

An inquiry into the relative frequency, the duration, and cause of diseases of the skin : as deduced from the observation of one thousand consecutive cases : with remarks on the exanthematous epidemic of the spring of 1864 / by Erasmus Wilson.

Contributors

Wilson, Erasmus, Sir, 1809-1884.
Royal College of Surgeons of England

Publication/Creation

London : John Churchill and Sons, 1864.

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10



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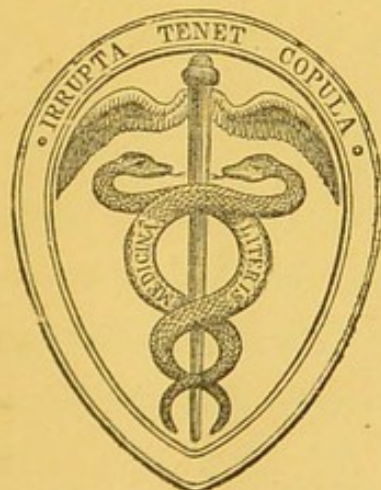
AN INQUIRY
INTO THE
RELATIVE FREQUENCY, THE DURATION, AND CAUSE
OF
DISEASES OF THE SKIN.

As deduced from the Observation of One Thousand consecutive Cases.

*With Remarks on the Exanthematous Epidemic of the Spring
of 1864.*

BY

ERASMUS WILSON, F.R.S.



LONDON :
JOHN CHURCHILL AND SONS,
NEW BURLINGTON STREET.

MDCCCLXIV.

LONDON:
SAVILL AND EDWARDS, PRINTERS,
CHANDOS STREET.

AN INQUIRY
INTO THE
RELATIVE FREQUENCY, THE DURATION AND CAUSE
OF
DISEASES OF THE SKIN.

THE following observations have for their principal object to determine the RELATIVE FREQUENCY, the CAUSE, and the DURATION of CUTANEOUS DISEASES. To accomplish this purpose I have made a careful register of a given number of cases, taken consecutively, as they have presented themselves in daily practice, and, consequently, without selection; and upon these cases I have founded my conclusions. I have no means at my disposal of ascertaining the relative proportion which diseases of the skin bear to other diseases of the body; nor can I assume for my present inquiry that it represents the relative frequency of the different diseases of the skin throughout the whole population; my field of observation is necessarily circumscribed, restricted to the middle and upper classes of society, to such cases, in fact, as fall within the limits of private practice; and

exclusive of the more numerous class to be met with in hospitals, infirmaries, dispensaries, and poorhouses in general.

This limitation, however, is not altogether without its advantages, inasmuch as the observations of those engaged in public practice are commonly more frequent than of those occupied with private practice, and the experience of the latter, as a consequence, more difficult of access. Moreover, whatever may be the diseases of the middle classes, their causes may be said to be natural to our social system, and to be the result neither of want nor poverty—conditions which prevail among the lower classes, and which medicine, in the restricted acceptation of the term, is incompetent to relieve.

In 1000 cases of cutaneous affection, registered under the above circumstances, there occur 51 different diseases, which, arranged in their order of frequency, are as follow :—

Eczema	298
Gutta rosacea	112
Alphos	73
Acne	55
Alopecia	50
Pityriasis	43
Trichosis	39
Scabies	37
Lichen	30
Area et calvities	30

Syphiloderma	30
Erythema	17
Chloasma	15
Sycosis	14
Furunculus	14
Prurigo et pruritus	13
Lupus non exedens	12
Scrofuloderma	11
Herpes	11
Melasma	8
Lupus erythematosus	7
Impetigo	6
Xeroderma et Ichthyosis	6
Nævus vasculosus	6
Lupus exedens	5
Carcinoma cutis	5
Kelis	5
Hirsuties	5
Urticaria	4
Kérion	4
Leucosma	3
Ecthyma	3
Nævus hypertrophicus	3
Purpura	2
Sudatoria	2
Cachexia cutis	2
Tumores encystici	2
Molluscum	2
Morbi unguium	2
Canities	2

And, of the following, one example each, namely :—
Erysipelas, pemphigus, roseola, hordeolum, narcosis folliculorum, favus, verruca, atrophia cutis, morphœa, elephantiasis, bucnemia.

