

**Notes on some of the newer remedies used in diseases of the skin : address of the Chairman delivered in the Section on Dermatology and Syphilography, at the Forty-seventh Annual Meeting of the American Medical Association, held at Atlanta, Ga., May 5-8, 1896 / by L. Duncan Bulkley.**

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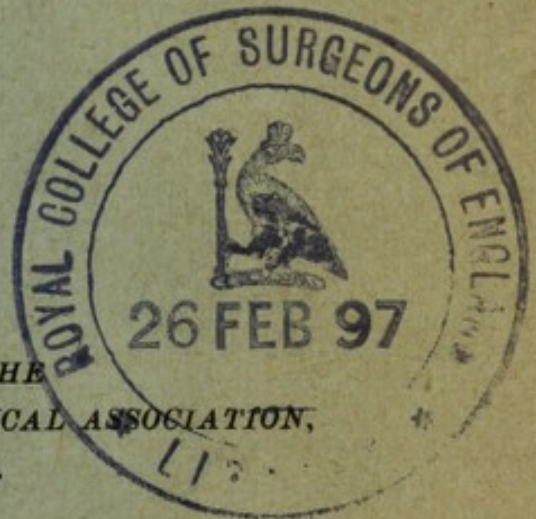
NOTES ON SOME OF THE NEWER REMEDIES  
USED IN DISEASES OF THE SKIN.

*Jr. A. 208. ①*

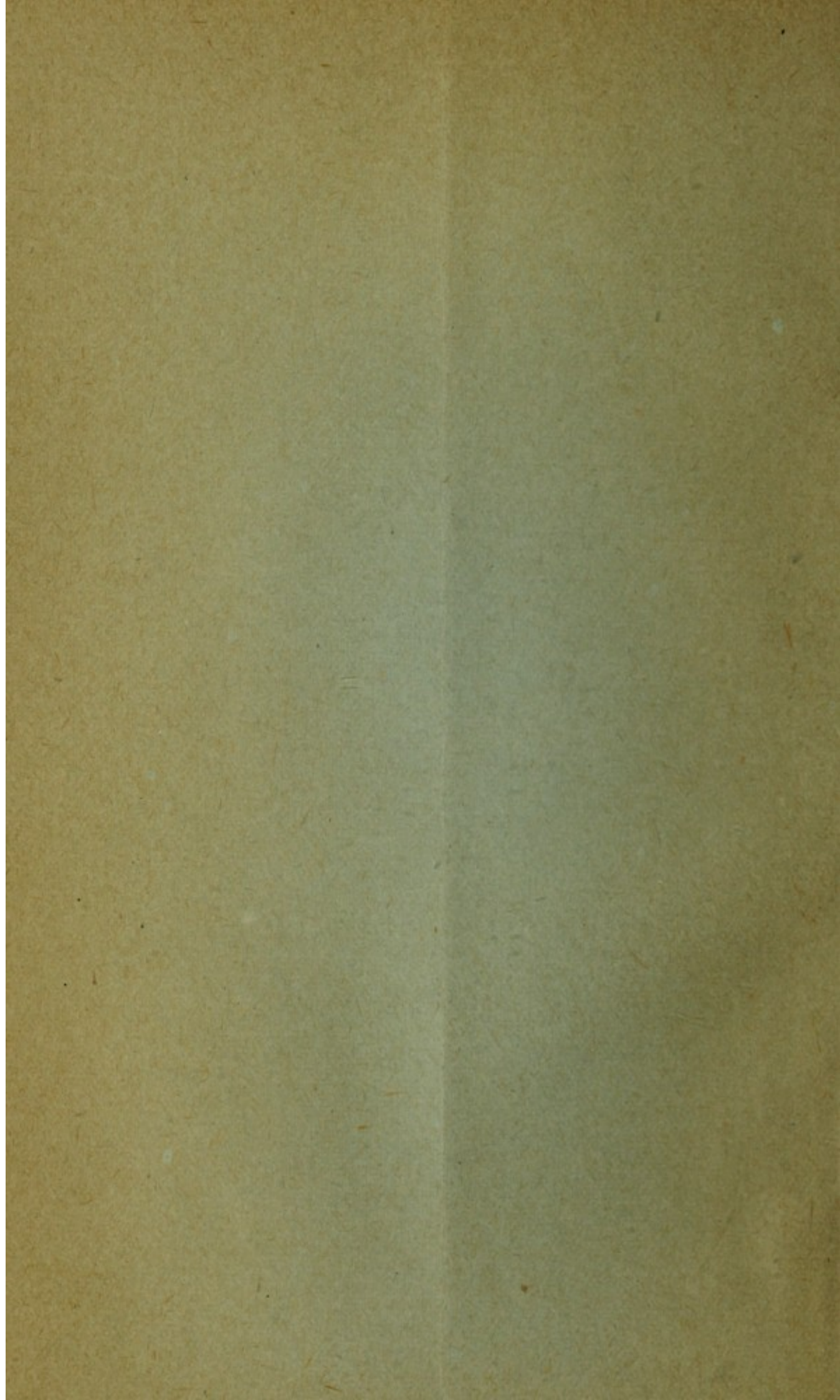
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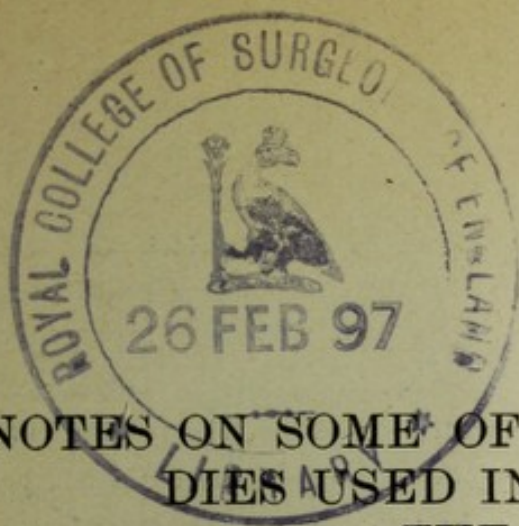
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NOTES ON SOME OF THE NEWER REMEDIES USED IN DISEASES OF THE SKIN.

