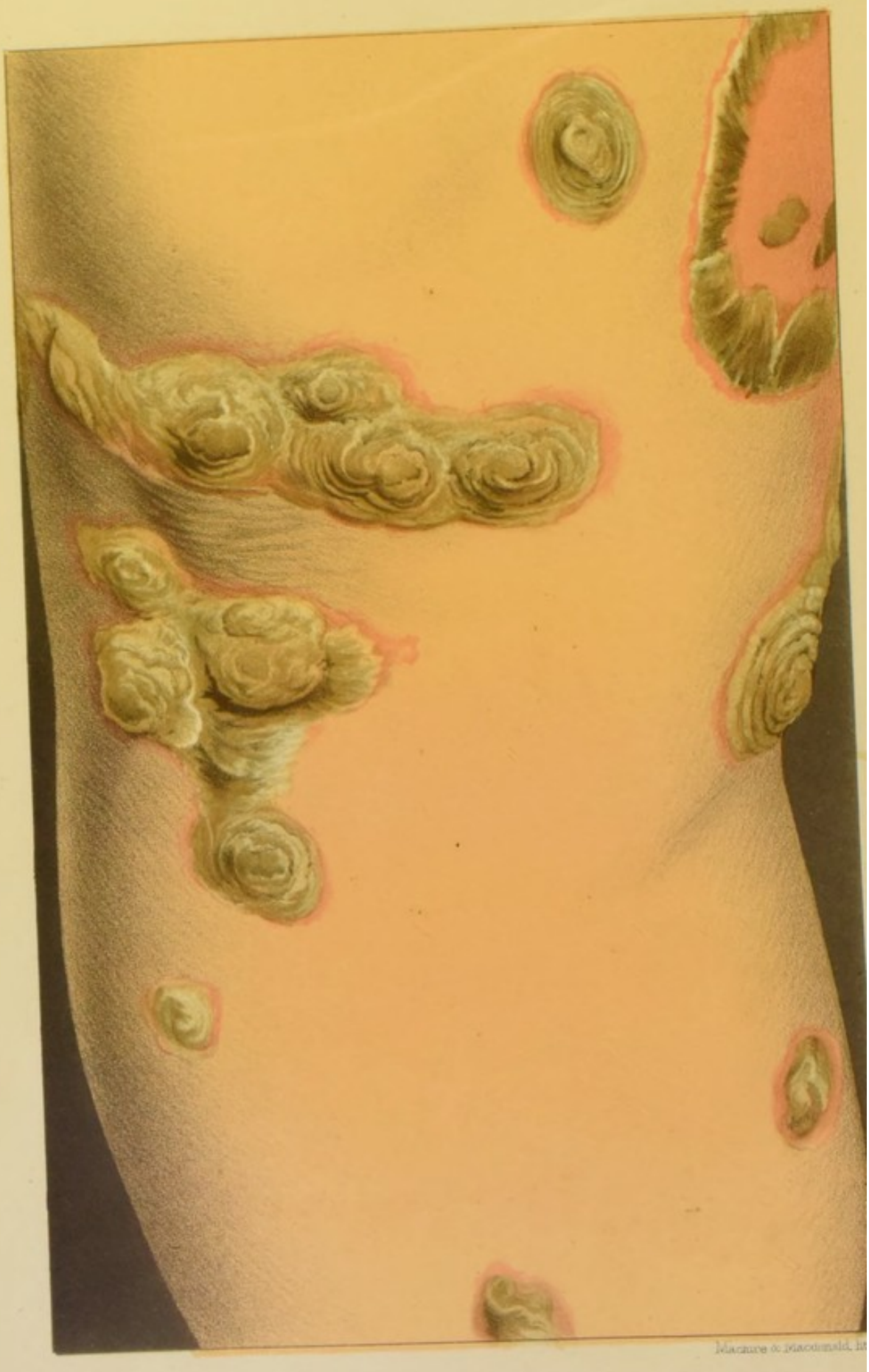
On psoriasis and lepra / by T. M'Call Anderson.

PSORIASIS AND LEPRA.



Psoriasis Rupioides (*AUTHOR*)

CONTRIBUTIONS TO DERMATOLOGY.

No. III.

ON

PSORIASIS AND LEPRA.

BY

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To the Memory of

ANDREW B. BUCHANAN, M.D.,

MY LATE COLLEAGUE, COMPANION, AND FRIEND,

WHOSE UNTIMELY END,

AT THE DAWN OF A LIFE OF THE BRIGHTEST PROMISE,

HAS PRODUCED FEELINGS OF WIDE-SPREAD AND

PROFOUND REGRET,

This Volume is Affectionately Inscribed.

PREFACE.

THE Volumes recently published on "The Parasitic Affections of the Skin," and on "Eczema, including its Lichenous, Impetiginous, and Pruriginous varieties," have been so favourably received by my professional brethren, and the views therein inculcated—many of which are at variance with the doctrines previously held in this country—have been so generally adopted, that I am encouraged to continue my contributions to Dermatology.

I do so all the more willingly from the feeling that it is the duty of those who have the opportunity of studying any class of diseases on an extensive scale, to communicate to others the results of their study and experience, and to point out wherein they agree, and wherein they differ from those of their predecessors and fellow-workers.

GLASGOW, 1 WOODSIDE CRESCENT,
September, 1865.

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PSORIASIS AND LEPRA.

CHAPTER I.

Psora (of the Greeks)—*Dartre sèche—Dartre lichénoïde—Herpes furfurans* (Alibert)—*Schuppenflechte—Aussatz—Dry tetter—Alphos* (Wilson).

The disease, of which the above are the principal synonyms, is, next to eczema and scabies, by far the most frequent of the affections of the skin, and therefore merits the most attentive consideration. There is a non-syphilitic and a syphilitic form. The latter, which in most cases is rather a second stage of some of the other syphilitic affections of the skin than a distinct eruption, and so-called from its resemblance to non-syphilitic psoriasis, is not included in the present description, as it may more appropriately be described along with the other syphilides.

Lepra, on the other hand, which has long been, and by some authors still is, separated from psoriasis, has no right to be considered in the light of a separate affection, as it is in reality merely one of the varieties,

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or rather one of the stages, of that complaint, as will be seen hereafter.

Definition.

Psoriasis may be defined to be a chronic eruption, characterized by the appearance of dusky-red, or coppery, slightly elevated patches of various shapes and sizes, covered with silvery-white imbricated and very adherent scales; the elbows, knees, and head being the parts most certainly attacked; there being a very variable amount of itching, but no exudation on the surface of the skin, and no general reaction.

Symptoms.

The disease commences by congestion of the skin at the orifices of some of the cutaneous follicles, in consequence of which there is an excessive formation of epidermis, so that at this stage the eruption consists of little, silvery-white, scattered spots, about the size of

P. punctata.

pin heads. To this stage the name of Psoriasis punctata has been given. These spots gradually increase in size till they become as large as, and have the appearance

P. guttata.

of, drops of mortar, when the eruption is named Psoriasis guttata. But as the disease progresses, a number of these spots—by peripheral extension and by the formation of new points of eruption in the interspaces of sound skin—unite together, forming rounded patches of variable size, though rarely more than two or three inches in

P. nummularis.

diameter. This is the Psoriasis nummularis of authors. Not unfrequently some of these run together, forming patches of large size and irregular outline. When the eruption is very extensive and very obstinate, it is called

Psoriasis inveterata. A form of eruption is described under the name of Psoriasis universalis, where the eruption covers the whole of the body from head to foot, without leaving any intervals of sound skin. While I have seen hundreds of cases of psoriasis, and many aggravated forms of it, I have never had an opportunity of observing a case of general psoriasis, but Hebra of Vienna speaks of such occurrences in his work on skin diseases. (a) They must, however, be very rare. In many cases the eruption does not advance further than Psoriasis nummularis, and the rounded patches may remain unchanged for some time; but when the disease is progressing towards a cure, either in the natural course of events, or under the influence of remedies, a healing or rather disappearance of the eruption takes place in the centre of each, so that circles of eruption are left inclosing healthy or nearly healthy skin. This is the so-called Lepra, or as it may more appropriately be named, Psoriasis circinata. It will thus be seen that lepra is merely one of the declining stages of psoriasis, and has no claim to be looked upon as a separate complaint. As the eruption disappears from the centre of a patch, it generally extends at the edge, so that the circle gradually increases in size; but as the healing in the centre usually progresses more rapidly than the peripheral extension, the circle gradually becomes thinner and thinner, till at last it disappears entirely. When a number of these circles or segments of circles are con-

P. universalis.

P. circinata or Lepra.

tiguous, they may unite, though they never overlap so as to form a figure of 8 or various kinds of wavy lines, giving rise to a very peculiar appearance. This is the so-called Psoriasis gyrata or figurata.

P. gyrata or figurata.

From the above description it will be observed, that all the forms of eruption alluded to are to be regarded in the light, not of varieties, but of stages of the complaint; Psoriasis punctata, guttata, nummularis, inveterata, and universalis, being advancing, and Psoriasis circinata and gyrata declining stages.

At the same time it must be remarked that the eruption does not always pass through all these stages. Thus it may never advance further than the punctated, guttated, or nummular forms, and as was stated before, it rarely goes the length of the universal form.

Psoriasis rupioides.

