimosum* passes into lichen exudativus, and lichen agrius represents the transition between E. vesiculosum and E. rubrum. *E. squamosum* stands in the place of E. chronicum, *E. pustulosum* in that of impetigo. *Erythema squamosum* absorbs pityriasis rubra, and P. furfuracea. Even those who argue for the existence of the close relationship which is supposed to constitute the existence of a dartrous diathesis, are not agreed by any means as to its components. Hardy would have us regard eczema, psoriasis, lichen, and pityriasis; Dr. Buchanan, adopting the views of other leading dermatologists, lichen, eczema, impetigo, and prurigo, as the resultants of the dartrous diathesis. My own experience, small though it may be, comparatively, would lead me to view eczema and impetigo as most closely allied: I quite think there is little difference between them, except in degree. Whatever view we take, it seems but fair that the term eczema should continue to hold that very definite meaning which has been accorded it by long usage and the almost universal acknowledgment of authority, for the confusion which must inevitably follow its modification, particularly in an enlarged sense, will counterbalance in a decided degree the advantage that will accrue from the

change. When our knowledge of causation becomes more perfect, our nomenclature may receive particular attention, but it will then require very delicate handling; at present, it appears out of the question.

Fourthly. Looking to details. If erythema be necessarily an early stage of, or bear close relation to, a vesicular or papular state, why are papules and vesicles absent where erythema is extensive and severe, and *vice versâ;* for papules and vesicles may exist in abundance with very little erythema? Perhaps, however, the argument is of little value. Remembering the classification under notice discards anatomical considerations, it is difficult to see the marked distinction between herpes and eczema. Small-pox is diagnosed in great measure by its anatomical features, and also rubeola and roseola, which oftentimes have so many symptoms in common similitude.

Fifthly. If eczema, lichen, prurigo, and impetigo be really different degrees of one disease, the first stage an erythema, how comes it that the related general symptoms are not present in *comparative* amount? For instance, it is not unusual to have marked constitutional symptoms with an erythema or papular eruption, and a perfect nullity in this respect with a vesicular or pustular condition of severe extent.

Sixthly. The classification is an illustration of the

fact, that they who reject anatomical features in the primary grouping of skin diseases, yet do not hesitate to make use of them for the purpose of defining varieties; of course, in consequence of the inability to be solely guided by causation. Eczema erythematodes, vesiculosum, papulosum, rimosum, if they mean anything, imply the possession of certain anatomical features—to wit, redness, vesicles, papules, fissures, &c. See Hebra, too; he outstrips Dr. Buchanan, and in his exudative group he arranges diseases into squamous, pruriginous, acniform, pustular, and pemphigous dermatoses; so that Willan is justified of his opponents, who do not adhere to their own proposal to name diseases according to their *nature*, quoad *causation*.

As before observed, in Mr. Wilson's recent edition of his work, we find an almost complete tallying with Hebra's views, and the scabies argument, before noticed as unsatisfactory, has, it appears to me, influenced Mr. Wilson most materially. He remarks that we have certain stages.

An *erythema*, or simple congestion; a *lichen*, "or congestion of the pores of the superficial portion of the follicles, producing a tumid state of the parts, and constituting pimples" (an error of pathology); *eczema*, "a vascular congestion, accompanied by effusion of liq. sanguinis, lymph, or serum, and giving rise to vesicles" (no notice is taken of the diagnostic

character of eczematous fluid, described especially by Hardy); and *furunculus*. These may be convertible, and the chronic state is psoriasis—an evolvement out of the acute state of other diseases (surely an error of observation). Eczema, lichen, erythema, impetigo, and psoriasis, he says, are modified manifestations of inflammation of the skin, and the base of this opinion is the case of scabies. Why does scabies now produce papules, now pustules, now blebs? Is there not, beyond the influence of degree of irritation, a decided difference in the blood state, and is not the latter sufficient to substantiate a separate kind of disease? In the comparison of *parts* only of two diseases we may see great resemblances, but not when their totals are contrasted. Take erythema—see its causes.

E. fugax is due to stomach derangement, and is temporary and acute.

E. circinatum is rheumatic.

E. marginatum is due to "chronic visceral disease," and has a "purplish hue."

E. intertrigo is evoked by friction.

E. paratrimma is due to pressure, as in bed-sores.

E. papulatum is rheumatic.

E. tuberculatum, generally due to change of diet; ex., in servants leaving country for town life.

E. nodosum is rheumatic.

Are there not differences of kind here in the varieties of one disease? Is there not a decided

peculiarity, as compared with other diseases, militating against identity—that is, on *partial* examination ?

Wilson links pityriasis with erythema—erysipelas with erythema doing violence to the specific nature of the former. Lichen, strophulus, and prurigo are the same too ; and the link between eczema and psoriasis is lichen agrius.

In opposition to the foregoing novel opinions, and in harmony with the views of many whose experience in skin diseases has been ample and varied, I would still maintain that it is indubitable that, with reference to anatomical characters, several types are clearly visible, as distinct existence ; that, for example, a disease known by the name of lichen commences and terminates with a lesion which is papular ; a disease known as eczema is vesicular, and vesicular only, &c. ; and though there can be no question that a close relation subsists between these and others, yet they should be regarded as distinct, because severally requiring peculiar modifications of treatment : lichen is probably *neurotic*, eczema *lymphatic*, impetigo *strumous*.

The existing names serve as useful guides to diagnosis. It may seem strange that the Willanist should seek for a solitary vesicle in a given patch, and rejoice over it ; but it must be remembered that he seeks for the pathognomonic lesion at the extending edge of disease, or that part at which he

is able to trace the character and early stages of development.