BY L. DUNCAN BULKLEY, A.M., M.D.

This is certainly the age of progress, and the cry is continually for something new. The wonderful advances which have been made in medicine and surgery during the past fifty years would seem to warrant us in looking for newer remedies and measures in all departments of medicine; and indeed, the number of these which have of late years been pressed upon us by writers in medical journals and manufacturers, is so great that much confusion of thought and purpose is often induced thereby.

It is well, therefore, now and again, to stop and weigh and try to estimate the value or worthlessness of the new, and to see what of it should be added to our stock of old, and thus to recognize where true advance has been made.

It would be really amusing, were it not so sad, to read and record carefully all that is written in journals and publications relating to therapeutics, materia medica and new remedies, and then each year carefully note the true value of this and that remedy, as developed by the experience of others than the one presenting it; and it would be still more interesting and instructive to sum this up at the end of five, ten, twenty and more years.

Time and space fail me entirely to even mention the so-called and supposed "advances" and new remedies which have been vaunted during the more than twenty-five years that I have been occupied with diseases of the skin; indeed, such vast numbers of

them have passed out of sight that it would require much laborious research to resurrect their ghosts. However, this would only serve to show the easy credulity of physicians and patients, and furnish a monument of disappointed hopes. In addition to the large number of remedies advocated by members of the regular profession, from time to time, reference should also be made to the innumerable remedies or combinations which have been patented and advertised, many of which have not been without some merit in individual cases, and some of which have been only too often employed or indorsed by physicians of good standing.

Therefore, before remarking upon some of the newer remedies, allow me to enter my strong protest against the restless seeking after the new to the exclusion of older and well tried and approved methods in the treatment of diseases of the skin, which seems to be so common of late years. It is not so much new remedies we need, as it is a better understanding and adaptation of those we already have. There is no king's road to learning, nor is there any short cut to the successful treatment of disease. One is, however, often led toward the contrary view by the voluminous announcements and advertisements of new remedies in modern times, whether they are written by members of the regular profession, or issued by manufacturers of drugs, or charlatans.

Dermatology is a large field, and much study and experience are necessary to attain success in practice; and yet how very little is this recognized. How often have I been asked by medical friends, "Well, what is there new that is good for diseases of the skin?" In few branches of medicine is accuracy of diagnosis more important for therapeutic success than in this, and there never can be any remedy, new or old, which is "good for diseases of the skin; every remedy must have its exact adaptations pointed out, not only in regard to the special disease in which it is of value, but also as to the phase or stage of such disease—and

that is what often is not clearly stated in connection with new remedies.