There is a peculiar appearance which psoriasis sometimes assumes, which I first observed a good many years ago, and which has never been described. When it occurs, it may be regarded as a stage intervening between the so-called Psoriasis guttata and nummularis. In it the accumulation of epidermis takes place to an unusual extent, so that on many of the patches it assumes the shape of large conical crusts marked by concentric rings. In fact, they exactly resemble in shape limpet shells, and from their likeness to crusts of rupia, I have called this variety Psoriasis rupioides. Except in the shape of the crusts, however, there is no connection whatever with rupia, and, on removing a crust, there is no ulceration beneath but a

slighly elevated dusky-red, rounded surface is exposed to view, which sometimes bleeds a very little. When the first case came under my observation, I executed a drawing of it, making use of the actual crusts removed from the patient who was affected, and pasting them upon the picture so as to give a very accurate idea of the appearance of the sufferer. This drawing is now hung up in the Museum of the Glasgow Royal Infirmary. Since that time my attention has been directed to the subject, and I have observed several similar cases, of one of which a water-colour picture was taken lately, and which may be seen by those who are interested in such matters, at the Dispensary for Skin Diseases.* (See Plate.)

When patches of psoriasis first make their appearance, the skin affected is hardly at all raised above the natural level, and it possesses a rosy-red colour; but when they have existed for some time the elevation is often much more marked, and the colour changes to a dusky-red or even a coppery tint: so that at first the elevation of the eruption is due entirely to the epidermic accumulation, but in the later stages to the elevation of the inflamed surface as well as to the epidermic accumulation. As the disease progresses towards a cure the elevation becomes less and less marked, the excessive formation of epidermis ceases, and the colour of the patches by degrees becomes lighter, and finally disappears. When the scales have fallen off, and the dusky-red patches alone are left, the

* 63 John Street, Glasgow.

disease resembles chronic eczema in many respects. This will be again referred to. After the eruption has subsided, it not unfrequently happens that dark stains are left in the site of the previous patches, being due to an abnormal deposit of pigment, dependent upon the long continued congestion of the parts, and most characteristically developed when a course of arsenic has been taken, which produces a more intense determination of blood to the eruption. There is, curiously enough, a difference of opinion amongst authors, as to whether psoriasis is accompanied or not by irritation of the skin—a difference of opinion which is all the less excusable, seeing that we have not here to do with a question of theory, but of fact. Thus, Hardy (b) states that itching is always present, while Devergie (c) informs us that, in uncomplicated cases, there is never any itching at all. Hebra (d), on the other hand, states that the itching is only present when the disease is commencing, or when new points of eruption are making their appearance, and that it never continues uninterruptedly during the whole course of the disease. There can be no doubt that the statement of the last-named observer is substantially correct. As a rule, the itching, when present, is moderate, and far less aggravating than in cases of eczema and scabies, in which diseases it is one of the most prominent symptoms. I have, however, met with a few cases of very extensive and rapidly progressing psoriasis, in which the itching was very great, and in one or two instances where I

Is itching a symptom?

prescribed arsenic, this medicine acted so powerfully upon the skin that the itching became almost intolerable, and as severe as in the worst cases of eczema. When the itchy sensation is severe, the silvery scales, which are naturally very adherent, are torn off by the scratching, and blood exudes, which dries up into little blackish crusts, and alters very materially the appearance of the eruption; but it is, of course, only in exceptional cases that this is observed. Pain is only complained of when scratching is much indulged in and the skin abraded by the nails of the patient, or when fissures occur. These are not unfrequent, owing to the natural elasticity of the skin being impaired where the eruption exists, and are principally observed at the joints, where the skin is constantly in motion, and its elasticity proportionately tried.

Psoriasis is throughout a dry eruption—thus differing from many other skin diseases, and from eczema in particular, for which it is frequently mistaken—if the exudation of small quantities of blood be excepted, which takes place when the fissures are deep, or, as stated above, when scratching is much indulged in.

It is never accompanied by febrile disturbance, if we except those few cases in which the irritation of the eruption is excessive, and even then it is generally slight, and often wanting altogether. It is wonderful with what perfection all the internal organs appear to perform their functions in most cases of extensive psoriasis.

Seat of eruption.

The eruption may occur on any part of the body, but in the great majority of cases it commences on the elbows or knees, and not unfrequently is limited to these parts. On this subject Mr. Wilson (e) thus expresses himself:—"If there be any doubt as to the diagnosis of an eruption, look to the elbows and the knees; if it do not exist there, and has not visited those regions, it is not lepra" (psoriasis). This statement, though correct in the abstract, is liable to exceptions, in my experience. Thus I call to my recollection, at the present moment, the case of a patient in whom the eruption was limited to the region of the right scapula; and another, that of a young gentleman, aged 21, who had two patches of psoriasis, each rather less than the palm of the hand, on the abdomen. These had existed for ten years unchanged, and the eruption was not, and never had been, on any other part. These were both undoubted cases of non-syphilitic psoriasis.

Psoriasis capitis.

Next in frequency to the elbows and knees, the head is the part most commonly, and in some cases most severely attacked; in which case, if it has existed long, and is at all severe, it is not unfrequently accompanied by more or less thinning of the hair; but as the eruption disappears the hair grows again with its pristine vigour, the hair follicles not being destroyed as in some other affections—favus, for instance. Sometimes the eruption on the head is scattered here and there, sometimes the whole scalp is implicated, in which case the eruption usually extends a little way, but not far, on the

brow. In either case, the scales which fall off accumulate amongst the hair, and give rise to even greater annoyance than in cases of pityriasis. When the eruption is extensive, it will frequently be found in great abundance on the buttocks. It is sometimes met with on the dorsal surfaces of the hands and feet, but the soles and palms are rarely attacked, and are never the only parts affected —a point which is of great importance in a diagnostic point of view, as distinguishing it from syphilitic affections of these parts. Fortunately for patients, the face is not very frequently the seat of the eruption; when it does occur there, it is usually in the form of small and slightly elevated spots, and, as will presently be pointed out, it is more rapidly cured by local applications than when it appears on the trunk.

P. faciei.

Psoriasis unguium.

The nails of the fingers and toes (Psoriasis unguium) are sometimes invaded. They may be affected without there being any eruption, but more usually the disease coincides with psoriasis of the skin. Sometimes only one of the nails is attacked, usually several, rarely all. The nail loses its natural polish, becomes opaque, yellowish, and much thickened. It likewise becomes very brittle, in consequence of which longitudinal fissures form, which have a blackish appearance, owing to the deposit in them of particles of dust floating about in the air. The free end of the nail is likewise thickened and brittle, and becomes broken and fissured when used in buttoning the dress, &c. By and by the

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nail falls off, but is generally replaced by another, which may be similarly diseased, or, under appropriate treatment, perfectly healthy.

If psoriasis attacks the ear, it generally implicates the whole of the auricle (Hebra), and not unfrequently, by extension of the disease into the meatus, and accumulation of exfoliated epidermis in the canal, deafness is produced exactly in the same way as in cases of eczema of the meatus. But in psoriasis the deafness is only temporary, whereas, in eczema, when the eruption has lasted a long time, there is often more or less permanent impairment of hearing.

Psoriasis is limited to the skin and appendages, and never attacks either the mucous membranes or the internal organs.

(a) "Handbuch der Speciellen Pathologie und Therapie. Dritter Band." Zweite Lieferung, Zweites Heft. P. 277. Erlangen, 1862.

(b) "Leçons sur les Maladies de la Peau," par le Docteur Hardy. Deuxième édition, Première partie, 1860. P. 103.

(c) "Traite Pratique des Maladies de la Peau," par Alph. Devergie. Deuxième édition, 1857. P. 465.

(d) "Handbuch der Speciellen Pathologie und Therapie. Dritter Band." Zweite Lieferung. Erlangen, 1862. P. 277.

(e) "On Diseases of the Skin," by Erasmus Wilson, F.R.S., 4th edition. Churchill, 1857. P. 298.

CHAPTER II.

Ætiology.—There is no question connected with psoriasis more interesting, nor, in some respects, more obscure, than its causation. Of some of the exciting causes there can be no doubt, and that there is a peculiar taint which creates the predisposition is, in my opinion, quite certain. In this respect our knowledge is as vague as that with regard to cancer. Mr. Erasmus Wilson has started the ingenious theory (I call it theory, because I do not think that any reliable facts have been brought to bear upon it), that psoriasis is "a manifestation of the syphilitic poison, after transmission through at least one, and probably through several generations." In support of this view he has seen several cases, of which the following is a specimen:—"A man had infantile syphilis when a child; he married, and had eight children, two of whom died as infants; of the six surviving children, three are the subjects of lepra vulgaris." Now if Mr. Wilson, in a long experience, during which many hundred cases of psoriasis must have come under his observation, has only met with several cases such as the above, we are surely entitled to look upon the syphilis in the parents and the psoriasis in the children in the light of coincidences, especially as his observations have not been verified, so

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Psoriasis hereditary.

far as I am aware, by any single dermatologist or physician of note (a). That the disease is hereditary, however, any one who has had any experience of it can verify, so that it is unnecessary to mention cases in support of such a very patent fact. It must not, however, be supposed that because a father or mother is affected with psoriasis, their children must be so too; for it is here as with syphilis, in which a father or mother tainted with syphilis may beget perfectly healthy children. And when psoriasis is transmitted from a parent or parents, it is very unusual for all the children to be affected. I am at present attending, however, a family composed of father, mother, two daughters, and one son, all of whom except the mother are affected. Again, sometimes the taint is transmitted from grandfather to grandchild, the intervening generation being altogether free of the eruption.

Hardy (b), and others, bring psoriasis, eczema, lichen, and pityriasis, under one group, naming them the "dartres," the peculiar taint in virtue of which they are called out being named the "dartrous diathesis." That eczema, lichen, and pityriasis, are very closely allied, I have endeavoured to point out in my work on eczema (c); but that psoriasis is quite distinct from them, and indeed from any other affection of the skin, I am quite convinced; and what the dartrous diathesis really is, I am totally at a loss to know.