But let us go a little more into details. I have thus far attempted to show that the opposition to the anatomical arrangement is based upon an incorrect appreciation of its use and application, and that there are serious objections in both, as matters of clinique and of policy, to the adoption of the new suggestions which have been put forward. Moreover, it has appeared that these very latter are compelled to be patched up in making sub-division by the assistance of anatomical details—in fact, the new attempt signally fails. Well, but there is another plan upon which we may go, and that is grouping diseases according to symptoms. This, I fear, will be found to stand the test of criticism less satisfactorily. The most recent writer upon eczema, Dr. M'Caul Anderson, whose papers will repay attentive perusal, has looked upon eczema (meaning this in a wide sense, *i.e.*, inclusive of lichen, prurigo, &c.) from this point of view. He enumerates four symptoms or signs as characteristic of eczema, viz.:—A. Infiltration of the skin; B. Exudation on the surface; C. Formation of crusts. D. Itching. Are these characteristic? Do they not apply to herpes, pemphigus, ecthyma, porrigo Startinii, &c.? I hope I am understood. In order to make these symptoms harmonize together as a pathognomonic state, it becomes necessary to

give eczema an unusually wide signification, so as to admit lichen, prurigo, psoriasis, and impetigo as modified forms, which I have attempted to show is more *ideal* than *clinical* in fact. It is open to any to advocate the adoption of a new name to include eczema, impetigo, lichen, prurigo, and psoriasis, or any other, but not as a right to take a well-established name, whose signification, perhaps, of all others, is the best understood in skin diseases, and attach to it a meaning very wide of its original, except upon the most solid warranty. I have already alluded to Hardy's class Dartres, which has a general agreement with the views expressed by Dr. Anderson, and demands very careful consideration. Hardy defines the group as those affections of the skin which, possessing different elementary lesions, are non-contagious, hereditary in tendency, reproducing themselves pretty constantly, are accompanied by itching, run a chronic course, and leave behind, in process of cure, no cicatrix or ulceration. The subjects attacked have fair if not good health, their skin is dry, the perspiration difficult and scanty, skin is irritable, the tendency of the eruption, be it vesicular, papular, &c., is to spread, or appear in several places at one and the same time; the disease is symmetrical, itching is often severe, the mucous surfaces become affected; these may be conjunctival, buccal, vaginal, &c.; sex and age have

little influence. He adds—and this rather militates against the idea of their identity—that eczema attacks the lymphatic, lichen the nervous, psoriasis the sanguineous, and pityriasis the bilious temperament. The four named diseases, lichen, eczema (including impetigo), psoriasis, pityriasis, indubitably have a great family likeness, and fall very well under the class, be it called Dartres or not. Having conceded thus much, I think they have their due.

Prurigo, classed by some with the Dartres, I believe to be entirely different in nature altogether, and to have no relation to eczema, not only as seen in the condition of the skin generally, but the general state of the patient attacked and the causation.

Pityriasis is a purely epithelial disease (except in the rare form P. rubra), and lacks the infiltration and thickening of the derma—so characteristic a feature of eczema and lichen. In pityriasis, be it ever so extensive, no vesicles are seen, yet the local and general states are sufficient in degree, one would think, at times, to evoke vesicles, if these had any relation to the pityriasis blood state. At the close of eczema a scaliness appears, and is certainly like pityriasis, but it is a secondary not an idiopathic affair, not commencing and ending with, and retaining throughout, the same absolute features. The special and essential condition is to be found in the blood state, which is expressed by the term "bilious"

temperament. So with psoriasis—there is no fluid secretion, the essential character of eczema; the temperament is different. Then, with regard to lichen, you may get the whole body, or greatest part, covered over with a thick rash of papules, of bright hue, with intervening redness, conjoined high fever, quick pulse, &c., and yet not a solitary vesicle make its appearance. Well, here is a profound alteration of the blood, passing in intensity that of eczema. Why no vesicles or pustules? Does not the disease, in such a case, speak most plainly its essentially distinct nature?

But it is the occasional co-existence that lends chief support to the view of identity. Scabies, as I have observed, in conjunction with croton-oil frictions, are not just arguments on this point. May not two diseases co-exist? Must we at once think and regard them as identical? In an eczematous subject, the slightest irritation suffices to bring out an abundant vesicular eruption; in lichen, the local irritation is very great, if judged by the itching, and yet no vesicles appear: incontestably the two do co-exist, as expressed by the terms E. lichenoides or lichen eczematodes (? lichen agrius), as in an analogous case — *i.e.*, E. impetiginodes. But other things co-exist; ex., furunculus with lichen. Are lichen and urticaria identical because of the existence of lichen urticatus?

It may be remarked, *en passant*, that it is not so very certain that lichen agrius is a combination of lichen and eczema; it is an inflamed and excoriated lichen—but, query, is that state preceded by the formation of vesicles? if not, where is the proof of eczema as part of it?

It is said that the elementary lesion may be an erythema, a papule, a vesicle, a pustule, or a fissure. Having discussed the wide signification which is given to eczema, it will only be necessary to notice the last. Eczema fendillé is the name given to a disease not particularly specified by English writers. It generally finds a place under the head of chronic eczema. It is said there are no vesicles, no pustules, but simply an inflamed surface divided into little spaces by fissures or cracks, which are raw, and pour out a fluid identical with that of eczema. But what says the previous history of the disease? It is often the chronicity of a simple eczema, it co-exists with other varieties of eczema, and it does not commence as a fissured disease without the intervention of any other change. The associated eczema confirms what is probably true, that its first stage is abortive vesicular, or an ordinary eczema.