First, and most conspicuous in frequency above all the others, is eczema, represented by the figures 298, very nearly 30 in every 100, or 30 per cent. Then follow gutta rosacea, above 11 per cent.; alphas, above 7 per cent.; acne, $5\frac{1}{2}$ per cent.; alopecia, 5 per cent.; pityriasis, above 4 per cent.; trichosis and scabies, nearly 4 per cent.; lichen, area, and syphiloderma, each 3 per cent.; erythema, above $1\frac{1}{2}$ per cent.; chloasma, $1\frac{1}{2}$ per cent.; sycosis and furunculus, nearly $1\frac{1}{2}$ per cent.; prurigo, lupus non exedens, scrofuloderma and herpes, above 1 per cent.; melasma, lupus erythematosus, impetigo, ichthyosis, and nævus vasculosus, under 1 per cent.; lupus exedens, carcinoma cutis, kelis, and hirsuties, $\frac{1}{2}$ per cent.; urticaria, kérion, leucosma, ecthyma, and nævus hypertrophicus, under $\frac{1}{2}$ per cent.; purpura, sudatoria, cachexia cutis, tumores encystici, molluscum, morbi unguium and canities, nearly $\frac{1}{4}$ per cent.; and the remaining twelve diseases $\frac{1}{10}$ per cent., or one in the thousand.

Such is the result of an analysis of 1000 cases viewed as individual diseases; but if we arrange them into families or groups, we shall find the results still more characteristic. For example: eczema is the head of a family, of which gutta

rosacea, pityriasis, lichen, scabies, and impetigo may be regarded as members; and these, constituting the eczematous group, number together 526; or more than one-half of the total number. Alopecia stands at the head of a group of affections of the hair and hair-follicles; and this group, consisting of alopecia, area, calvities, trichosis, favus, sycosis, k  rion, hirsuties, canities, and n  rcosis folliculorum, numbers 146 cases; nearly one-sixth of the whole. Next follows alphas, of itself representing 73 cases. Acne, the type of chronic inflammation of the sebaceous apparatus, attracts to the same group molluscum, hordeolum and encysted tumours, making in all 60 cases. Scrofuloderma, a strumous group, including lupus exedens, lupus non exedens and lupus erythematosus, gives 35 cases; and syphiloderma, standing alone, represents 30. Melasma, leucosma, and chloasma, the type of the dyschromatodermata, are represented by the number 27; while the erythematous group, consisting of erythema, urticaria, roseola, and erysipelas, amounts together to only 23. Furunculus and ecthyma are represented by the number 17; prurigo and pruritus by 13; and herpes and pemphigus, composing a bullous group, by 12. Xeroderma and ichthyosis, including cachexia cutis, are represented by 8; n  vus vasculosus by 6; a hypertrophic group, consisting of n  vus hypertrophicus, n  vus pilosus, n  vus pigmentosus, verruca, and bucnemia by 5; carcinoma cutis by 5; kelis by 5; purpura by 2; sudatoria

by 2; morbi unguium by 2; and atrophia cutis, morphœa, and elephantiasis by 1 each.

This arrangement, which is, as it were, defined by the diseases themselves, and arises out of their *numerical* importance, is suggestive of a very simple, and at the same time, a very practical form of classification; a classification which, from its origin, may be termed a **CLINICAL CLASSIFICATION**; for example:—

1. Eczematous affections	526
2. Erythematous affections	23
3. Bullous affections	12
4. Furuncular affections	17
5. Nervous affections	13
6. Vascular affections	6
7. Hæmodyscrasic affections	2
8. Developmental and nutritive affections	8
9. Hypertrophic and atrophic affections	6
10. Alphous affections	73
11. Strumous affections	35
12. Syphilitic affections	30
13. Keloid affections	5
14. Carcinomatous affections	5
15. Leprous affections	2
16. Affections of the hair and hair-follicles	146
17. Affections of the sebiparous apparatus	60
18. Affections of the chromatogenous apparatus	27
19. Affections of the sudoriparous appa- ratus	2
20. Affections of the nails	2

To which may be added in consideration of a theory recently advanced; but not yet in our opinion sufficiently confirmed:—

21. Phytodermic affections 73

In actual numerical order eczema should have been followed by affections of the hair and hair-follicles; and these by alphas, affections of the sebiparous apparatus, struma, syphiloderma and affections of the chromatogenous apparatus; erythema taking a place after the latter; but it is more consistent with pathological and physiological principles to recognise the mutual affinities of eczema, erythema and bullæ as affections common to the entire structure of the skin; to range after these furunculus, diseases of the nerves, of the vessels, of the blood; next, to consider disorders of development, nutrition, and growth; then the specific affection alphas with the other specific affections, struma, syphiloderma, kelis, carcinoma and lepra; and to complete the list with the affections of special apparatus; namely, hair, sebiparous glands, pigment, sudoriparous apparatus, and nails.

Having determined the individuality and affinities of cutaneous diseases, as also their relative frequency of occurrence, we may next inquire :—How far SEX may be influential in their production. In this respect they seem to be pretty equally distributed, for although, as we shall see subsequently, certain cutaneous affections belong specially to the

male and certain others to the female only, yet the gross numbers are very nearly the same; the males being represented by 499 and the females by 501.