Psoriasis rare in strumous persons.

There can be no doubt that psoriasis usually occurs in persons of a sound constitution, and that those affected

with it are very rarely scrofulous is equally certain. Thus Hebra states in the work above referred to (p. 281), that while he has had more than 1000 cases of psoriasis under his care, the disease only occurred once in a rachitic patient. This patient frequently had attacks of hæmoptysis; he succeeded in curing the disease very rapidly, and by very simple means, and it is the only case he ever met with in which no relapse occurred, although the patient was known to him for 15 years afterwards. I have met with a very similar case in my practice. The patient, a male, aged about 50, was treated by me at the Dispensary for Skin Diseases about a year ago. He had a severe deformity of the back, in the dorsal region; and being out of employment, his diet was very poor. The eruption was very extensive, and had existed for 28 years without ever being entirely away during that period; but in the space of six weeks, under the influence of cod-liver oil alone, it had all but entirely disappeared, and I then lost sight of him. We see then, that, while persons affected with psoriasis are rarely strumous, dermatologists who assert that they are never so are not absolutely correct.

Debility a cause of Psoriasis.

But while the constitution of the patients is generally sound, a careful study of the cases under my care has led me to the conclusion, one which I am aware is at variance with the generally received opinion, that they are not unfrequently debilitated. At the same time it must be observed that *mere debility is quite incapable of*

CHAP. II. *itself of calling forth the disease, unless the predisposition to it exists.*

I have been particularly struck by the influence of debility in the causation of psoriasis, in the case of some nursing women who have consulted me; and I have no doubt that cases such as those I am about to quote have frequently come under the notice of medical men, though they have not, so far as I know, been recorded.

On the 1st of February, 1864, a poor woman came to the Dispensary to get advice with regard to an attack of psoriasis. She was then nursing her fourth child, which was eight months old, and the eruption made its appearance when the child was two months of age. The disease came out for the first time after she had nursed her first child for about three months, and disappeared about six weeks after it was weaned, and the same thing happened with her second and third children.

The second case, which was drawn out by my assistant, Dr. Peter Robertson, is still more curious than the first:—"Mrs. H., aged 24, came to the Dispensary on the 4th of April, 1864. She had been affected with psoriasis on three separate occasions, while nursing three male children. She had been married for seven years, and had had five children, three sons and two daughters. Her first child was a daughter, whom she suckled for fifteen months without any appearance of the disease. Her second child was a son: the eruption came out after she had nursed him for six months, but disappeared a few weeks after he

was weaned. Her third child was a daughter, who was suckled for thirteen months without any appearance of the complaint. Her fourth child was a son, and after she had nursed him for six months the eruption came out, and disappeared a few weeks after he was weaned. Her last child was a son, who was eight months old when the patient came to the Dispensary. She was nursing him also herself, and the disease re-appeared upon her skin, and in a more aggravated form than ever (the so-called Psoriasis inveterata), when he was about five months of age."

What view then can we possibly take of cases such as these, other than that the disease was brought out by debility induced by lactation, and occurring probably in those whose diet was of an inferior description. It may be asked how, in the second case, the eruption only came out while the patient was suckling boys? to which I answer, that in all probability the debility induced by suckling the boys was greater than when girls were nursed, the former requiring more nourishment than the latter.

Other debilitating causes may call forth the eruption in those who are predisposed to it, and none more readily than bad diet. I have frequently met with the disease in children whose diet was bad, whose mothers told me that they were not strong; and who, without being actually strumous, had a tendency to inflammation of the eyes, to enlargement of the glands of the neck, &c.

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Cases exactly answering this description not unfrequently come under my care.

Long-continued mental fatigue, as from over-study, great anxiety, &c., is likewise very apt to call out the disease. For instance, I am at present attending a young gentleman, aged 23, whose cousin was previously treated by me for the same complaint, who has recently become cashier of a very extensive business, and who consequently passes immense sums of money through his hands every week, a very responsible post for such a young man. He is affected with an aggravated outbreak of Psoriasis, which has hitherto, to a great extent, baffled all kinds of treatment; and I have no doubt that no material improvement can take place till he leaves his business for a time, and seeks in change of air and scene that repose which is necessary to the removal of the nervous depression which at present exists.*

Indeed, I have noticed that whenever the general health is below par, no matter from what cause, although it may apparently be to a trifling extent, the eruption is very apt to be called out in those who are predisposed. But it must be distinctly understood that in no case, in my opinion, is debility capable of *producing* the disease, but merely of *calling it forth* in those who are predisposed thereto. And to avoid misconception, it may be as well

* Since the above was written, the eruption has almost completely vanished, during a residence of two months at the coast, without any other treatment.

to state, that signs of debility are not met with in every case; and that in many instances the disease occurs in those who are in every other respect in the most robust health.

This disease is by no means the exclusive appanage of the poor, being met with in all ranks of life with nearly equal frequency; and it may occur at almost any age after the sixth year of life. I have never seen a case in an infant, but while the eruption may make its first appearance at an advanced period of life, it usually comes out before the age of 25, and often as early as the eighth or ninth year.

Age of patients attacked.

What is the frequency of psoriasis, as compared with other skin affections? Authors are pretty well agreed, that next to eczema and its varieties, and scabies, it is the most frequent of all the affections of the skin; but the statistics of dermatologists vary considerably, when we come to the exact proportion which it bears to other skin diseases. Thus in Professor Hebra's work (p. 281), we find it stated that psoriasis occurs 50 times amongst over 3000 cases of skin disease. Devergie, on the other hand, met with 280 cases amongst 1800 patients affected with cutaneous complaints (d); Erasmus Wilson (e), 73 in 1000; while I find that of 4074 cases of skin disease treated at the Dispensary from 1861 to 1864 inclusive, there were 283 cases of psoriasis (f). In these statistics there is considerable discrepancy, for which there are many causes. Thus they are taken at different parts of

Frequency of Psoriasis.

CHAP. II.

Europe—at Vienna, Paris, London, and Glasgow, respectively; and then, again, Mr. Erasmus Wilson's statistics are entirely derived from private practice, whereas mine are entirely derived from dispensary practice. So that we shall probably arrive more nearly at the truth by combining them, from which we find that of 9874 cases of skin disease, there were 686 of psoriasis, or more than 1 in every 14 cases.

Sex of patients affected.

Then as to the sex of the patients, Hebra finds that, on an average, of every 50 cases of psoriasis 33 occurred in males, 17 in females; Erasmus Wilson, on the other hand, amongst 73 cases, 40 in females, and 23 in males. My statistics show, of 196 cases in which the sex was noted, 97 in males, and 99 in females, or nearly an equal proportion; and if we combine these statistics, we find the disease 153 times in males, and 156 times in females, or nearly in an equal proportion, which I believe to be correct.

Influence of Season.

The seasons have a decided influence upon the disease in most cases. Thus, when it is of recent date, it will frequently be found to be worst in winter, and least apparent or almost entirely absent in summer; and in old cases where it is always more or less present, it is generally mildest in summer, and most aggravated in winter or spring. Exceptions to this rule are occasionally observed.

Local irritation can never produce psoriasis, although some dermatologists assert that it often does. But an

irritant applied to the skin may determine the eruption to the part irritated, in those who are already affected by it. It thus differs from simple eruptions, such as eczema, in which mere irritation of the skin may produce the disease in any person.

(a) See Mr. Wilson's observations in his work "On Diseases of the Skin," 4th edition. Churchill, 1857. Pp. 306 and 432.

(b) "Leçons sur les Maladies de la Peau." Deuxième edition, 1860. P. 18.

(c) "On Eczema, including its lichenous, impetiginous, and pruriginous varieties." By T. M'Call Anderson, M.D. London: Churchill. 1863.

(d) "Traité Pratique des Maladies de la Peau," par Alph. Devergie, 2nd edition. Paris, 1857. P. 464.

(e) "An Inquiry into the relative frequency, the duration, and cause of Diseases of the Skin," &c. By Erasmus Wilson, F.R.S. Churchill, London, 1864. P. 37.

(f) "Fourth Annual Report of the Dispensary for Skin Diseases, Glasgow." Printed by K. & R. Davidson, Glasgow.

CHAPTER III.

Diagnosis.

Diagnosis.—When a typical case of psoriasis comes under observation, it is impossible for any one, who has any experience of it whatever, to confound it with other eruptions. The prominent characters may, however, be recapitulated. The patches are dusky-red or coppery in colour; they are covered with silvery-white, imbricated, very adherent scales; they exhibit no moisture whatever, and wherever else they may be situated, the elbows or knees are the seats of eruption.

Diagnosis from P. syphilitica.

The disease which it is most likely to be mistaken for, is the so-called *Psoriasis syphilitica*—that is, any scaly syphilitic eruption. I have unfortunately met with many cases of psoriasis in which the patient had been salivated by the previous attendant, under the idea that the eruption was syphilitic; an error which is all the more excusable—seeing that the two forms of eruption, the simple and the specific, resemble one another in many respects—but none the less to be deplored. It is, therefore, of great importance to master the main points of difference.

The points to be attended to in arriving at a correct diagnosis are:—

1st. The extent of the eruption.

2nd. The size and shape of the patches.

3rd. The seat of the patches.

4th. The colour of the patches.

5th. The appearance of the scales.

6th. The duration of the eruption.

7th. The age of the patient.

8th. The sensations of the patient as regards itching.