How far are we justified in accepting Hardy's doctrine? No objection can be offered to the association of eczema, lichen, psoriasis, and impetigo under one family name—Dartres—which though, *per*

se, meaningless, is allowed to imply possession of certain characters in common, supposed to be dependent upon the existence of a peculiar diathesis (dartrous); viz., non-contagion, hereditary transmission, tendency to recurrence and spread, itching, and infiltration of the derma proper. In the same way we have "acute specific diseases," "parasitic diseases," and the like.

Now be it observed that co-existence does not mean identity; it must be shown, before that stage is reached, that a lichen may pass into an eczema, or *vice versâ*, an eczema into psoriasis, &c. We see eczema pass into impetigo, and require like proof before we admit as proven any other identity. An interesting question is this: is the causation in the dartres the same; and is difference of temperament and soil sufficient to account for the modification it effects, for the different results as exhibited by the external manifestations or eruptions? Time alone can solve this. I believe it to be true in some cases, ex. gr. parasitic diseases. I would wish to place my own position in its proper light. As a strong advocate for the identity of certain diseases connected with the skin, I have never attached any value to co-existences as indicative of identity, but have always rejected the latter where I have not observed an interchange of characters—where I have not actually seen one thing produced from another by developmental growth. This must be exhibited by

other diseases, likewise, before any identity is accepted.

Leaving this part of the subject, I proceed to discuss the classification which appears to me the best calculated to assist the student and practitioner; it is one suggested by the joint consideration of anatomical characters and the nature of the causation (as far as this is known). The kind and extent of the structures involved should first be clearly defined, then the prevailing character of the outward evidences (eruption), and subdivisions made in detail, according to the general nature of the disease. A tabular view thus constructed, at first sight appears puzzling, but a little consideration will show that its simplicity is its greatest recommendation (*vide* Table). I follow Mr. Wilson generally in purpose, and completely in regard to the diseases of the glands. We may, for completeness' sake, make two grand divisions, into parasitic and non-parasitic diseases:—

The *non-parasitic* may be arranged into two primary groups anatomically—

1. Disease of the epidermis.
2. Disease of the derma.

The *parasitic* includes all affections due to the presence of animal or vegetable bodies, named respectively dematozoa and dermatophyta. *Syphilitic* would signify another grand division, if need be. All

the forms, however, rank under the second class of the non-parasitic group, and it is only necessary to consider the modifying effects of syphilis in ordinary eruptions. The chief forms assumed by syphilitic eruptions are roseola, rupia, pemphigus (?), ecthyma, lichen, lepra, and psoriasis, mucous tubercles, warts, &c. Under the head of "alteration of colour function," for completeness' sake, I have enumerated not only pigmentary changes, but others dependent upon variations in the quality of the blood itself.

The first thing to notice in the scheme I suggest is that the details are dissected out by a process of exclusion. You separate out the parasitic group, then the epidermal group, then subdivide the dermal class into two grand divisions, and so on, upon grounds which are intelligible and simple, and which have a uniformity of plan or a principle to recommend adoption; it also allows few innovations, hence is not calculated to perplex. I have omitted to arrange in the Tabular View the two primary divisions of *dermal* and *epidermal* under the collective term *non-parasitic;* this may be left to the reader to do, if he choose. The Tabular View defines the *limits* of disease precisely, and the exact *extent* and *character* of the structure involved: it is also especially useful in a diagnostic point of view. Thus, in a glance, you see the nature, extent, and cause of any given disease, as far as science has taught us. Take an example,

acne; the Tabular View tells that it is an *inflammatory condition*, with *retention* of secretion of a *sebiparous* gland (one of the *special* structures of the *derma*). Rubeola rash is an eruption of an *acute specific blood* disease, *erythematous* in nature, and in *which the structures generally of the derma* are affected. Tinea tonsurans is a *parasitic* disease of *the scalp*, in conjunction with the growth of a fungus (vegetable) called *trichophyton tonsurans*, &c.

Pemphigus is ranked with vesiculæ, and rupia and true porrigo with pustulæ, thus getting rid of the term bullæ. Under the head of pustulæ, is a sub-order, *furunculi*, to include anthrax, boils, and pustula maligna.

Tinea decalvans is placed under the head of parasitic. In estimating its nature, we must remember that it is the least expressed form of parasitic disease; one great favouring circumstance of fungus growth is absent—viz., secretion, which affords moisture and protection; therefore the parasite is not luxuriant, and, indeed, is often present in its stromal form. We usually see cases when the hair has fallen off—that is, when the parasite has died out, in consequence of its selective seat and tissue (the hair) having been lost —the antecedent symptoms, erythema, redness, &c., point to active disease, not atrophy. The early age of the patient attacked, the fact that girls are the subjects of tinea decalvans, that the seat of disease is

quite different from that of atrophy, the peculiar localization, and the teaching of analogy, all tell in favour of parasitic disease. Lepra and psoriasis are identical, though the two names are retained.

Most of the parasites (vegetable) are identical; but as the point is seriously contested, the usual names and divisions have been retained. Lichen pilaris must not be confounded with tinea pilaris, a complication of chronic skin diseases. Xeroderma is found under two heads, epidermic and sebaceous diseases; ichthyosis is of two kinds, epithelial and sebaceous, and the earliest stages of these two forms of disease have been erroneously designated by the title xeroderma, which should be limited solely to the epithelial form. These seem to me to be the only points requiring special notice; except it be that the word *degenerations* has replaced *tubercula*.

The Table is at first sight rather puzzling, but a little careful scrutiny will show that its simplicity and truthfulness are its greatest recommendations, and that, in the present state of science, it is perhaps the most useful.

COX AND WYMAN, PRINTERS, GREAT QUEEN STREET, LONDON.