1. ECZEMATOUS AFFECTIONS.

Eczema would seem to be more common in the male than in the female, the total number, 298, being made up of 171 males and 127 females.

The proportionate frequency of the different forms of eczema is shown by the following table:—

	M.		F.	Total.
Eczema erythematosum . .	87	...	74	... 161
„ papulosum . . .	28	...	14	... 42
„ vesiculosum . . .	6	...	4	... 10
„ ichorosum . . .	43	...	22	... 65
„ pustulosum . . .	2	...	6	... 8
„ infantile . . .	5	...	7	... 12
	<hr/> 171	...	<hr/> 127	... <hr/> 298

Eczema, as is well known, presents itself to our notice in a dry (*siccum*) and erythematous form, as instanced in the erythematous, papulous and declining or chronic eczemata; and in a moist (*humidum*) and exuding form, as seen in the vesicular, ichorous, muco-purulent (*intertrigo*) and purulent forms of the disease. These forms are governed by the absence or presence of a lymphatic or pyogenic condition of the constitution,

either natural or acquired, and the proportions in which they occur are 203 of the former to 95 of the latter ; therefore, the dry forms of eczema are in frequency more than double those of the moist or humid kind. In persons of lymphatic constitution and commonly in infants, eczema is of the humid type; in more vigorous subjects, and especially in those of a nervous temperament, the eczema is dry; and where the temperament is lymphatic and the vital power at a low ebb, the pyogenic character is apt to prevail in the form of eczema pustulosum or impetiginodes. It is scarcely needful to remark that eczema rarely presents an unmixed character as regards its form; the erythematous element is more or less prevalent in all; the papulous element, when not the principal feature, is scattered over the sounder parts of the skin; the vesicular and the ichorous elements are more circumscribed; the pustular element is also limited in extent; whilst it very commonly happens that all are present in the same individual, and the predominance of one or the other determines the diagnosis of the case. Moreover, it may be constantly observed in the *eczematous diathesis*, as evinced by the periodical recurrence of the disease for a series of years, that the attack of the eruption is one while dry and papulous, and another while moist and ichorous, in conformity with the existing state of constitution of the patient.

Eczema is a disease of all ages, beginning, as in

eczema infantile, at the age of five or six weeks, prevailing abundantly in childhood and youth, attacking feeble manhood, becoming more frequent and vexatious in the decline of maturity, and ceasing its torments only with life. In the 298 cases now under consideration, the ages of the subjects were as follow :—Under one year, 8; two to nine years, 21; ten to nineteen years, 40; twenty to twenty-nine years, 36; thirty to thirty-nine years, 56; forty to forty-nine years, 57; fifty to fifty-nine years, 42; sixty to sixty-nine years, 24; seventy and upwards, 7.

Thus it would appear that the age the most fertile in the production of eczema is that of maturity and incipient decline, ranging between the ages of thirty and fifty-nine, which gives 155 or more than half of the whole, while the next most productive period is childhood and youth, giving 69, or nearly one quarter of the whole, between the ages of birth and nineteen years.

The chronic and lasting nature of eczema is shown in the length of time of its *duration* when first presented for treatment: the periods may be thus stated :—Less than one month, 29; one to six months, 89; six months to one year, 30; one year to five, 85; five years to ten, 27; ten years to twenty, 23; twenty years to thirty, 12; while in three instances the disease has existed for the periods of 48, 57, and 70 years respectively.

The greater number of cases have a duration of

one month to one year, and in the second rank one year to five, the number included within these periods being 233, about four-fifths of the whole. Of the examples of longer duration some few are continuous, but the greater proportion are intermittent: three cases, each of ten years, and one of twenty years' duration have persisted with exacerbations, throughout the whole period; but it more commonly happens that the attacks are intermittent, occurring in the spring and fall of the year, in the summer or winter, and sometimes with an interval of health of several years. The most persistent cases are of congenital and hereditary origin. Of the above cases 42 were congenital, and 11 hereditary as well as congenital, making a total of 53, namely, 36 males and 17 females. The congenital cases range in age between three months and seventy years; 36 were under twenty years; 15 were between twenty-one and fifty; and the remaining 2, fifty-seven and seventy respectively.

CAUSE OF ECZEMA.—In searching into the nature of eczema, and seeking for a general cause applicable to the entire group, I have been forcibly impressed with the idea that that one general cause is *debility*; a lowered tone of the system and of the tissues; a reduction of vital force, bringing it below the normal standard, below the standard of health. And pursuing the inquiry further, a modification of the principle of debility becomes apparent which may be expressed by the terms *nutritive* debility,

nervous debility, *assimilative debility*, and *local debility*, or debility of tissue.