In concluding these introductory remarks, I wish again to emphasize the fact that our older remedies and methods of treatment yield fairly satisfactory results when applied with skill and thought, without which no remedy can be of avail. I wish also to say that, in my opinion, new remedies, as they appear from time to time, are very much less employed by specialists in this line than by the general profession. For myself I may say, that it happens not very infrequently, that I have never given certain new remedies a single trial, because, before it seemed best to do so, further experience by others has demonstrated their relative worthlessness. I am sorry to seem thus pessimistic in my views on this subject, but being somewhat conservative by nature, each year has added to my distrust of new remedies and measures, which are often put forth by those of very slender experience.

I shall, therefore, remark only upon some of the *newer* remedies, not the newest, of which I can speak from personal experience, or from their use in the New York Skin and Cancer Hospital.

Since the time of the elder Hebra, and largely by his influence, attention has been chiefly directed toward the local study of diseases of the skin, and their treatment by external methods, and I have to record that relatively few striking advances have been made in their internal treatment; it is, indeed, remarkable how very few new internal remedies have been proposed in this class of affections of late years, and recent additions can be quite briefly dismissed.

I will not attempt to analyze the facts in regard to the injections of tuberculin in lupus, or the antitoxins in sarcoma and epithelioma, for the subjects are still so much discussed that no proper judgment can be passed upon them. Recently Hebra has reported on the subcutaneous injection of thiosiamin in lupus, glandular swellings and exudative products, and other remedies are being tried hypodermically, but the

results are still too uncertain to be recorded. The thyroid extract is also being tried and reported on in psoriasis and some other skin affections. Although I can not say much in its favor from personal experience, I am inclined to think favorably of it in psoriasis.

*Antipyrin*, while not a very new remedy for general use, has recently been advocated in urticaria and will often prove very effective, provided there is not some alimentary disorder continuing the trouble. When cases have resisted ordinary remedies, a moderate dose of antipyrin given three or four times daily, between meals, will often serve to stop the tendency to the eruption. Phenacetin and even antifebrin, will sometimes prove of great service as antipruritics, especially when given at night.

Many new preparations of mercury have been introduced for the treatment of syphilis in the last few years, no less than twenty-four new combinations appearing in a recent publication; but, as far as can be seen, the advantage from them relates only to their tolerance by the digestive system, and there is no one to which I can refer with special recommendation. In all it is only the mercury which is the active agent, and I have yet to find any yield better results in early syphilis than the one grain tablets of mercury and chalk given every two hours, as recommended by Jonathan Hutchinson. In the later stages of syphilis, the combinations with iodine still hold their old and valued position. The many suggestions in regard to the hypodermic use of mercury, in various forms, occasionally prove valuable in rare cases where there is great stomach intolerance of the drug, or where for some special reason very prompt action is desired; or where the patient, for social or other reasons, prefers an occasional injection to the taking of repeated doses internally. But I have never found it necessary or desirable to resort to them largely, and I question if many of those engaged in treating syphilis now use this method much more frequently than I do.

Some new preparations of iodine have been intro-

duced, notably the iodid of rubidium, which is said to be very well tolerated by the stomach; but from a moderate experience with it, I can not see the great advantage of this expensive drug. Nor can I say much more for the iodid of strontium or several other iodic preparations; but the syrup of hydriodic acid is certainly a most valuable remedy in certain late cases of syphilis.

Turning now to the local treatment of diseases of the skin, we find that a host of new remedies have been presented of late years; among these many have not fulfilled the expectations which were raised, while many are of very considerable value, and their worth has been confirmed by many observers.

*Resorcin* stands prominent among these, and of its value, when properly used, there can be no doubt. To Unna is due the credit of pressing the importance of this remedy upon the profession, mainly in connection with eczema seborrhoicum, with which his name has become inseparably connected. In this eruption, which in reality is no eczema, but a parasitic disease of microbic origin, resorcin is almost a sovereign remedy. In a strength of about 6 per cent. in zinc ointment, or in solution with a little alcohol and glycerin, it will often clear off a well-defined eruption in a very few days. The solution is particularly applicable in the scalp, and the surface should be thoroughly wet with it morning and night by means of a large medicine dropper; it will thus commonly arrest at once the itching attending the scaling of the scalp, which is often one of the earliest signs of seborrheic eczema, and which often leads to a loss of the hair.

Resorcin used much stronger, even up to 25 per cent. in zinc ointment, will sometimes give brilliant results, locally, in the treatment of acne rosacea. The application is kept on for several days, and causes some little inflammation, after which the previous redness and pustular condition will be found to have largely disappeared. A second or third application may be necessary, and if the cause of the reflex con-



gestion has been removed by appropriate diet and medication, there will be very much permanent benefit. Resorcin also proves serviceable in certain ulcerative conditions, notably those of a tuberculous type, used in a mild ointment, not exceeding 10 per cent.