9th. The occurrence of relapses.

10th. The origin of the disease.

11th. The concomitant symptoms.

12th. The effects of remedies.

1st. *The extent of the eruption.*—Syphilitic psoriasis is *not usually* very extensive, although the eruption may be much disseminated. Non-syphilitic psoriasis *may* be very limited, and in first attacks often is so; but it may, and often does, cover the greater portion of the cutaneous envelope, although it almost always leaves patches of sound skin between the patches.

2nd. *The size and shape of the patches.*—The patches of the specific disease are *usually* small, and almost invariably either in the shape of little isolated spots about the size of split peas (*Psoriasis guttata*), or of circles or segments of circles of *small* size (*Psoriasis circinata*). The patches of the non-specific variety *may* be very small, and often assume the guttated and circinate forms; but *usually*, when the disease is at all severe, many of them are very large and irregular in shape—although mingled with, and at the edges of these, small

spots and circles or segments of circles are often observed. These circles are often of large size, being sometimes several inches in diameter.

3rd. *The seat of the patches.*—The non-syphilitic disease, although it may appear on any part of the body, attacks the *elbows* and *knees*, almost without exception; from which it follows that these are generally the first parts attacked on the outbreak of the eruption.

The syphilitic disease *may* be met with on the elbows or knees, but this is only accidental and exceptional. It attacks by preference the inner rather than the outer aspect of the limbs. Psoriasis limited to the soles of the feet and palms of the hands (*Psoriasis palmaria et plantaria*), is always syphilitic; but care must be taken not to mistake a dry eczema limited to the soles or palms for psoriasis, and treat it as if it were syphilitic, a taint with which it has no connection.

4th. *The colour of the patches.*—In both forms of the disease, the bright red colour which is met with in simple inflammations of the skin is wanting, the eruption having a dusky-red or coppery tint. The coppery colour, however, of the specific is usually, though not always, much more pronounced than that of the non-specific affection; and, as a general rule, it may be said that the former has a dusky-red, the latter a distinctly coppery tint. This difference in the colour is not so well marked at the commencement of the eruption, because in this, as in almost all other forms of syphil-

itic eruption, the tint gets deeper, as the eruption becomes more chronic.

5th. *The appearance of the scales.*—Non-specific psoriasis is characterized by silvery-white, thick, imbricated scales, the thickness in some situations, as at the knees, being often very great (measuring sometimes as much as the third of an inch); but in these cases the colour is usually not quite so white. By scraping the surface a little, the silvery colour is more distinctly seen, because (amongst the lower and dirtier classes especially) particles of dirt accumulate in great abundance upon the patches. The scales of specific psoriasis are usually much thinner, and not so imbricated. Their colour is sometimes white and silvery, but oftener greyish, and occasionally very dark (*Psoriasis nigricans*).

6th. *The duration of the eruption.*—Syphilitic psoriasis may last many months, or even one or two years, when no treatment whatever has been adopted, but the majority of cases are more recent when first seen; while non-syphilitic psoriasis may have existed five, ten, fifteen, twenty years, or even, on and off, for a whole lifetime. Thus, the last case of syphilitic psoriasis which occurred at the Dispensary for Skin Diseases (in which I noted the duration of the eruption), had existed for several months when I first saw it; while the last case of non-syphilitic psoriasis had lasted for six or seven years; and the one before this had existed, on and off, for thirty years.

7th. *The age of the patient.*—In the majority of cases of non-specific psoriasis, the eruption first makes its appearance before the age of twenty (although many appear after that time), and instances are frequently met with in which it first manifests itself at the age of six or seven years. Almost all cases of the specific disease, on the other hand, necessarily occur, in this country at least, after the age of puberty, and not *usually* before twenty, because children are little if at all exposed to the contagion of syphilis (I leave out of consideration entirely, cases of hereditary syphilis in which psoriasis does not form one of the manifestations): so that we can at least go the length of inferring that cases of psoriasis which have commenced before puberty, are pretty surely non-syphilitic.

8th. *The sensations of the patient as regards itching.*—As previously pointed out, non-syphilitic psoriasis is usually accompanied by more or less itching at some period of its course, and in a few cases the irritation is very distressing. Specific psoriasis, on the other hand, follows the law common to almost all the syphilides, and is rarely accompanied by itchy sensations.

9th. *The occurrence of relapses.*—The course of non-syphilitic psoriasis is a pretty uniform one, appearing usually at first in the winter season, and often disappearing in summer, to re-appear either the next or some succeeding winter or spring. As the disease becomes older, the relapses are more frequent, and each attack more severe

than the one which preceded it, till at last, although the eruption is ameliorated in summer, it never disappears entirely. This, at least, is its usual course when not altered by treatment. On the other hand, when syphilitic psoriasis has once *completely* disappeared, *so that all trace of it is gone*, it is not nearly so apt to return again, although, while the eruption exists, new patches may appear from time to time. It is often, however, followed by other forms of syphilitic eruption, as, for example, by an outbreak of tubercles.

10th. *The origin of the disease.*—In the specific forms of the affection every one knows that the system is contaminated by the inoculation of a poison, which is usually communicated to the affected person by his contracting a hard chancre from another who is similarly affected. We must, therefore, interrogate the patient, when he can generally, if he likes, recollect having had a hard chancre not very long before, say from six weeks to two years before the appearance of the eruption. But it must also be remembered that the secretions from secondary syphilitic eruptions are capable of communicating syphilis to a healthy individual, so that, in the absence of all history of a chancre, we must remember the possibility of transmission of the poison from secondary sores, and we must also bear in mind the probability that the patient, either from motives of false modesty, or for other reasons, is concealing the truth, or that the primary sore escaped his notice.

Non-syphilitic psoriasis is not contagious, but is often handed down from one generation to another.

11th. *The concomitant symptoms.*—One remarkable circumstance with regard to non-syphilitic psoriasis, as already stated, is, that it occurs usually in persons who are comparatively in good health. The syphilitic patient, on the other hand, frequently shows symptoms of a cachectic state of system. And syphilitic psoriasis is usually accompanied by other syphilitic symptoms, such as erythematous and papular eruptions, condylomata, sore throat, &c. As an illustration of this point, the case of E. M'E. may be taken, who came to the Dispensary for Skin Diseases, May 20, 1861, with syphilitic psoriasis assuming the guttated and circinate forms, these being seated principally on the limbs, but not at all on the elbows or knees. The diagnosis of the syphilitic nature of this eruption was assisted by the concomitant symptoms, namely, slight trace of a chancre on the penis, chains of enlarged inguinal glands, deep fissures at the angles of the mouth, ulcers on the tongue and on the mucous membrane lining the lips and cheeks, crusts on the scalp, and enlarged posterior cervical glands.

12th. *The effects of remedies.*—It must be known to all that mercury is a never-failing remedy for the removal of syphilitic psoriasis, an example of which is furnished by the case of Mrs. D., aged 39, who consulted me on the 3rd April, 1861 (the minutiæ of the case I am unable to give, as I write from memory, not having taken notes of

it at the time), with syphilitic psoriasis in the shape of very distinct little coppery circles, covered with white scales. None of these circles were more than an inch in diameter, and were situated principally on the extremities. After twelve calomel vapour baths, no trace of the eruption was left, with the exception of very faint-red circles—all the scales, the coppery tint, and the elevation above the surface having disappeared. She was told to continue the baths, and as she never returned there can be little doubt that she was completely cured.

Arsenic, on the other hand, is the remedy *par excellence* in the treatment of the non-specific form of the disease, and to which a large proportion of the cases yield. As an illustration of this may be taken the case of William M., which occurred at the Dispensary for Skin Diseases, under the care of Dr. Buchanan. This patient, a blacksmith, aged 25, was admitted March 5, 1861, with psoriasis covering almost the whole body, though leaving intervals of sound skin between the patches. It was the most extensive eruption of the disease I ever saw, and had existed more or less for five months. The joints were uneasy and painful, owing to the deep fissures which existed, and the hands were quite covered with the eruption, and so stiff and painful that the patient was unable to open the dispensary door on the day of his admission. He was ordered five drops of Fowler's solution thrice daily, and the dose was gradually increased up to fifteen drops. The exhibition

of this dose soon occasioned slight pain in the epigastrium, and the conjunctivæ became suffused, so that it was diminished to six drops three times daily. On the 19th April there was merely redness of the skin left in the sites of the previous patches, and on the 26th almost all trace of the disease had disappeared.

There is just one other point which deserves notice, and it is this:—Specific psoriasis is generally a second stage or degeneration of some other syphilitic eruption, as for example, of a papular, pustular, tubercular, or ulcerating eruption, which is *never* the case in the non-syphilitic disease; so that a careful inquiry as to the commencement and progress of the eruption, may in many cases throw much light upon its nature.

And lastly, there is one caution which must be given. There is no reason why a patient with a syphilitic eruption, may not, at the same time, be affected with non-syphilitic psoriasis; but if the possibility of such an occurrence be borne in mind, an error is little likely to occur.

I have thus endeavoured to state clearly and simply the differential diagnosis of these two forms of disease which resemble one another in so many particulars, but which differ very considerably when one comes to consider the minutiæ — the circumstances attending their outbreak and subsidence, as well as their external configuration and appearance. It must be understood that the rules which I have laid down are not invariable,

although I have expressed myself very guardedly with regard to many of them which are subject to numerous exceptions.

Diagnosis from chronic eczema.