By *nutritive debility* I mean weakness of nutritive power, defective nutrition, a condition applicable to infancy, to the early periods of life, and sometimes to mature life and to the aged. A debility to which may contribute as accessory causes, want of food, improper food, and want of power to appropriate and convert food into nutrient and restorative material.

Nervous debility is shown by an excitable and irritable state of the nervous system; a state in which the nerves are too easily excited by stimulants and irritants; in which they take the lead in the phenomena of life, set up sympathetic action in distant parts of the economy, provoke reflex operations, and induce waste, neuralgia, and the varied forms of pruritus. Nervous debility may be present in the young, but is more common in maturity and old age. In youth it is commonly accidental; in other words, it is induced by exhausting excitation.

Assimilative debility is the consequence of derangement of the digestive and assimilative functions, and disturbance of the secretions. The organs governed by the solar plexus and its dependencies are the parts of the economy primarily and chiefly at fault in this group; and to their regulation our attention must be especially directed in treating the disease. In brief: nutritive debility implies weakness of nutritive power; nervous debility, weakness

of the governing power exercised by the nervous system; and assimilative debility, weakness of digestion, assimilation, and secretion.

Local debility; a weakened tone and vitality of the tissues of the part affected is the most prominent indication in a small proportion of the cases that come before us. There may be also present one or other of the three forms of constitutional debility already distinguished, but in a subordinate degree; or they may be absent altogether, no symptom of general disorder can be detected in the patient, and we are constrained to look for the cause in the seat of the disease; in some aberration from the normal standard of vitality of the part.

Taking, therefore, these four heads as the basis of our classification of the causes of eczema, we shall find the proportion of cases admitting of being grouped under each head to be as follows:—

Nutritive debility	102
Nervous debility	32
Assimilative debility	142
Local debility	22

The terms, nutritive debility, nervous debility, assimilative debility, and local debility must be taken to represent the *governing predisposing cause* of the disease, to the production of which other more *remote predisposing causes* contribute in a greater or less degree; and subsequent to which certain *exciting causes* may step in and give the first

impulse to the active operations of the disease, in other words, to the pathological operation constituting the *proximate cause*.

The remote predisposing causes distinguishable in the 102 examples of nutritive debility now before us, were as follow:—errors of diet, 28; weakly parentage, 13; hereditary diathesis, 12; vaccination, 7; excessive or rapid growth, 7; errors of air, exercise and clothing, 6; dentition, 5; eruptive and malarious fevers, 4; vicissitudes of cold, heat, and moisture, 5; strumous diathesis, 3; ungenial climate, 3; deranged menstruation, 3; uterine, reproductive, and puerperal derangements, 3; sexual excess, 1; deranged digestion, 1; and constitutional disease, 1.

It may be noted in passing that these remote predisposing causes rarely exist perfectly separate; that, most frequently, they are combined, and that the combinations may be various according to circumstances; that, for example, errors of diet may be associated with weakly parentage, with hereditary diathesis, with errors of air, exercise and clothing, with vicissitudes of cold, heat, and moisture, &c.; and that these combinations increase the force of the predisposing cause, and render the diagnosis as to cause all the more evident.

The remote predisposing causes present in the 32 examples of nervous debility are as follow:—Anxiety, fatigue, and affliction, 5; overstrained mental and physical labour, 4; ungenial

climate, 4; uterine, reproductive, and puerperal derangements, 4; weakly parentage, 3; vicissitudes of cold, heat, and moisture, 3; nervous shock and fright, 3; deranged menstruation, 2; errors of diet, 1; derangement of digestive organs, 1; gouty and rheumatic diathesis 1; and constitutional and organic disease, 1.

Of assimilative debility, the remote predisposing causes, in the 142 cases, were as follow:—Derangement of digestive organs, 49; vicissitudes of cold, heat, and moisture, 13; constitutional and organic disease, 12; anxiety, fatigue, affliction, 11; ungenial climate, 7; gouty and rheumatic diathesis, 7; overstrained mental and physical labour, 6; transition of seasons, 6; weakly parentage, 5; hereditary diathesis, 4; errors of diet, 4; errors of air, exercise, cleanliness, clothing, 4; uterine, reproductive, and puerperal derangements, 4; eruptive and malarious fevers, 3; deranged menstruation, 2; general cachexia, 2; sexual excess, 1; hemorrhage, 1; local injury or disorder, 1.

The remote predisposing causes contributing to the production of the 22 cases of local debility were as follow:—Local injury, 4; cold, 4; heat, 3; local irritants, 3; varicose veins, 2; friction, 2; clothing, bedding, &c., 2; moisture with cold, 1; and moisture with heat, 1.