I.—Diseases affecting the General Structure of the Sk

1. Diseases arising from General Causes.	*a.* Erythema, Erysipelas, Roseola, Urticaria.	(Exanthemata, Will
	b. Lichen, Strophulus, Prurigo.	(Papulæ, Will
	c. Eczema, Sudamina.	(Vesiculæ, Will
	d. Impetigo, Ecthyma.	(Pustulæ, Will
	e. Herpes, Pemphigus.	(Bullæ, Will
	f. Furunculus, Anthrax.	(Tubercula, Will
	g. Purpura.	
2. Diseases arising from Special External Causes.	Scabies, Malis (animal parasitic), Ambustio, Gelatio.	
3. Diseases arising from Special Internal Causes.	Lepra,	(Squamæ, Wil
	Lupus,	(Tubercula, Wil
	Scrofuloderma,	,,
	Kelis,	,,
	Elephantiasis,	,,
4. Diseases arising from the Syphilitic Poison.	*a.* Erythema, Roseola.	
	b. Lichen, Lichen pustulosus.	
	c. Tubercula, Tubercula ulcerantia.	
	d. Rupia.	
	e. Alopecia.	
	f. Onychia.	
5. Diseases arising from Animal Poisons of unknown origin, and giving rise to Eruptive Fevers.	Rubeola, Scarlatina, Variola, Varicella, Vaccinia.	

R'ANGEMENT.

--Diseases affecting the Special Structure of the Skin.

ASCULAR STRUCTURE	Hypertrophia venarum, Nævi vasculosi.
ERVOUS STRUCTURE	Hyperæsthesia, Anæsthesia, Pruritus.
APILLARY STRUCTURE.....	Verruca ; Clavus ; Tylosis ; Pachulosis.
GMENTARY STRUCTURE	*a.* Melanopathia, Spilus, Nævi pigmentosi, } Augmentation. *b.* Alphosis, Leucopathia, } Diminution. *c.* Ephelis ; Lentigo ; Chloasma ; Melasma ; } Alteration. *d.* Decoloratio argentea, (Chemical Coloration.)
DORIPAROUS ORGANS	Idrosis ; Anidrosis ; Osmidrosis ; Chromidrosis ; Hæmidrosis.
BIPAROUS ORGANS.....	*a.* Stearrhœa simplex, (Augmentation.) *b.* Xeroderma, (Diminution.) *c.* Stearrhœa flavescens, Stearrhœa nigricans, Ichthyosis sebacea, } Alteration. *d.* Comedones, (Retention, duct open.) Accumulationes sebaceæ, ,, ,, Cornua, ,, ,, Tubercula miliaria, ,, duct shut.) Tumores serosi, ,, ,, Tumores sebacei, ,, ,, *e.* Acne, (Inflammation.)
AIR-FOLLICLES AND HAIR.....	*a.* Hirsuties ; Nævi pilosi. *b.* Defluvium capillorum, Alopecia ; Calvities. *c.* Trichiasis ciliorum, Trichiasis coacta. *d.* Trichosis decolor, Trichosis cana. *e.* Trichosis furfuracea, Trichosis plica. *f.* Stearrhœa folliculorum, Erythema folliculorum Inflammatio folliculorum, Sycosis ; Favus.
AIL-FOLLICLES AND NAILS ...	Degeneratio unguium ; Onychia.

	cutaneous surface or base.	
9. TUBERCULAR ...	Manifesting raised, often red and inflamed, tubercles or swellings, sometimes single, at others confluent, occasionally suppurating and ulcerating.	Lupus and its varieties, Sycosis, Furunculi, Anthrax, Acne *indurata*, Urticaria *tuberosa*, Elephantiasis, Carcinoma, Syphilides, Scrofulous eruptions.
10. ULCEROUS	Manifesting a solution of continuity, with or without sloughing and an inflamed base, often attended by varix, on the lower extremities.	Lupus and its varieties, Varicose *impetiginous, erythematous, eczematous,* or *ecthymatous* ulcers ; Rupia, Ecthyma, Anthrax, Furunculus Carcinoma, Struma, Fissures.
11. PARASITICAL	Manifesting animal or vegetable life, visible or microscopic, giving rise to various cutaneous manifestations. Mostly contagious.	Pithyriasis or Morbus pedicularis, Scabies, Pityriasis, Herpes, Porrigo, Favus, Tænia *tonsurans*, Molluscum *contagiosum*, Sycosis, Acne *punctata*, Filaria, Guinea Worm, Plica Polonica, Bites and stings of various insects, Trichoma.
12. STRUCTURAL	Manifesting changes or novelties of structure.	Nævi, Moles, Verrucæ, Spilus, Clavi, Cicatrices, Cutaneous tumours, Morbid growths of the nails, hair, or any other appendage of the Skin, Erectile Tumours.
13. CACHECTIC ...	Manifesting some general or constitutional idiosyncrasy or cachexy, congenital, supervening, or acquired.	Strumous eruptions and Ulcers, Syphilitic eruptions and Ulcers, Ecthyma *cachecticum*, Scorbutus, Purpura, Frambœsia, Cancerous tumours and ulcerations, Melanotic tumours and ulcerations, Elephantiasis.
14. NEURALGIC ...	Manifesting Neuralgia, with increased, vitiated, or diminished cutaneous sensibility, with or without eruptions or ulcerations.	Neuralgic erythema, attending Tic Doloureux and some forms of Gout and Rheumatism ; Impetigo *rodens*, Cutaneous tubercle, Prurigo *senilis*, P. *formicans*, Alopecia *circumscripta*, Hysterical anæsthesia or hyperæsthesia, Vitiligo, Elephantiasis.

DR. STARTIN'S ARRANGEMENT.