A typical case of psoriasis can never be mistaken for a typical case of eczema; but when the silvery scales have fallen from the patches of the former, they may be mistaken for patches of dry or *chronic eczema* — that form of eczema described as eczema siccum or eczema squamosum. And this mistake is all the more likely to occur if a diagnosis is made after an examination of that part of the skin only which the patient selects for exhibition, and if no inquiry is instituted as to the course of the eruption. On examination of all the other parts of the affected skin, in cases of difficulty, there will generally be found some characteristic patches which at once clear up all doubt. The scales on eczematous patches are thin and loosely attached, and only occasionally silvery-white; those of psoriasis are thick, very adherent, and silvery. Again, in eczema, the tint of the patches is usually brighter, and the itching, as a rule, more marked, while the eruption has no tendency to attack the elbows or knees, a point which is of great value in arriving at a correct diagnosis. Then psoriasis is a dry eruption throughout, whereas an exudation on the surface of the skin or "leeting," as it is called, is one of the most characteristic symptoms of eczema, and is generally present at some period of its course. At the same time the surface has a peculiar

punctated appearance, which I have described fully in my work on eczema (a), and which is altogether wanting in psoriasis. Lastly, the constitution of patients affected with psoriasis is generally good, while eczema very frequently attacks strumous persons.

It is much to be regretted that Mr. Wilson has thought proper to change the name of Psoriasis to *Alphos*, and to make use of the former to designate the variety of eczema, to which we have just referred. Without entering into the question of the appropriateness of the existing nomenclature of skin diseases, which, in many respects, few can defend, it must be at once apparent that, to attempt to alter a name, the meaning of which is so thoroughly settled, cannot but be fraught with disadvantage, and lead to much confusion—a confusion, illustrations of which I have already met with.

Diagnosis from Pityriasis.

Pityriasis (or Erythema squamosum), which is the second or scaly stage of erythema, exhibits the same points of difference from psoriasis as a dry eczema, with this exception that it resembles psoriasis in two points in which eczema differs—namely, in the eruption being dry throughout, and in the absence of the punctated appearance of eczematous surfaces, while it differs from psoriasis in one point in which eczema agrees with it, namely, in the absence of any appreciable thickening or infiltration of the skin.

Diagnosis from Pityriasis rubra acuta.

Pityriasis rubra acuta (Devergie) may be mistaken for a severe and extensive eruption of psoriasis, but

the former differs from the latter in these points: it never occurs before the age of puberty; within a month of its appearance the *whole* of the skin from head to foot is covered with the eruption; there is an exudation like sweat from its surface; scales form in great abundance, are of very large size, some being nearly the size of the palm, and very easily detached, so that each morning a basketful may frequently be found in the bed. The eruption is sometimes complicated during its course by the formation of bullæ, and it is often fatal.

Diagnosis from Herpes circinatus.

Herpes circinatus (ringworm of the body) bears much resemblance to the lepriform variety of psoriasis (Lepra —Psoriasis circinata); but in ringworm (b) the eruption has no tendency to be symmetrical or to attack the elbows or knees; the scales on the circles of eruption are loosely attached, and not silvery; and on examination of them with a microscope during the advancing stages of the disease, the parasite (Tricophyton tonsurans), to which it owes its origin, may be detected. It is also contagious, giving rise in some cases to ringworm of the body (Herpes circinatus), in others to ringworm of the head (Herpes tonsurans), or ringworm of the beard (Sycosis parasitica).

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The following table gives a brief *resumé* of the principal points discussed in reference to the diagnosis of psoriasis:—

DIAGNOSIS OF SYPHILITIC FROM NON-SYPHILITIC PSORIASIS.

SYPHILITIC PSORIASIS.	NON-SYPHILITIC PSORIASIS.
1. Eruption *not usually* very extensive.	1. Eruption sometimes very extensive.
2. Patches usually very small, and in shape of spots (size of a split pea), or of *small* circles or segments of circles (seldom more than an inch in diameter).	2. Patches *often* very large and irregular. When circular, circles often several inches in diameter.
3. Eruption not usually on the elbows and knees; more on the inner than the outer aspect of limbs. When limited to soles or palms, always syphilitic.	3. Eruption on any part of the body, but *almost* invariably on the *elbows or knees also.*
4. Eruption usually of a distinctly coppery tint, after it has become chronic; sometimes very dark, even nearly black (*psoriasis nigricans*).	4. Patches of a dusky-red or light coppery colour.
5. Scales thin; not so imbricated; often greyish.	5. Scales thick, imbricated, white, and silvery.
6. May last months, or even one or two years, when no treatment employed.	6. Often of five, ten, fifteen, twenty, or thirty years' duration, or even lasts almost a whole lifetime.
7. Almost always commences after puberty, and usually after twenty.	7. Many cases commence before the age of twenty.

8. Rarely itchy.	8. Sometimes not itchy; sometimes intolerably so; generally *slightly* itchy *now and then.*
9. A relapse not usual after *all trace* of the first eruption has *completely* disappeared.	9. Relapses are the rule, and are often very numerous.
10. Can often be traced to a hard chancre.	10. Can often be traced back to hereditary transmission.
11. Patient *may* be cachectic, and concomitant symptoms detected; *e.g.*, roseola syphilitica, lichen syphiliticus, condylomata, sore throat, alopecia, &c.	11. Patient generally in comparatively good health, with the exception of the eruption.
12. Removed almost invariably by mercury.	12. In the majority of cases, removed partially or entirely by arsenic.

DIAGNOSIS OF DRY CHRONIC ECZEMA (ECZEMA SQUAMOSUM) FROM PSORIASIS.

ECZEMA SQUAMOSUM.	PSORIASIS.
1. Scales thin, loosely attached, not silvery.	1. Scales thick, imbricated, very adherent, silvery.
2. Patches of a more lively red tint.	2. Patches dusky-red or coppery.
3. Itching a very prominent symptom.	3. Itching not so marked as a rule.
4. No tendency to attack elbows and knees.	4. May attack any part, but elbows or knees rarely escape.

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5. Generally exhibits moisture at some period of its course.	5. A dry eruption throughout.
6. Inflamed surface has a peculiarly characteristic punctated appearance.	6. Inflamed surface has not a punctated appearance.
7. Patient often strumous.	7. Constitution generally good.

DIAGNOSIS OF PITYRIASIS FROM PSORIASIS.

Five points of difference. These are the same as Nos. 1, 2, 3, 4, and 7 in the diagnosis of Eczema squamosum from Psoriasis, and need not therefore be repeated. (See above.)

DIAGNOSIS OF PITYRIASIS RUBRA ACUTA FROM PSORIASIS.

PITYRIASIS RUBRA ACUTA (*Devergie*).	PSORIASIS.
1. Never occurs before puberty.	1. First appearance of eruption often as early as the sixth or seventh year.
2. Within a month the *whole* cutaneous envelope usually attacked.	2. The whole cutaneous envelope very rarely attacked.
3. Exhibits an exudation like sweat.	3. A dry eruption throughout.
4. Scales thin, not silvery, of large size (sometimes nearly size of palm), loosely attached.	4. Scales thick, imbricated, silvery, of small size.
5. Sometimes complicated during its course with bullæ.	5. Never complicated with bullæ.
6. Often fatal.	6. Never fatal.

DIAGNOSIS OF HERPES CIRCINATUS FROM PSORIASIS.

HERPES CIRCINATUS (or *Ringworm of the body*).	PSORIASIS CIRCINATA (or *Lepra*).
1. Not symmetrical.	1. Symmetrical.
2. No special tendency to attack elbows and knees.	2. Special tendency to attack elbows and knees.
3. Scales thin, loosely attached, not silvery, loaded with the spores and tubes of the parasite.	3. Scales thick, imbricated, very adherent, silvery, and contain no parasite.
4. Contagious.	4. Not contagious.

(a) "A Practical Treatise upon Eczema." By T. M'Call Anderson, M.D. London: Churchill, 1863. P. 15.

(b) For a description of ringworm of the body, see my work on the "Parasitic Affections of the Skin." London: Churchill, 1861. P. 55.

CHAPTER IV.

THE *prognosis* is invariably favourable in some respects; that is to say, the eruption is very rarely fatal, and occurs generally in those whose constitutions are sound. Indeed, apart from the disfigurement which it occasions, the itching by which it is sometimes accompanied, and the stiffness of the joints and pain from fissures with which it is sometimes associated, it is usually quite harmless.

That form of psoriasis described as Psoriasis universalis, in which the whole skin is implicated, is said to be very incurable, and may have a fatal termination (Hebra).

The eruption can generally be removed by appropriate measures for the time, and first attacks are much more amenable to treatment than subsequent ones. That form of eruption described as Psoriasis circinata (Lepra) is more readily removed than any other form; for the healing of the eruption in the centres of the patches which gives rise to the circles, shows that there is a natural tendency towards a cure. Patches on the head and face are, for some inexplicable reason, more readily removed by local applications than from any other part —a fact first noticed by Hebra, and which I have

frequently been able to verify. Another favourable circumstance is, that when the eruption disappears it leaves no traces whatever, at least no cicatrices, although in some instances, a pigmentation of the skin is left in the site of the previous patches; but this in its turn gradually fades and disappears.

Tendency to relapses.

The most unfavourable point in a prognostic point of view is the tendency to relapses. These are quite the rule, and occur probably 90 times at least in every 100 cases, no matter what treatment is adopted; so that we can never speak of a cure — strictly so called — of this disease. As far as my experience goes, the most permanent cures are from several courses, during several successive summers, of some of the continental mineral waters which I shall shortly refer to.

Should a patient affected marry?