GUTTA ROSACEA, or red rash occurring in the face, is especially a disease of the female sex, depending primarily on debility, which may be

nutritive, nervous, or assimilative, and in rare instances, possibly, local, these predisposing causes being simple or combined—and secondly, on reflex irritation, one while originating in the nervous plexuses of the stomach and alimentary apparatus, and another while in those of the reproductive and uterine system. The forms which the eruption assumes may be expressed by the terms already assigned to eczema — namely, erythematous, papulous and pustulous, to which may be added tuberculous. The first and simplest form of gutta rosacea, but at the same time the most persistent, because it is the beginning and the end of all the rest, is gutta rosacea erythematosa; next follows gutta rosacea papulosa; then, an exaggeration of the preceding, gutta rosacea tuberculosa; and, lastly, gutta rosacea pustulosa. As in eczema, these forms are rarely perfectly distinct, the erythematous form is the most frequent and is usually associated with all the rest; the papulous form comes next; while the tuberculous and pustulous forms are those of the longest standing, and evince the lowest degree of vital power. The erythematous and the papulous forms are commonly not to be distinguished in colour from eczema; but the tuberculous and pustulous forms are usually more or less roseate, deepening in tint in the very chronic forms into a purple and livid hue.

Of 112 examples of gutta rosacea, 95 were

females and 17 males; and of the 95 females 52 were unmarried and 43 married. The chronic nature of the disease is shown by the length of time the eruption had existed when first brought under treatment. In 26 cases, the duration of the disease was under one year; and in the period between one year and five, the number of cases is 65; between six years and ten, 13; while 8 exceeded the latter period, rising from 11 to 15 and 16 years, and thence upwards to 24 and 30 years.

The remote predisposing causes in the 17 males were—derangement of digestion, 5; mental and physical labour, in one instance accompanied with long fasting, 2; anxiety, fatigue, and affliction, 2; organic disease, in one instance of the brain, in the other, dysentery, 2; errors of air and exercise, 1; sexual excess, 1; abuse of alcoholic drinks, 1; rapid growth, associated with rheumatism, 1; syphilitic cachexia, 1; typhoid fever, 1.

The remote predisposing causes in the 95 females were as follow:—

Uterine, reproductive and puerperal derangements, 16; deranged menstruation, 13; languid vital power, 12; anxiety, fatigue, and affliction, 11; deranged digestion, 7; ungenial climate, 7; eruptive fevers, 6; errors of air, exercise, and clothing, 5; hæmorrhage, 3; constitutional and organic disease, 4; rheumatic diathesis, 3; rapid growth, 1; exces-

sive labour, 1; deficient food, 1; and, adult vaccination, 1.

PITYRIASIS is a superficial inflammation of the skin, for the most part attacking the scalp (*pityriasis capitis*), attended with a teasing itching, with exfoliation of the cuticle in the form of minute furfuraceous scales and farinaceous scurf, and often with loss of hair to a greater or less degree. Of the 43 cases now under consideration, the disease extended to the face; namely, to the eyebrows and whiskers in 3; and to the hairy region of the sternum in 2; while in 6 there existed decided alopecia. The number of males was 21, of females, 22. The ages of the patients ranged between five months and seventy years. The greater number of the cases, namely, 29, more than one-half, occurred between the age of ten and forty years; between birth and ten years, the number was 6; and between forty and seventy years, 8. The duration of the disease at the commencement of treatment extended from three months to upwards of twenty years; the greatest number, namely, 17, having existed between one year and five; and the next greatest number, 13, between three months and one year.

Looking to the cause of pityriasis, the dominant predisposing cause assumes the same three forms already discussed under the head of eczema, with this difference, that nutritive debility is greatly in excess over the other two, the examples of nervous

debility and assimilative debility being equal. The numerical importance of the three groups of causes is as follows:—Nutritive debility, 25; nervous debility, 9; assimilative debility, 9.

The remote predisposing causes may be ranged in the following order:—Errors of diet, 10; deranged digestion, 7; errors of air and exercise, 5; weakly parentage, 4; eruptive fevers, rubeola and scarlatina, 4; ungenial climate, 3; uterine and puerperal derangements, 2; typhoid fever, 2: then follow, each represented by a single example; dentition, vicissitudes of cold, anxiety and fatigue, hæmorrhage, rheumatic diathesis, and syphilitic cachexia.