1. CHROMATIC	Manifesting changes of colour for the most part symptomatic of some constitutional vice or cachexy.	Leucopathia, Chlorosis, Cyanosis, Icterus, Melanosis, Nitrate of Silver Stain, Bronzed Skin of Addison, Purpura, Eczema *rubrum*, Lepra *alphoides*, L. *nigricans*, Pityriasis *versicolor*, P. *nigricans*, Maculæ, M. *hepaticæ*, Herpes *iris*, Ephelis, Lentigo, Vitiligo, Moles, Syphilides, Canities.
2. PHLEGMONOUS, or ERYTHEMATOUS.	Manifesting heat, redness, tension, swelling, and inflammatory symptoms.	Erythema, Erysipelas, Urticaria, Lichen *urticatus*, Roseola, Rubeola, Scarlatina, Phlegmon, Anthrax, Eczema *acutum*, E. *rubrum*, Frost-Bite, Insect Bites, Chilblain, Burns, Scalds.
3. PAPULOUS	Manifesting red points or papules, more or less raised, disseminated or confluent.	Lichen, Strophulus, Prurigo, Scabies *papulosa*, Acne *simplex*, A. *rosacea*, Urticaria *chronica*, U. *subcutanea*.
4. SQUAMOUS	Manifesting scales, loose or attached to the skin, with or without an inflamed base, often in forms more or less circular.	Lepra, Psoriasis, Pityriasis, P. *congenita*, Ichthyosis, Eczema *chronicum*, Lichen *chronicus*.
5. CORNEOUS	Manifesting horny growths or scales.	Cornua *single* or *multiple*, Ichthyosis, I. *cornea*, Horny callosities from pressure on the hands, feet, &c., of artisans ; Clavi.
6. SEBACEOUS	Manifesting an unctuous secretion from the sebaceous follicles, exuding, or expressed by pressure, adherent or non-adherent to the skin.	Acne *simplex*, A. *punctata*, A. *sebacea*, Molluscum, Atheromatous deposits and tumours, Hordeolum.
7. VESICULAR	Manifesting vesicles, blisters, blebs or	Herpes, Eczema, E. locale, Scabies *vesiculosa*, Milia-

WILLAN AND BATEMAN.

ORDER I.—Papulæ.

Strophulus, lichen, prurigo.

ORDER II.—Squamæ.

Lepra, pityriasis, psoriasis, ichthyosis.

ORDER III.—Exanthemata.

Rubeola, roseola, scarlatina, purpura, urticaria, erythema.

ORDER IV.—Bullæ.

Erysipelas, pompholix, pemphigus.

ORDER V.—Pustulæ.

Impetigo, variola, porrigo, scabies, ecthyma.

ORDER VI.—Vesiculæ.

Varicella, rupia, vaccinia, miliaria, herpes.

ORDER VII.—Tuberculæ.

Phyma, sycosis, verruca, lupus, molluscum, elephantiasis, vitiligo, acne, frambœsia.

ORDER VIII.—Maculæ.

Ephelis, spilus, nævus.

ALIBERT.

1.—Dermatoses Eczemateuses.

Erytheme, pemphix, erysipèle, zoster, phlyzacia, cnidosis (urticaria), epinyctide, olophlyctide (herpes), ophylyctide (aptha), pyrophlyctide (malignant pustule), anthrax, furunculus.

2.—Dermatoses Exanthémateuses.

Variole, roseole, vaccine, rougeole, clavelée (sheep), scarlatine, varicelle, miliare, nirle (varioloid).

3.—Dermatoses Teigneuses.

Achore (crusta lactea), favus, porrigine, trichoma (plica polonica).

4.—Dermatoses Dartreuses.

Herpes (squamous), mélitagre (impetigo), varus (acne), esthiomène (lupus).

5.—Dermatoses Cancéreuses.

Carcie, kéloide.

6.—Dermatoses Lépreuse.

Leuce (leprosy), éléphantiasis, spiloplaxie, radezyge.

7.—Dermatoses Véroleuses.

Syphilis, mycosis (frambœsia and molluscum).

8.—Dermatoses Strumeuses.

Scrofule, farcin.

9.—Dermatoses Scabieuses.

Gale, prurigo.

10.—Dermatoses Hémateuses.

Péliose (purpura), pétéchie.

11.—Dermatoses Dyschromateuses.

Panne (chromatic), achrome (vitiligo).

12.—Dermatoses Hétéromorphes.

Ichthyose, onygose, Tylosis, dermatolysie, verrue, neve.

Dr. GULL'S MODIFICATION OF WILLAN'S SCHEME.

1.—ECTOZOA.

Pediculi, scabies.

2.—EPIPHYTES.

Porrigo lupinosa (achorion Schönleinii).
P. decalvans (microsporon Audouini ?)
P. scutulata (trichophyton tonsurans).
Pityriasis versicolor (microsporon furfur).

3.—INCREASED PIGMENT.

Ephelis, melasma.

4.—VESICLES OF SWEAT.

Sudamina (contents acid), miliaria (contents alkaline and opaque, inflamed sudamina).

5.—CONGENITAL MALFORMATION OF EPIDERMIS.

Ichthyosis simplex and cornea.

6.—SCALY DISEASES.

Ichthyosis senilis, pityriasis capitis, lepra, psoriasis.

7.—PAPULAR DISEASES.

Prurigo mitis, senilis, and formicans, strophulus, lichen.

8.—OOZINGS, VESICLES, PUSTULES, BLEBS FROM COMMON INFLAMMATION.

Eczema, psoriasis diffusa, impetigo, porrigo favosa, ecthyma, rupia, pompholyx.

9.—INFLAMMATION OF SEBACEOUS FOLLICLES.