A question of great importance, and one which I have often been asked is, May a patient affected with psoriasis marry? Now there can be no doubt, as before mentioned, that this disease is hereditary, so that it may descend to the patient's family; but then it is not contagious, so there is no fear of a man communicating it to his wife, or *vice versâ*, and thus the patient affected with psoriasis is quite on a different footing from a patient affected with syphilis. I am at present attending a lady who has had psoriasis for a number of years, whose husband became affected with the same disease, about six months ago. But this is certainly not an instance of contagion, but merely a coincidence, else why should

he only become affected after being exposed to contagion for a number of years. Again, in the case of syphilis, if the patient delays a year or two and appropriate treatment be adopted, he is less likely to see the disease reproduced in his offspring; whereas in psoriasis, no matter what treatment is pursued, and no matter how long the patient delays, it is just as likely as before to prove hereditary. If then a person affected with psoriasis intend to marry, no delay is of any use, unless he is severely attacked at the time, and wishes the eruption temporarily modified by treatment before marriage. In the opinion of most observers it must be held that, while it would be preferable if the patient had not the eruption, there is no sufficient reason why he should not marry. Indeed, if all people who were only as much disqualified from other causes were forbidden to marry, there would be very few marriages at all.

CHAPTER V.

Treatment.—It is not my intention to enter into an elaborate statement of all the remedies, internal and external, which have from time to time been used in the treatment of psoriasis, as it will probably be more serviceable to direct attention almost exclusively to those which I have myself found of use, and which I am in the habit of employing. And it may be stated at the outset, what must be the opinion of all who have had much experience in the treatment of skin diseases, that psoriasis requires the exercise of much patience and perseverance in its treatment, and is, as a rule, not nearly so readily amenable to remedies as many other eruptions.

Constitutional treatment.

In prescribing a course of *constitutional* treatment, the fact must be borne in mind that, as far as we yet know, there is no medicine which is capable of eradicating the predisposition to the disease, and that our efforts must be directed towards the removal of the exciting causes. Before subjecting our patients, therefore, to a course of specific treatment, it is necessary to find out, if possible, the exciting causes, and to endeavour to remove them. Thus, one man, predisposed to psoriasis, may lead a very sedentary life, be much harassed by business, and his mind be constantly on the rack.

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He takes his meals at irregular intervals and sleeps badly. His digestive and nervous systems are deranged, and out comes his enemy. It would be injudicious in most cases to subject this man to a course of alterative treatment, in the first instance; but we make him give up business for a time; we send him away for change of air—we shall say to Harrogate, if it is the season and there is plenty of cheerful society, for this has a very beneficial effect upon such cases. The torpidity of his digestive organs is corrected by a judicious course of Harrogate waters, or, what is nearly as effectual, by the administration of some aperient medicine in the shape of cream of tartar and sulphur, or a pill containing a little calomel: he gets plenty of fresh air, he takes his meals at regular hours, goes early to bed, rises early in the morning, and has nothing to harass or worry him. It is wonderful, after a few weeks, in what a different state of health he returns. In some cases the eruption has disappeared or is fading; but if not, it is then time to prescribe an alterative medicine, such as arsenic.

Wilson cites a case of this kind, that of a surgeon who was affected with lepra complicated with debility and malassimilation, and which was removed by the mere administration of a course of nitro-muriatic acid and gentian (a).

In fact, we shall often find, if we examine our patients carefully, that though, as a rule, their constitutions are sound, the eruption has been called forth in consequence

of their health being below par; and this we must always, in the first place, endeavour to correct. In doing this we must be guided by general principles. If we have succeeded, and the eruption persists notwithstanding, we must then make use of the so-called alteratives.

Those which are much used, and which are in my opinion useless, are tincture of cantharides, decoction of dulcamara, balsam of copaiva (b), oil of turpentine, tar water, and tar pills. Those which I have found of service are arsenic, cod liver oil, and alkalies.

Arsenical treatment.

The use of arsenic in the treatment of psoriasis is so well known, and so thoroughly appreciated by those who have had much experience of it, that it is unnecessary for me to dwell upon it (c). Fowler's solution is the preparation which I am most in the habit of using, and I do not think that any other form of arsenic has a more beneficial effect. It may be given to a child of seven years of age in doses of two or three drops, to an adult of five or six thrice daily during or immediately after food. It agrees better with the stomach if it be given in a bitter infusion—as infusion of cascarilla or gentian, in doses of a drachm to half an ounce. The patient should be warned to be careful of catching cold while using it, to take a nourishing but unstimulating diet, and to attend to the state of his bowels. Every three or four days the dose should be increased by a drop, till the disease begins to yield or till the medicine begins to disagree. I am convinced

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that arsenic would be found much more serviceable if physicians would continue it steadily for months, and not be induced to stop it without some very pressing reason. In some cases asiatic pills may be used instead of Fowler's solution; namely, when the patient prefers pills, and when one wishes to conceal from him what he is taking, for Fowler's solution is well known to the public to be a preparation of arsenic.

There can be no doubt that arsenic is the most valuable internal medicine which we possess in the treatment of psoriasis, and that few cases, in which it is patiently and perseveringly employed, altogether resist it, while in many instances the eruption completely vanishes. The more recent the eruption, the more readily is it acted upon by arsenic as a rule, while chronic cases in which there have been many relapses are sometimes very rebellious. If a patient has had many relapses, in each of which arsenic has been used, it is very apt to lose its effect, but if it is discontinued for a year or two, it may then sometimes be readministered with good effect.

Next in efficacy to arsenic in the internal treatment of psoriasis, though applicable to a different class of

Cod liver oil.

cases, comes cod liver oil. By the majority of dermatologists this medicine is not even hinted at as serviceable in this complaint, while Hebra of Vienna only mentions it in order to state that it is useless. There are many cases, however, which are greatly benefited by it. In those rare cases in which the eruption appears in

strumous persons, there can be no doubt theoretically that cod liver oil should be used, while I have myself had practical demonstration of its value. If my readers will refer to my remarks on the causes of psoriasis, they will there find the account of a remarkable case of very extensive and old-standing disease occurring in a hunch-back, where cod liver oil dissipated the eruption almost entirely in six weeks. The following case likewise illustrates this point:—A little girl, aged six, was brought to me by her mother on the 20th April, 1865, for an extensive and unmistakable eruption of psoriasis, which had commenced about eight months previously, was most abundant on the arms and legs, and next to these parts, on the head and face. The patches were considerably elevated, dusky red, covered with silvery scales, and itchy. Her mother informed me that "she was always thought weak in the mind," and her appearance quite coincided with this statement. She was, moreover, delicate looking. The glands around the lower jaw were enlarged, the tonsils greatly hypertrophied, the nostrils stuffed, and she had a bronchitic cough of old standing. She was ordered three warm baths to remove the scales. The following ointment was to be rubbed into the patches night and morning, and washed off every second night in a warm bath:—

℞ Picis liquidæ ʒii.
Ung. oxidii zinc. ℥ii.
Olei rosæ m. vi. ℿ.

and half a teaspoonful of syrup of the iodide of iron was to be taken in a tablespoonful of cod liver oil thrice daily.

27*th April*.—Eruption much paler, especially upon the arms, and patches not so raised—scales nearly gone.

12*th May*.—Eruption almost quite gone from the head and face; just traceable on the arms; more distinct on the body.

30*th May*.—Eruption all but disappeared.

But there is a far more extensive class of cases, those, namely, in which the patient, though constitutionally sound, is debilitated either by previous disease, insufficient diet, over-lactation, or the like, in which cod liver oil has in my hands proved of great service. And I would go further even than this; for I am of opinion —one which is not yet, however, sufficiently strengthened by examples to be stated as a fact, that many cases of old standing, in which other remedies have been tried unsuccessfully, and in which the patient appears to be neither debilitated nor strumous, are benefited by cod liver oil.

The finest pale oil is the preparation which I prefer, of which a teaspoonful may be given to an adult thrice daily at first, and the dose gradually increased till four tablespoonfuls are taken per diem. It is most likely to agree if taken after food; but many who are accustomed to take it, and with whom it agrees well, should take it in the middle of the interval between

each meal, when it may be looked upon in the light of a supplemental meal.

On no account should the patient be allowed to stop it for a slight reason; and often on inquiry it will be found, that when it is said to disagree with the stomach, it in reality agrees quite well, but is disagreeable to the taste. Even if the patient loses his appetite or is sickened with it, it should not be omitted entirely, but only for a few days, and then given at first in a smaller dose and immediately after food. If the fine pale oil disagrees, one of the other varieties may be tried, or "Furley's cod liver oil cream," or cod liver oil chocolate, made by M. Lebaigue, 9 Langham Place, London, introduced by Erasmus Wilson. Each pound of the chocolate contains four ounces of oil. Sometimes the addition of a little syrup of the iodide of iron (say ʒss. to each dose) to the pale oil renders it more palatable, and is besides of value in the case of debilitated, anæmic, or strumous patients.

Very successful results may often be obtained, in cases where one is in doubt whether cod liver oil or arsenic is indicated, by combining the two.

Alkalies are not nearly so generally applicable to the treatment of psoriasis as arsenic, or even cod liver oil. They are chiefly used when there is a gouty or rheumatic taint, or when the patient is much addicted to the use of stimulants, and when there is a tendency to acidity of the stomach, and to the deposit of lithates in the urine.

Alkaline treatment.

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The indications, indeed, for the use of alkalies in eczema and psoriasis are nearly the same.

The alkali most used and greatly praised by Dr. A. T. Thomson, the late Dr. Joseph Bell (d), (who published a series of cases of psoriasis which were benefited by it), and others, is liquor potassæ, which is given in doses of 20 to 30 drops thrice daily in a large quantity of water, or, as the late Dr. Neligan recommended, in table beer or veal broth.