*Ichthyol* certainly stands next in importance among the newer additions to therapeutics in dermatology, as it is also valuable in other branches of medicine, and all are undoubtedly familiar with its use. As an antipruritic it is often of great service. Added to ointments, in a strength of from 6 to 10 per cent., it is very valuable in eczema, and may be used in even quite acute conditions. In dermatitis herpetiformis a watery solution, 5, 10 or even 20 per cent. will often give more relief than any other local remedy. When the skin is too dry it can be used in almost the same strength in oil with much advantage; the same measures are of much service in pruritis ani. In burns an ichthyol ointment, about 6 per cent., will often prove the most comfortable dressing, and on old ulcers of the leg the same, though stronger, is very valuable.

Ichthyol has a power of reducing infiltrations, and in chronic conditions may be painted pure over the surface with much advantage. I have a number of times seen the greatest benefit result from painting pure ichthyol over joints enlarged by rheumatism and gout, and then applying one or two thicknesses of flannel, wrapped firmly on the part, forming an adherent dressing with the ichthyol. This may be removed and fresh ichthyol painted on daily, and wrapped with the same flannel; patients who have long suffered from these conditions have obtained more relief from this method of treatment than from any previously adopted.

In this connection I may mention another non-dermatologic use of ichthyol, although it has some connection with the troublesome skin conditions observed about the anus. This is the internal use of ichthyol, in piles, which I do not think is generally

known. Taken in doses from five to fifteen drops, in water or capsule, after each meal, it seldom fails in giving relief to the congested capillaries of the lower rectum and anus, if the condition is not too exaggerated; when by long duration the blood vessels have become permanently dilated with intercellular exudation and some vascular new formation, and especially if a clot has formed in the mass, this remedy has little effect. But in the milder and recurrent cases, where small tumors form, ichthyol, if freely used internally, and perhaps externally, will give a relief which is most gratifying, and I have many patients who at once resort to it on every return of this trouble.

The disagreeable odor and the staining of ichthyol have led to the introduction of several other substances intended to take its place. One of these is *thiol*, a sort of artificial ichthyol, less unpleasant in smell and producing less permanent stains on linen. From what I have seen of its use in the hospital, I do not think it fulfils the requirements as well as the natural drug. I may add that it is sometimes difficult to obtain the true and pure ichthyol, as there have been several synthetic products offered in its place, none of which seem as good as the imported natural product.

Another of these ichthyol-like remedies is *tumenol*, upon which a number of observers have reported. It acts much like tar in relieving itching, but it is expensive, and rather hard to manage, and from some experience with it I do not see its advantage over ichthyol.

Several astringent remedies have been introduced of late, some of which are of considerable value. Prominent among these is *alumnol*, an aluminum salt containing sulphur. It is in a fine white powder, very soluble in water, in glycerin, and in warm alcohol, and insoluble in ether. A 1 to 5 per cent. solution in water may be applied with advantage even in acute eczema. It is also of advantage in ointments, 10 to 20 per cent., and also in dusting powders, even up to 30 per cent.

*Dermatol*, a basic gallate of bismuth, in form of a yellow, insoluble powder, is also a safe astringent, used in ointment 5 to 10 per cent., or as a dusting powder.

*Gallanol* acts much in the same manner, and is valuable in the more chronic stages of eczema and in psoriasis. Being white and not staining or irritating the skin, it has advantages over chrysophanic and pyrogallic acid.

*Gallaceto-phenone*, a compound from pyrogallic acid, acts much in the same manner as that drug, and is certainly of considerable value in psoriasis, in an ointment of about 10 per cent.

*Beta naphthol* is an old remedy, but still one of the later additions to our dermatologic armamentarium; it has considerable power over psoriasis, in ointments, in a strength from 6 to 10 per cent., and is also useful in scabies, and of moderate value in the vegetable parasitic eruptions.

Of the newer preparations of *iodin*, *europen* takes a prominent place. It is non-toxic, but slightly odorous, and with many has supplanted iodoform, in the treatment of venereal ulcers; it serves well also to promote cicatrization when dusted on all forms of ulceration.

*Aristol* still holds its place for much the same conditions, and is also valuable in an ointment, 4 to 10 per cent., in psoriasis.

*Iodol* is one of the newest claimants of attention, and acts very well in place of iodoform, it being said to contain 89 per cent. of iodine; it is practically iodoform and therefore a desirable preparation.