Acne.

10.—INFLAMMATION OF HAIR FOLLICLES (presence of microsporon mentagrophytes).

Sycosis.

11.—EXANTHEMATOUS (RASHES).

Non-contagious.—Urticaria, roseola, erythema, herpes.
Contagious.—Erysipelas, rubeola, scarlatina, varicella, vaccinia, variola, equinia.

12.—PURPURA.

13.—SCROFULOUS INFLAMMATION.

Lupus.

14.—THICKENING OF CORIUM AND SUBCUTANEOUS TISSUE, from Albuminous Exudation, Discoloration of Surface, Anæsthesia, Atrophy, Bullæ, Ulcerations. Cause unknown.

Morphœa, cheloid, elephantiasis of Greeks, scleroma.

15.—SECONDARY TO OBSTRUCTED VENOUS AND LYMPHATIC CIRCULATION.

Impetigo scabida, erythema læve, elephas or Barbadoes leg.

16.—LOCAL HYPERÆSTHESIA, from changes of Skin following Venous delay.

Prurigo podicis, scroti, and pudendi.

17.—SECONDARY AND TERTIARY AFFECTIONS OF THE SKIN (Syphilitic).

1. *Acute contagious.*—(*a*) Measles; (*b*) Scarlet fever; (*c*) [illegible]

2. *Acute non-contagious.*—

1. Erythema (Polymorphic).—(*a*) Ex-sudativum; (*b*) Multiforme (ordinary forms); (*c*) Nodosum; (*d*) Pellagra; (*e*) Acrodynia; (*f*) Roseola; (*g*) Urticaria.

2. Dermatitis—

(A) Idiopathicæ.—(*a*) Erythematosa (D. traumatica); (*b*) Phlegmonosa (D. venenata); (*c*) Circumscripta (D. calorica), subdivided into—1. *D. calorica.* (*a*) D. ambustionis erythematosa, or 1st grade; (*b*) D. ambustionis bullosa, or 2nd grade; (*c*) D. ambustionis escharotica, or 3rd grade; and 2. *D. congelationis*, subdivided into three grades in like manner, the 1st grade being Pernio; (*d*) Diffusa.

(B) Symptomaticæ.—(*a*) Erythematosa, or Erysipelas; (*b*) Phlegmonosa; (*c*) Circumscripta, with 3 degrees, Furunculus, Anthrax, and Pseudo-erysipelas; (*d*) Diffusa.

B.—Diseases with a chronic course.

Group I.—*Squamous.*—(*a*) Psoriasis seu lepra Willani; (*b*) Lichen exudativus, subdivided into Ruber and Scrofulosus; (*c*) Pityriasis rubra.

Group II.—*Pruriginous.*—(*a*) Eczema, divided into the following varieties:—Squamosum (P. rubra); Papulatum (Lichenoides); Vesiculosum; Rubrum seu madidans; Impetigo seu crustosum; (*b*) Scabies; (*c*) Prurigo.

Group III.—*Acniform.*—(*a*) Acne vulgaris; (*b*) Sycosis; (*c*) Acne rosacea.

Group IV.—*Pustular.*—(*a*) Impetigo; (*b*) Ecthyma.

Group V.—*Pemphigous.*—P. chronica, vulgaris, and foliaceus.

The remaining classes have not been detailed as yet by Hebra; they are—

V.—CUTANEOUS HÆMORRHAGES.
VI.—HYPERTROPHIES.
VII.—ATROPHIES.
VIII.—NEOPLASMS.
IX.—PSEUDOPLASMS.
X.—ULCERATIONS.
XI.—NEUROSES.
XII.—PARASITIC.

HEBRA'S ARRANGEMENT.

(AS YET INCOMPLETE.)

I.—HYPERÆMIAS.

A.—Active.

1. *Idiopathic.*—(*a*) Congestive erythema (traumatic, caloric, ab acribus).
2. *Symptomatic*—(*a*) Infantile (Roseola infantilis); (*b*) Variolosum (R. variolosa); (*c*) R. vaccinia.

B.—Passive.

1. *Idiopathic*—(*a*) Mechanical lividity; (*b*) Caloric lividity.
2. *Symptomatic*—(*a*) Cyanosis; (*b*) Cyanopathia, &c.

II.—ANÆMIAS.

A.—Anæmia from absolute loss of blood.

(*a*) From loss of blood; (*b*) from disease.

B.—Anæmia from perverted innervation.

III.—ANOMALIES OF SECRETION.

A.—Diseased changes in the sebaceous follicles, and their functional activity.

1. *Excessive secretion.*—(*a*) Stearrhœa (faciei, genitalis); (*b*) Acne sebacea.
2. *Deficient secretion.*
3. *Diseased changes in the skin through deficient secretion or retention of the sebum.*—(*a*) Comedo; (*b*) Strophulus albidus; (*c*) Molluscum contagiosum.

B.—Diseased states of the sebiparous glands.

CLASS I.—Inflammations.

A. Erythematous (diffusive). Char., acute; secretion little in amount; if any serous, diffusive; crusts nil, or few.

1. *Erythema*, (*a*) simplex; (*b*) papulatum; (*c*) squamosum (Pityriasis furfuracea, membranacea, and rubra); (*d*) nodosum; (*e*) strophulus.
2. *Herpes*, (*a*) simplex; (*b*) zoster.
3. *Urticaria*, (*a*) idiopathica; (*b*) ab ingestis; (*c*) uterina; (*d*) diutina.
4. *Dermatitis*, (*a*) idiopathica (burns, colds, irritants, intertrigo); (*b*) symptomatica (erysipelas).
5. Pemphigus, (*a*) vulgaris; (*b*) foliaceus.