LICHEN is an eruption of pimples due to congestion of the follicles of the skin; the congestion gives rise to erection of the follicles, and is attended with paroxysmal and somewhat smart pruritus. There is little redness of the papulæ, and often they are not apparent until the skin is rubbed or scratched. Of the 30 cases before us, 19 were males and 11 females. The range of age of the patients was eight months to sixty-seven years; there were 8 between the ages of thirty and forty, 8 under ten years, 4 between forty and fifty, 3 between ten and twenty, and 4 between fifty-nine and sixty-seven. Unlike eczema, the duration of lichen is usually limited to weeks or months: the greater number, namely, 21, falling within the period of one year; 3 had existed for a less period than one year; 4 for a

period between one and two years; while in 2 cases the duration of the disease was fifteen years and forty-two years respectively.

The predisposing causes were, nutritive debility, 12; assimilative debility, 10; and nervous debility, 8; and the remote predisposing causes as follow:—irritability of skin, the sequel of scabies, 10; deranged digestion, 5; coldness of season and climate, 4; error of diet, 3; errors of air and exercise, 3; eczematous diathesis, 2; vaccination, 1; and excessive lactation, 1.

The pruriginous character of lichen is shown by the fact of the greater majority of the cases presenting the pruriginous form, namely, 20; 6 were of the simple kind without much itching, while 4 were of the kind known as lichen urticatus.

SCABIES is an eczema developed under the influence of an irritation excited by the *acarus humanus*. The forms assumed by the eruption are the vesiculous, papulous, and pustulous. The vesicles occupy the immediate locality of the *acarus*; the papulæ, its circumference, or remote parts of the body; and the pustules, the vicinity of the seat of irritation, but occurring only in children or in persons reduced to the pyogenic constitution by debility or disease.

Of the 37 cases now under consideration, 3 only, 2 represented by children and 1 by an adult, were purulent; the rest being papulous; the vesicles were local and excited by the

immediate presence of the acarus. Thirty-seven cases of scabies in a thousand examples of cutaneous diseases, or, nearly four per cent., is a large proportion of instances of this affection among the class of patients assembled in these tables. It is very much above the average of a few years back, and is attributable to the introduction of the disease into this country, and into a better class of society by the return of the army from the Crimea. Previously to this event, scabies was almost unknown in England, even in our poorhouses; but, at present, as we have seen, it is not only common, but much on the increase. The proportion of males to females in the above 37 cases is 25 of the former and 12 of the latter, an accidental difference. The ages of the patients range from six months to fifty-six years; and the duration of the disease on application about six months; one gentleman had allowed it to continue for sixteen months before seeking for relief, and in three it had lasted for more than nine months.

The common seat of the eruption in the adult is the hands and arms, the lower part of the abdomen and genitals, the buttocks and the insides of the thighs; in an infant of six months the acarus was most abundant on the feet, a common occurrence. One case was strikingly illustrative of the local habits of the acarus and the remote propagation of the sympathetic phenomena of scabies. There appeared to be but one acarus present, which

occupied the inner surface of the little finger of the right hand; the papulous eruption in this case was confined to the right side of the body, the right arm, the right flank, and the upper part of the right thigh. The irritation on these parts assumed the transient character of nettlerash, and subsided completely after a few frictions with sulphur ointment made in the interdigital space already indicated.

These cases also illustrated the special characters by which the *acarus* is distinguished; the chytinous crescent representing the head and legs was of deep brown tint in one case, and by far the most conspicuous character; in another the chytine was pale, but the parietes of the abdominal segment were white and opalescent. This difference shows the importance of not relying upon either character singly for the discovery of the parasite.

IMPETIGO is illustrated by only six examples, five being of the figurate or circumscribed form, and one only of the dispersed kind, *impetigo sparsa*. The sexes are equally distributed, and the age in 4 out of the 6 cases two to eleven years; two females being eighteen and thirty-one years of age. The seat of the eruption in the majority of the cases was the face, a common locality of *impetigo*. The predisposing cause in five out of the six cases was nutritive debility; in one, assimilative debility. The remote predisposing causes were: miasma and bad drainage, 2; general cachexia, 2; errors of diet, 1; and the after irritation of scabies, 1.

2. ERYTHEMATOUS AFFECTIONS.

The group of erythematous affections is represented by 17 cases of simple erythema; 4 of urticaria, 1 of roseola, and 1 of erysipelas.

The examples of erythema occurred chiefly in females in the proportion of 14 to 3 males; the duration of the disease was six months and under in 9 instances, and ranged between one year and five years in the remaining 8. The predisposing causes were:—Assimilative debility, 10; nutritive debility, 4; nervous debility, 2; and local debility, 1. The remote predisposing causes were:—deranged digestion, 6; climate, 2; rheumatic diathesis, 2; and one each for the remainder, namely: Errors of diet, errors of air and exercise, cold season, uterine irritation, vicarious menstruation and hereditary diathesis.