*Boric acid* has also come prominently into view as an antiseptic and astringent, used both as a powder and in solution in water and in ointments, in a strength of from 5 to 20 per cent. It is always a safe and often a very serviceable remedy. As an antiseptic the *peroxid of hydrogen* has steadily gained in reputation, and often serves most admirably in checking suppuration, either on external surfaces or injected into cavities or sinuses.

Several remedies of value have been brought forward of late for the relief of itching. Prominent among them is *menthol*, used in ointment or oily solutions, in a strength of from 2 to 10 per cent. Generally it is best to combine with it about double the proportion of carbolic acid, partly to aid its action and partly to overcome some of the chilly sensation produced by the menthol when used alone.

*Cocain* also sometimes serves an excellent purpose, added to ointments, in a strength of 1 to 5 per cent. Care must be exercised in applying it over too large a surface, for fear of systemic results, and I have sometimes thought that it acted as a local irritant.

The combination of *camphor* and *chloral*, rubbed together in equal parts till a liquid results, and added to ointments, in a strength of from 5 to 15 per cent., is also a valuable antipruritic. Its application is attended with considerable burning sensation, if there is any raw surface, but when used in proper strength this need by no means interfere with its application. Recently a similar compound with the addition of eucalyptus has been introduced under the name of campho-lyptus.

*Campho-phenique*, a patented combination of camphor and carbolic acid, is also of real value in many conditions, where an antiseptic and antipruritic action are desired. It may be used in an ointment or in oil, of a strength from 6 to 20 per cent.

A combination of equal parts of *carbolic acid*, *tincture of iodine* and *chloral* has been introduced by Dr. Cutler of New York, which answers well as a parasiticide in favus and tinea, and is also valuable as an antipruritic; it often requires to be diluted.

Various dusting powders have been brought forward. Notably the *stearate of zinc* with other remedies combined with it; these answer fairly under favorable circumstances. *Emol*, a natural silicate, has been introduced by Jamieson of Edinburgh, and often acts excellently as a powder or in paste with water, in chronic eczematous conditions.

Considerable attention has been paid to the bases in which applications are to be made to the skin, and it would occupy far too much time if I attempted to give even a brief description of the advances which have been made in this direction. Some years ago ointments were largely used, with lard as a base, to which later were added the cerates. These are all apt to become rancid, and a variety of substances have been brought forward to obviate this difficulty. The preparations from petroleum, *vaseolin*, *cosmolin*, *albolene*, etc., are all valuable, but are not firm enough to make a sufficiently protective dressing, in many instances. Later we have had preparations from sheep's wool, *lanolin*, *agnin*, etc., which are more firm and sticky, and form a good addition to the petroleum products, or to other bases.

Still later the attempt has been made to provide dressings which shall be applied in such a manner that they shall adhere to the skin, and, while holding a medicament in solution or suspension, shall thoroughly cover and protect the diseased surface.

Beginning with the idea embodied in collodion, or the liquid guttapercha of the old pharmacopeia, various combinations of gelatin, with dextrin, starch, glycerin, etc., have been presented, most of which serve the purpose fairly well, but can not be detailed here. One of the most recent of these is Bassorin paste, composed of gum tragacanth 48, dextrin 25, glycerin 10, water q. s. ad 100. This may be combined with various substances, and forms a varnish-like covering, which protects the parts well, while healing progresses beneath.

Finally, Unna has introduced quite a line of plaster-mulls and salbe-mulls, in which various medicaments are incorporated. These certainly are of very considerable value in certain cases, and afford a means of keeping the remedy required in close juxtaposition with the diseased surface.

I have said nothing in regard to the various medicated soaps, and have little to say commendatory; for,

as a rule, little washing is desirable in diseases of the skin, and they have always seemed to me to be an irrational method of making other applications to the skin.

There are many more of the newer remedies and measures which I might, with advantage, bring before you. But this paper has already overstepped the limits within which I had proposed to speak, and I must leave them for consideration on another occasion.

I have said enough, however, to show that there have been real advances of late years in the therapeutics of diseases of the skin; although I still feel that I must repeat what I said at the opening, that caution should be exercised against accepting much of the new which is brought to our attention. The science of medicine is a grand and difficult one, and we must not be content with ordering this or that remedy, on however high authority, without understanding the diseased condition we have to meet, and the true nature and uses of the remedy we are to prescribe. All thoughtful men must regret the ready and often careless way in which some of the newer remedies have been pushed, too often for the gain of manufacturers or proprietors, and the profession should make a stand against and repudiate the impudent manner in which many of them have been vaunted, for commercial purposes.

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