B.—Eczematous. Char., seat at orifices of follicles, deep layers of skin affected and thickened; crusts, secretion purulent; course chronic.

1. *Eczema*. 1st grade, dry. (*a*) E. erythematodes; (*b*) papulatum (Lichen simplex and prurigo).
   2nd grade, humid. (*a*) E. vesiculare; (*b*) E. rubrum; (*c*) pustulosum (impetigo sparsa, figurata, and pilaris.
   3rd grade, dry. (*a*) Lichen, exsudativus, Ec. rimosum; (*b*) Lichen ruber; (*c*) E. squamosum.
2. *Acne*.
3. *Ecthyma*.
4. *Psoriasis* (*a*) punctata; (*b*) guttata; (*c*) nummularis; (*d*) circinata; (*e*) gyrata; (*f*) confluens.

C.—Phlegmonous.

CLASS II.—New Formations.

A.—Homologous, (*a*) epidermic; (*b*) pigmentary; (*c*) dermic.

B.—Heterologous, (*a*) pseudoplasms; (*b*) neoplasms.

CLASS III.—Hæmorrhages.

CLASS IV.—Diseases of Accessory Organs.

CLASS V.—Diseases defined by uniform Causes.

A.—Parasitic.

B.—Syphilitic.

C.—Febrile Eruptions.

(H.)—PEMPHIGUS.

1. *Acute.*—(*a*) neo-natorum; (*b*) of adults.
2. *Chronic.*—(*a*) diutinus; (*b*) foliaceus; (*c*) pruriginosus.

III.—PARASITIC.

IV.—ERUPTIVE FEVERS.

V.—SYMPTOMATIC ERUPTIONS.

Ex. Sudamina, Herpes, Purpura, Typhoid spots.

VI.—DARTRES.

(A.)—ECZEMA.

1. *According to aspect.*—(*a*) simplex; (*b*) rubra; (*c*) rimosum; (*d*) impetigo.
2. *According to configuration.*—(*a*) figuratum; (*b*) nummularis; (*c*) diffusum; (*d*) I. sparsa.
3. *According to seat.*—(*a*) pilaris; (*b*) capitis; (*c*) genitalis; (*d*) palmaris, &c.

(B.)—LICHEN.

(*a*) simplex; (*b*) circumscriptus; (*c*) agrius; (*d*) inveterata; (*e*) urticatus; (*f*) gyratus; (*g*) lividus; (*h*) tropicus.

(C.)—PSORIASIS.

1. *Form.*—(*a*) guttata; (*b*) circinata; (*c*) gyrata; (*d*) diffusa.
2. *Seat.*—(*a*) communis; (*b*) capitis; (*c*) faciei; (*d*) palmaris; (*e*) palpebralis; (*f*) præputialis; (*g*) genitalis, &c.

(D.)—PITYRIASIS.

(*a*) alba; (*b*) rubra; (*c*) nigra; (*d*) pilaris.

VII.—SCROFULOUS.

(*a*) Erythematous (Lupus); (*b*) Pustular (Impetigo rodens); (*c*) Verrucous; (*d*) Tubercular (with or without ulceration); (*e*) Phlegmonous; (*f*) Corneous.

VIII.—SYPHILITIC.

(*a*) Pigmentary; (*b*) Vesicular; (*c*) Papular; (*d*) Squamous; (*e*) Exanthems; (*f*) Pustular; (*g*) Bullous; (*h*) Vegetating; (*i*) Tubercular.

IX.—CANCERS.

X.—EXOTICS (not seen in France).

Ex. Yaws, Elephantiasis.

HARDY'S ARRANGEMENT.

I.—MACULÆ and DEFORMITIES.

(A).—DEFORMITIES OF PIGMENTATION.

1. *Augmentation.*—(*a*) Pigmentary nævi; (*b*) Lentigo; (*c*) Ephelis; (*d*) Nigrities.
2. *Decoloration.*—(*a*) Albinism; (*b*) Vitiligo.

(B.)—DEFORMITIES OF VASCULAR STRUCTURE.

(*a*) Port-wine marks; (*b*) Nævi; (*c*) Sanguineous tumours.

(C.)—DEFORMITIES OF SEBACEOUS FOLLICLES.

(*a*) Acne miliaris; (*b*) Molluscum.

(D.)—DEFORMITIES OF PAPILLÆ.

(*a*) Warts.

(E.)—DEFORMITIES OF EPIDERMIS.

(*a*) Corns; (*b*) Ichthyosis.

(F.)—DEFORMITIES OF DERMA.

Keloid.

II.—LOCAL INFLAMMATIONS.

(A.)—ERYTHEMA.

1. *Cause local.*—(*a*) simplex; (*b*) vesico-pustular; (*c*) intertrigo.
2. *General symptoms.*—(*a*) papulatum; (*b*) nodosum; (*c*) scarlatiniforme; (*d*) mammillatum; (*e*) copahique.
3. *Symptomatic and Secondary.*—(*a*) læve; (*b*) paratrimma; (*c*) pernio.

(B.)—URTICARIA.

(C.)—ECTHYMA.

1. *Acute.*—(*a*) simplex; (*b*) gangrenosum.
2. *Chronic.*—(*a*) infantilis; (*b*) cachecticum.

(D.)—ZONA (H. zoster).

(E.)—STROPHULUS.

(*a*) Simplex (usual varieties); (*b*) pruriginosus (a mixed disease).

(F.)—PRURIGO.

CAZENAVE.

GROUP I.—Inflammations.

A.—*Non-specific Eruptions* (*acute or chronic*). Erythema, erysipelas, urticaria, herpes, eczema, pemphigus, impetigo, ecthyma, sycosis.