Dr. Easton, of Glasgow, says he has found much benefit from the use of the acetate of potash—which is, however, not an alkaline but a neutral salt—in doses of ʒss. thrice daily.

The carbonate of ammonia is the alkali from which I have derived most benefit. It must be made up in small quantities and kept in a well-stoppered bottle, as it loses strength rapidly when exposed to the air; and the apothecary must be warned to give an article of full strength, and one which has been carefully prepared. It should be given in doses of ten grains gradually increased up to 30 or 40, and largely diluted with water. Sometimes it will be found of service to combine it with a preparation of arsenic,* or

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* ℞ Sol. Fowleri ʒii.
Carbonatis Ammoniæ ℈ss.
Acetatis Potassæ ʒi.
Syrupi ℥ss.
Aquæ ad ℥xii. ℿ

Sig. A tablespoonful in a wineglassful of water thrice daily after food.

with colchicum if there be a gouty tendency. The latter may be added in doses of about 5 or 10 drops.

In persons addicted to the use of ardent spirits, the eruption is apt to appear in a very aggravated form, and I have seen it very rapidly improved by a course of carbonate of ammonia. In nervous persons, whose nervous system has been acted on by some depressing cause, a course of carbonate of ammonia often benefits the eruption, especially when combined with change of air and scene, and cheerful society. Where the cause of the outbreak is undoubtedly nervous debility, a course of strychnia may be tried, in doses of $\frac{1}{24}$ to $\frac{1}{12}$ of a grain thrice daily.

Rules for a course of alterative treatment.

Before leaving the internal treatment, I may be allowed to transcribe from a previous communication four rules, which must be attended to in the employment of the so-called alterative medicines, as everything depends on their proper administration:—

1st. Let the dose, at first small, be gradually increased till the medicine disagrees, or till the disease begins to yield, and then let it be gradually diminished.

2nd. If the medicine disagrees, do not omit it altogether without very good reason, but try it in small doses, or in another form; or omit it for a few days till the bad effects have passed off.

3rd. To give it a fair trial, it must be continued for a considerable period of time, because in some cases

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the eruption does not disappear till after it has been administered for many weeks.

4th. Do not permit the patient to give up taking the medicine till some weeks have elapsed after the complete disappearance of the eruption.

Diet and regimen.

Attention to diet and regimen is of great importance, in conjunction with internal remedies. If the eruption is very extensive, and particularly if the patches are *much inflamed and very itchy*, a sparing and unstimulating diet is indispensable, until they subside into a chronic state. If the digestive organs are deranged, still greater care must be taken, and those things which appear to be most readily digested must be selected, the physician being guided by general principles. If the patient appears to be in a perfect state of general health, a simple mixed animal and vegetable diet in moderate quantity is advisable, dressed dishes, pastry, pickles, spices, strong tea and coffee being interdicted, and wine, spirits, and malt liquors either suspended entirely for a time or allowed very sparingly. In strumous cases, or where the patient is debilitated by over-lactation or the like, a generous diet is to be recommended, and malt liquors and stimulants in moderation are often found to be of great benefit, provided the eruption is not much inflamed.

In the treatment of this, as of many other chronic complaints, as previously hinted, the patient should be urged to eschew a too sedentary mode of life, to take

moderate, regular open-air exercise, to keep early hours, and if his mind has been much and for a long time harassed by business or other cares, to try the effects of perfect mental quiet, combined with change of air and scene. He should do everything in his power, in fact, to raise his standard of health to, or to maintain it at par.

(a) "On Diseases of the Skin" by Erasmus Wilson, F.R.S., 4th edition. P. 308.

(b) "Leçons sur les Maladies de la Peau," par le Docteur Hardy. Première partie. Edition II. P. 119.

(c) For more lengthened remarks on the use of arsenic in skin diseases, see "Eczema, including its Lichenous, Impetiginous, and Pruriginous varieties." By T. M'Call Anderson, M.D. P. 59.

(d) "Glasgow Medical Journal." January, 1861. P. 459.

CHAPTER VI.

Local treatment.

Local treatment is not much relied upon, as a rule, in this country for the cure of psoriasis, while on the continent, and especially at Vienna, it is employed to a great extent. There can be no doubt that, when properly used, it is of much value. I say properly used, for physicians err, not so much in the applications which they use, as in the careless manner in which they allow them to be applied.

Soothing applications.

If the patches are much inflamed, and very hot or itchy, soothing applications must be employed. Warm baths are very useful at this stage, especially if two or three handfuls of starch be added to each bath, or about a pound of gelatine or glue previously dissolved in boiling water. Instead of, or, what is better, in addition to the use of emollient baths, emollient ointments may be used. Cold cream, cucumber ointment (Neligan), the benzoated oxide of zinc ointment, ointment of the carbonate or subacetate of lead, or a mixture of zinc and almond oil, the formula for which is appended,* may

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* ℞ Pulv. oxidi zinci
Olei Amygdalarum aa ʒi.
Unguenti simplicis ʒss.
Olei rosæ gtt.i.
Cochinillini gr.i. m.

be employed with advantage. Whichever of these is used, it should be rubbed pretty firmly on the patches with the palm of the hand. Three or four applications may be made during the day if convenient, and if warm baths are used in addition, one of the applications should be made immediately after each.

Hydropathic treatment.

Instead of the above, the hydropathic treatment may be tried, and is often of use. The following is the mode in which I am in the habit of administering it:—On a firm mattress a sheet of M'Ghie's oil paper or other material, to prevent the wetting of the mattress, is placed; then a couple of straps are laid across the bed; above this a dry blanket is spread out and finally a sheet wrung out of cold water. The patient in a state of nudity is made to lie down on this, and it is then wrapped tightly and carefully round him, so that every part of the affected skin is, if possible, in contact with it, and the blanket is similarly applied. The whole is then kept in position by the two straps, and the patient is covered by two or three blankets thrown loosely over him. In this state he is allowed to remain for two or three hours, during which time he is allowed to drink water *ad libitum* to promote perspiration; and the process is completed by making him jump into a cold bath, and then dress himself and take a sharp walk. I am in the habit of recommending this treatment to be repeated every evening, and to be continued as long as any improvement takes places. It must be distinctly

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stated besides, that not only does the hydropathic treatment remove the acute inflammation of the patches, but it also in some cases removes the eruption entirely, and may therefore be used even when the patches are chronic from the commencement.

But we shall suppose that the eruption is chronic at the commencement, or that, by means of one or other of the above methods of treatment, the acutely inflammatory symptoms have subsided and the eruption remains stationary, what are we to do now?

Removal of scales.

In the first place, we must remove the scales; and this is done by means of warm baths, or by the hydropathic treatment, and thorough rubbing with rough towels after each; or by taking two or three Turkish baths, with thorough shampooing. This having been done, and the morbid surfaces being fully exposed, we proceed to the application of local stimulants and alteratives.

Tarry preparations.

If the eruption is extensive, there is no class of remedies so generally useful as preparations of tar. Of these, some prefer common tar (Pix liquida), others the oil of cade (Oleum cadini, manufactured at Aix-la-Chapelle), or Oleum rusci (obtained from the bark of the white birch, and a supply of which has recently been obtained from Germany for me*), while the mixture which I have alluded to in my book on Eczema under

* To be had at the New Apothecaries Co., 57 Glassford Street, Glasgow.

the name of "Tinctura saponis viridis cum pice" * is frequently of service. Whichever of these is used, it should be rubbed firmly into the eruption, and the application repeated night and morning, after the previous one has been washed off with soap and tepid water. During the treatment by means of tarry or unctuous applications to a large extent of surface, the patient should be made to wear a woollen dress next the skin; and he should be warned not to change it oftener than once a fortnight, as a dress impregnated with the application keeps the skin in an atmosphere of it, and is beneficial.

Caution in the use of tarry preparations.

Sometimes the application of tar is not well borne, and I have known a single application greatly aggravate the inflammation of the skin, producing a severe dermatitis; and the unfortunate circumstance is, that one is often unable to tell beforehand in what cases it is likely to occur. For this reason it is generally better to begin the tar treatment cautiously, and to use at first a diluted preparation in preference to the pure tar. The incorporation of tar with an ointment is a very good way of diluting it, rendering it more agreeable to the patient, and less likely to excite inflammation. It may be incorporated in varying proportions with zinc ointment, or with a mixture of powdered oxide of zinc

* ℞ Saponis mollis
Picis liquidæ
Sp. Methylati aa ʒi. ℿ.

and almond oil;* or the common tar ointment may be used with benefit, although I am surprised to find that it has been omitted from the British Pharmacopœia. Those who are familiar with the use of tarry preparations in the treatment of eczema, and of the great benefit which is derived from them in chronic cases, will be much disappointed at first to observe that eruptions of psoriasis are very much less under their influence, and that they act very much more slowly upon the latter. I was particularly struck by this in a case of psoriasis of the elbows, combined with eczema of other parts. I ordered the "tinctura saponis viridis cum pice" to be rubbed upon both eruptions twice daily, and in a few days the eczema had all but disappeared, while very little impression had been made upon the psoriasis. My object in mentioning this is, not to undervalue preparations of tar in the treatment of the latter, but only to warn those who are making use of them that, as a rule, they require to be persevered with for a very much longer time than in cases of eczema.

Symptoms induced by absorption of tar.