In the instance of local debility, the erythema was excited on the skin of the face by the heat of the sun during a tour in Switzerland, and had lasted for two years. In the case of vicarious menstruation the skin gave out a sanguineous exudation at the menstrual periods, while the natural relief was wanting. One of the examples of nervous debility was accompanied with anæmia, melasma oculi, sleepiness, weariness, and depression of spirits. One case, namely, of erythema œdematosum cruris, had been preceded a year before by erysipelas; and another, of erythema frontis et conjunctivæ, by furunculus three years ago.

URTICARIA is represented by 4 cases—2 males and 2 unmarried females; the ages of the patients range between eighteen and seventy, and the duration of the disease between three weeks and one year. Two of the cases are referrible to assimilative debility, one to nervous debility, and one to irritation of the gastric and alimentary mucous membrane acting by reflex excitation on the skin. One of the examples of assimilative debility was a man of seventy, and the seat of the eruption the back of the hands, the dorsum of the feet, and the nape of the neck. The other case, that of a young lady of eighteen, inheriting a rheumatic diathesis, was one in which the cutaneous eruption was vicarious with rheumatism. In the example depending on nervous debility, the urticaria was intermittent, and had been preceded by fever and neuralgia; when the fever subsided the neuralgia commenced, and when the neuralgia abated the urticaria began.

The remaining case illustrates urticaria ab ingestis together with some of the secondary phenomena of this curious affection, the immediate operation of the cause being one of direct irritation of the mucous membrane of the stomach and indirect or reflex irritation of the skin. A gentleman, aged 22, engaged in the City from ten in the morning until six in the evening, had been suffering with neuralgia capitis; a week afterwards, having had no time for food during the day, he partook of a tavern dinner of fish, with some friends, at a late

hour in the evening; the fish was plentifully irrigated with champagne, and he concluded with an unaccustomed luxury, a cigar. The next day, being Sunday, he dined out; and on Monday morning was roused from his sleep by the stinging of urticaria. The itching continued at intervals during the whole day and night, and only subsided towards the evening of the following day. He then lost it for a week, but at the end of this period it recommenced, and this time threatened to be permanent, illustrating the well-known pathological fact, that an action, once set up, may return at any subsequent time, or become established, even in the absence of the cause which first gave it origin.

ROSEOLA is an exanthematous eruption, commonly occurring in the spring and autumn season of the year, and is generally due to the effects upon the constitution of transitions of temperature from cold to heat or the reverse; hence possibly, the presence of one example only of this exanthem in the large number of cases at present before us, may be explained by the circumstance that these cases were all registered within the five months commencing on the 1st of December and ending on the 27th of April, and, therefore, represent the winter months. At a different season of the year we might expect to find a difference in the relative number of these complaints.*

* During the early months of 1864 the metropolis was visited by an epidemic exanthem, which one while assumed

The exanthem in question was a roseola annulata with narrow rings, and had existed intermittingly for several weeks. The patient was a woman aged twenty-one ; pale, anæmic, with weak powers of digestion, and suffering under debility and great depression of spirits. The form of debility under which she laboured was of the assimilative kind.

ERYSIPELAS. This was an example of erysipelas phlegmonodes, a sad but very characteristic one. An infant, aged eighteen months, of syphilitic constitution, was attacked with swelling, hardness, and redness of the left labium pudendi; the hardness and redness spread rapidly upwards in the direction of the inguinal canal to the loin; in the latter situation the inflamed skin became purple and dark from sphacelus of the cellular tissue. The child was prostrate in strength from the beginning of the attack; refused food; gradually sank; and died in ten days.

the characters of a mild variola or varioloid; another while that of a mild rubeola, designated by Dr. Babington, rubeola notha; in a third series of cases it had the characters of a mild diphtheric sore-throat; and in a fourth, those of a corymbose or annulate roseola. This curious epidemic was not confined to London, nor to children; many adults suffered; but in them the symptoms were restricted commonly to a little weariness of limbs, swelling of the salivary glands, and congestion of the fauces. I have added as an appendix to this paper the description of some cases of this epidemic exanthem.

3. BULLOUS AFFECTIONS.

The bullous affections, represented by the small bullæ of herpes and the large bullæ of pemphigus, are twelve in number, eleven of the former and one of the latter.

The examples of herpes, are, herpes preputialis, 5; herpes zoster, 4; and herpes phlyctenodes, 2. The herpes preputialis, as is commonly the case, was intermittent, and had recurred from time to time at pretty regular intervals for several years. In one case the patient was made aware of the approach of the eruption by a tickling sensation in the course of the urethra beginning in the centre of the perineum. This symptom is suggestive of the idea that the eruption is a reflex irritation in sympathy with some morbid stimulus about the neck of the bladder or prostatic urethra. All the patients had suffered from syphilis at no very distant period; one had been the subject of chancre two years previously without subsequent constitutional symptoms, and, since the cure of the chancre, had had fourteen attacks of herpes, each lasting about ten days. The present attack was a herpes dorsi et radicis penis rather than a preputial eruption.