B.—*Non-specific Eruptions, always chronic.* Rupia, lepra, psoriasis, pityriasis.

C.—*Acute specific Eruptions.* Roseola, rubeola, scarlatina, variola, vaccinia, varicella, miliaria.

D.—*Chronic specific Eruptions.* Syphilides.

GROUP II.—Lesions of Secretion.

A.—*Lesions of the follicular secretion.* Acne, favus.

B.—*Lesions of the epidermal secretion.* Ichthyosis, horns, pellagra.

C.—*Lesions of the colouring function.* 1. Decolorations, albinism, vitiligo.
2. Colorations, ephelis, pigmentary nævi, bronzed skin, etc.

GROUP III.—Hypertrophies.

Elephantiasis arabica, frambæsia.

GROUP IV.—Degenerations.

Elephantiasis Græcorum, Aleppo evil, keloid, lupus.

GROUP V.—Hæmorrhagic.

Purpura.

GROUP VI.—Lesions of Sensibility.

Pruritus, Prurigo, and Lichen.

GROUP VII.—Corps Etrangers, Parasitic.

Acarus, Pediculus, Pulex.

GROUP VIII.—Diseases of Appendages.

A.—Diseases of hairs, alopecia, canities.

B.—Diseases of nails, onychia.

THE MIXED MODE OF CLASSIFYING SKIN DISEASES.

BY W. TILBURY FOX.

- **1. Epidermal** — Pityriasis. Ichthyosis vera. Xeroderma.
- **2. Dermal.**
  - **A. STRUCTURES GENERALLY INVOLVED.**
    - A. Specific — Eruptions of acute specific diseases — Typhus, Typhoid. Rubeola, Scarlatina. Variola, Vaccinia. Erysipelas, Varicella.
    - B. Non-specific
      - Erythematous
        - Chiefly from some blood alteration of stomach origin — Erythema, Roseola, Rosalia, Urticaria.
        - Direct poisoning — Insect Bites and Stings.
        - Local irritation — Pernio. Burns, Scalds.
      - Vesicular — Eczema, Pemphigus. Herpes, Miliaria.
      - Papular — Lichen, Strophulus, Prurigo.
      - Pustular — Rupia, Impetigo, Ecthyma.
      - Sub order Furunculi — Furunculus, Pustula maligna, Anthrax.
      - Squamous — Lepra and Psoriasis.
    - C. Degenerations
      - Homologous products — Elephantiasis. Framboesia. Keloid.
      - Heterologous
        - Strumous — Lupus.
        - Malignant — Epithelioma. Cancer. Cancroid. Rodent Ulcer.
  - **B. PARTICULARLY INVOLVED.**
    - A. Diseases of the Papillæ — Warts, Corns, Callosities, Nævi.
    - B. ,, Vascular Structures — Nævi (and Purpura ?).
    - C. ,, Nervous Supply — Pruritus, Hyperæsthesia, Anæsthesia.
    - Congenital
      - Diminution of activity — Vitiligo. Albinismus.*
      - Increase of ditto — Melasma, Nævi.

B. SPECIAL STRUCTURE AFFECTED

- E. Glands
  - Sweat
    - Diminution of ditto — Anidrosis.
    - Alteration in character — Chromidrosis, Osmidrosis, Hæmidrosis, &c.
  - Sebaceous
    - Excessive secretion
      - Stearrhœa or Seborrhœa.
      - Ichthyosis spuria vel sebacea.
    - Retention with or without diminished secretion
      - Duct open
        - Comedones, Acne punctata, Xeroderma.
        - Cornua, Molluscum.
      - Hypertrophy of Gland Sac — Lichen pilaris.
      - Duct shut
        - Sebaceous, Calcareous, and Serous Cysts.
        - Steatoma.
    - Alteration of secretion
      - Stearrhœa flavescens.
      - ,, nigricans.
    - Inflammation, generally with more or less retention
      - Hordeolum.
      - Acne.
- F. Nails
  - Onychia.
  - Psoriasis, &c.
- G. Hairs
  - Canities, Felting.
  - Calvities, Abnormal Direction.

3. Parasitic.

- Diseases due to the presence of Animal Parasites, or Dermatozoa
  - Of body generally — Due to the presence of
    - Scabies — Acarus Scabiei et autumnalis.
    - Grubs — Steatozoon folliculorum.
    - Prurigo — Pediculus corporis.
    - Pruritus and Erythema — Leptus; Pulex irritans (flea); ——— penetrans (chigoe); Cimex lectuarius (bug); Filaria Medinensis.
  - Of Pubis — Pediculus pubis.
  - Of Scalp — Impetigo, &c. — Pediculus capitis.
- Diseases due to the presence of Vegetable Parasites or Dermatophyta (Epiphytic Diseases)
  - Of Scalp — Due to the presence of
    - Favus — Achorion Schönleinii.
    - Tinea tonsurans — Trichophyton tonsurans.
    - ,, decalvans — Microsporon Audouini.
    - ,, Polonica — Trichophyton sporuloides.
    - Case of Dr. Martin — Zoogloea capillorum.
  - Of Body — Herpes circinatus — T. tonsurans.
  - Of Chin — Sycosis — Microsporon mentagrophytes.
  - Eyelid — Tinea tarsi — T. tonsurans.
  - Chest — Chloasma — M. Furfur.
  - Foot — Madura Foot — Chionyphe Carteri.

Syphilis may modify most of the forms of skin disease, and is looked upon as a modifying agency, and not as deserving the formation of a special class. Syphilitic eruptions may be Pigmentary, Erythematous, Vesicular, Pustular, Papular, Scaly, Tubercular, and Vegetating.

27.3.1981