It is well to know that when tar is rubbed upon the skin it is to a certain extent absorbed, and circulates through the body; so that when a large extent

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* ℞ Olei cadini (Aix-la-Chapelle) ʒvi.
Ung. simplicis
Pulv. oxidi zinci
Olei amygdalarum aa ʒi.
Potassæ permanganatis gr. xii.
Olei rosæ m. xviii. ɱ.

of surface is under treatment, and particularly if the tar is rubbed very firmly into the skin, disagreeable symptoms may be induced, such as nausea, vomiting, diarrhœa, and feverish symptoms. The matters vomited, the stools, and the urine have a green or black appearance, owing to the presence of the colouring matter of the tar. These symptoms, however, rapidly subside if the treatment is omitted for a few days, and a diuretic given to cause increased excretion through the kidneys.

Tarry preparations are not so convenient to apply to the head, owing to their glueing the hairs together; or to the face, owing to the discoloration and consequent disfigurement which they produce. I am therefore in the habit of applying to these parts one or other of the lotions or ointments which I am about to mention, and of only using preparations of tar when the others fail or when the inconveniences just alluded to are of no consequence.

Potash soap.

One of the best applications—one which I have used with great advantage, and which is much employed and justly praised by Hebra—is soft soap (potash soap, black soap, sapo mollis), or what is better, a solution of it in water * or spirit.† These require to be rubbed into the roots of the hair and on the spots on the face very

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* ℞ Saponis mollis ʒi.
Aquæ bullientis ʒii.
Olei Citronellæ ʒss.
Solve et cola per chartam.

† ℞ Saponis mollis ʒii.
Spiritus Rectificati ʒi.
Sp. lavandulæ ʒi.
Solve et cola per chartam.

firmly every night, or, if convenient, every night and morning, and washed off as seldom as possible. I have noticed, an observation which was first made by Hebra, that the eruption of psoriasis, on the head and face is much more readily removed by local measures than when it is situated on other parts, and that the above treatment invariably removes the eruption from the head in a comparatively short time.

Pfeuffer's treatment.

Hebra recommends the following modification of Pfeuffer's treatment in cases of extensive eruption; but I have not used it often myself, owing to the pain which it produces, and the necessity of confining the patient to bed. This consists in rubbing soft soap into the whole of the eruption twice daily for six or eight days, each patch being once rubbed, during that period, so hard as to remove the scales entirely and cause slight bleeding. The patient lies in bed all this time enveloped in blankets, and for three or four days after it. He then takes a warm bath and dresses himself. Hebra remarks with regard to this treatment that it is only successful in the minority of cases, that it often requires to be repeated, and that it may be combined with one of the other methods of local treatment with advantage. (a)

Ointments containing mercury.

Ointments containing mercury are often of great value; but they are more applicable to the treatment of limited eruptions, as it would be unsafe to apply them for any length of time to an extensive surface, owing to the

danger of their being to any great extent absorbed, thereby producing salivation—an occurrence which is not only to be avoided for its own sake, but which has the additional disadvantage of tending to produce a more copious eruption, owing to the depression of the general health which is thereby induced. There is no reason, however, why, in extensive eruptions, one of these ointments should not be applied to certain parts, such as the head, face, or hands, while other methods of local treatment are employed for the other parts which are affected. Those which are most useful are, citrine ointment (Unguentum hydrargyri nitratis), white precipitate ointment (Unguentum hydrargyri ammoniati), ointment of the red oxide of mercury (Unguentum hydrargyri oxidi rubri), and ointment of the red iodide of mercury (Unguentum hydrargyri iodidi rubri). These must be rubbed into the eruption, after the scales have been removed, night and morning. It is of great importance to use a very small quantity of ointment, to melt it completely before using it, and to rub it in very firmly. Great care must be taken to obtain an ointment which has been recently and properly made, and to get it in small quantities, so that it has no chance of becoming rancid by too long keeping. And one must be constantly on the watch for symptoms of salivation, especially when it is remembered that the amount which, when absorbed, is capable of producing them, varies much in different persons.

Vleminckz' solution.

For limited eruptions, Hebra recommends the use of Vleminckz' solution of sulphuret of calcium*, a preparation which I have recommended in my work on the "Parasitic Affections of the Skin" for the cure of scabies. It should be rubbed into each patch firmly with a piece of flannel till slight bleeding is induced, when a little more of the lotion is laid on, and it is allowed to dry. The patient then sits in a warm bath for about an hour. The parts are then washed and dried, and a little oil is applied. One good rubbing generally destroys a patch of psoriasis, but the treatment is very painful.

Blistering.

When the eruption is very limited it may be removed by blistering. For this purpose collodium vesicans (Neligan) or glacial acetum cantharidis—that is, acetum cantharidis prepared with glacial acetic acid, the ordinary solution of the Pharmacopœia being too weak—may be used. It should be made in small quantities at a time, and kept in a good stoppered bottle, the stopper being removed for as short a time as possible; and, when not in use, covered with leather, otherwise its strength soon diminishes, and much annoyance is thereby occasioned. A little of this solution should be taken up by means of a paint-brush, and painted firmly over the part till it becomes perfectly white. If the fluid is of full strength,

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* Calcis vivæ ℔i.
Sulphuris ℔ij.
Aquæ Oij.

Coque ad remanentiam librarum duodecim, et cola.

and the skin thin, as on the face, it usually blisters it at once; but if the opposite holds, and especially if the head or palms of the hands are to be blistered, it may require to be painted over them for several minutes. When the skin is *thoroughly whitened*, enough has been applied; but it must be remembered that the skin never "rises" after it, as after the application of a common blister. One application is often sufficient to remove the patch.

Localized cold packing.

The eruption on the hands or other parts may often be benefited by what may be termed "localized cold packing." This is done by wringing a handkerchief out of cold water, and rolling it firmly round the parts, and then covering it completely with oilskin. This is done every night, and the application is allowed to remain on till morning. In a short time the eruption is modified, and in some cases it disappears altogether; but if not, it is then of advantage to make use of one or other of the ointments above referred to.

Mineral baths.

If the eruption does not yield to medicine at home, a course of mineral baths is to be recommended, especially if the disease is of old standing, and the patient in need of change of air and relaxation from business. Those of which I have had most experience are Leuk Aix-la-Chapelle, and Kreuznach. The last two are the most agreeable residences for visitors, while the baths of Leuk are probably the most effectual. It is generally of advantage to go for two or three summers in succes-

sion to one or other of these places, remaining three or four weeks each time; and frequently the benefit derived is not experienced till some time after the course has been taken. It is a common opinion that the advantage derived is due, not so much to the ingredients in the baths, as to the maceration which the skin undergoes, owing to the prolonged immersion in hot water, an opinion which is probably correct. Having visited Leuk a few summers ago, I can bear testimony to the accuracy of the following interesting description :—(b)

"The chief spring of St. Lawrence bursts forth out of the ground between the inn and the bath-house—a rivulet in volume at its source, with a temperature of 124° Fahr. It is used for the baths after being slightly cooled. The other springs vary somewhat in temperature, but little in contents. They contain only a small portion of saline matter, and seem to owe their beneficial effects less to their mineral qualities than to their temperature and the mode of using them. The patient begins with a bath of an hour's duration, but goes on increasing it daily, until at length he remains in the water eight hours a day—four before breakfast, and four after dinner. The usual *cure time* (kur) is about three weeks. The want of the accommodation of private baths, and the necessity of preventing the ennui of such an amphibious existence, if passed in solitude, has led to the practice of bathing in common. The principal bath-house is a large shed divided into four compartments or baths, each about

20 feet square, and capable of holding fifteen or twenty persons. To each of these baths there are two entrances, communicating with dressing-rooms, one for the ladies, the other for the gentlemen. Along the partitions dividing the baths runs a slight gallery, into which any one is admitted, either to look on or converse with the bathers below. The stranger will be amazed, on entering, to perceive a group of twelve or fifteen heads emerging from the water, on the surface of which float wooden tables holding coffee-cups, newspapers, snuff-boxes, books, and other aids, to enable the bathers to pass away their allotted hours with as small a trial to their patience as possible. The patients, a motley company, of all ages, both sexes, and various ranks, delicate young ladies, burly friars, invalid officers, and ancient dames, are ranged around the sides on benches, below the water, all clad in long woollen mantles, with a tippet over their shoulders. It is not a little amusing to a bystander to see people sipping their breakfasts, or reading the newspapers, up to their chins in water—in one corner a party at chess, in another an apparently interesting *tete-à-tete* is going on; while a solitary sitter may be seen reviving in the hot water a nosegay of withered flowers.

"Four hours of subaqueous penance are, by the doctor's decree, succeeded by one hour in bed; and many a fair nymph in extreme *négligé*, with stockingless feet and uncoifed hair, may be encountered crossing the

open space between the bath and the hotels. From their condition, one might suppose they had been driven out of doors by an alarm of fire, or some such threatening calamity. The higher patients go away in September; and late in the autumn, when only the poorer patients remain, the sight of the bath is rather disgusting."

Patients who have suffered from psoriasis for a lengthened period of time, who have consulted many physicians, and tried many remedies, become very knowing and opinionative, ask what is to be prescribed for them; if they are told, they say probably that they have tried it before, and it was of no use. They wont do anything, in fact, which they don't quite approve of. It is necessary in these cases to conceal, if possible, from them what is about to be given, and to be very decided, as they are thus much more likely to have a higher opinion of their medical adviser, and to carry out more thoroughly the course which is indicated.

(a) "Handbuch der Speciellen Pathologie und Therapie." Dritter Band. Zweite Lieferung. Erlangen, 1862. P. 300.

(b) "Murray's Handbook for Switzerland, Savoy, and Piedmont." 8th edition. P. 118.

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