Of herpes zoster, 4 of the cases occurred in the female, and 1 in the male; 2 were developed on the right side of the body and 2 on the left; 3 resulted from the chilling

effects of the easterly winds of spring; and 1 from the chill of bathing in the sea after a long walk which had strained the muscles of the hip; the eruption attacked the weakened side. In 3 of the cases the eruption was well developed, and there were no neuralgic pains; in the fourth case the neuralgia was severe and lasting, the erythematous blotches were distinct, but no vesication took place.

Of the 2 cases of herpes phlyctenodes 1 was a male, the other a female, both adults; in the former the eruption attacked the thigh and resulted from the direct action of a local chill after taking a hot bath. In the latter the predisposing cause was deranged digestion; the eruption had appeared in spring and autumn for several years and was each time preceded by a bilious attack.

Looking to the predisposing causes of the eruption in the 11 cases before us, 7 may be referred to assimilative debility; 2 to nutritive debility, and 2 to local debility.

The case of pemphigus is strikingly illustrative of the cachexia and prostration of power which are commonly associated with this disease. The patient, a young unmarried woman, aged twenty-two, had been suffering from the eruption for six months. For five years she has also been the subject of amenorrhœa, and seven years ago she had purpura which covered the lower half of the body and was accompanied with epistaxis.

4. FURUNCULAR AFFECTIONS.

The diseases assembled in this group are—Furunculus, 14; and ecthyma, 3.

Cases of furunculus are fewer in number at the present time (1863-64) than a few years back, when they were so prevalent as to constitute an epidemic. Of the 14 cases before us, 9 occurred in males and 5 in females; 9 were referrible to assimilative debility, 3 to nutritive debility, and 2 to nervous debility. The remote predisposing causes were as follow:—Deranged digestion, 5; local injury, 2; and 1 each the following, namely:—Errors of diet, accompanied with amenorrhœa and vaccination; rapid growth, with excessive study and exercise; excessive labour, with irregular meals and smoking; cold weather; uterine disease; scarlatina; and hæmorrhoids. One patient had suffered from anthrax eighteen months before, and in three the boils assumed the anthracoid character—furunculus anthracoides.

The duration of the disease was in 8 cases under one year, in 4 cases under two years, and in the remaining 2 cases, three years. One of the cases, resulting from local injury, was a patient reduced in power by the confinement attending the treatment of a broken leg; on the removal of the bandages, the weakened skin threw out a crop of small boils.

Besides individual examples of furunculus,

several of the cases of eczema were complicated with boils.

Of the 3 cases of ecthyma, 1 was a lad of fifteen, of strumous diathesis, the strumous habit determining nutritive debility; he had been the subject of ecthymatous pustules on the legs for four years. Another was a little girl under two years of age, in whom the predisposing cause was inherited nervous debility, the exciting cause being dental irritation. To use a popular phrase, she always cut her teeth with an eruption, and at such times was peevish and fretful. The third case was a lady aged seventy, in whom the ecthymatous pustules were developed on the tip of the nose and around the aperture of the nostrils, being due to derangement of digestive organs, and consequent assimilative debility.

5. NERVOUS AFFECTIONS.

Pruritus and prurigo are associated in respect of the kind of suffering to which they give rise: itching, tingling, creeping, tickling, pricking, &c., occurring for the most part in fits provoked by changes of clothing or temperature: coming on periodically, augmented by rubbing and scratching, and rising sometimes to such a height as to occasion an excitement almost approaching to a state of frenzy. They differ in the degree of alteration existing in the skin; in pruritus there is commonly no visible change of appearance of the

integument; in prurigo there are pimples and an altered aspect of the skin, which to the touch is hard, dry, and coriaceous. Pruritus may occur at all ages; prurigo is most common in those advanced in years. Of the 13 cases before us, 4 were those of prurigo, the remaining 9 being examples of pruritus. The ages of the former ranged between nineteen and seventy-seven, those of the latter between twelve and sixty-seven. The duration of the disease in the cases of prurigo, with the exception of one, of three months' standing, was 2, 3, and 6 years; and in the examples of pruritus, one month to six months in 5; and one year to five in the 4 remaining. The predisposing causes were:—Assimilative debility, 6; nervous debility, 4; nutritive debility, 1; and local debility, determined by a sordid and ill-nourished state of the skin, 2. The remote predisposing causes were:—Deranged digestion, 5; rheumatic and gouty diathesis, 3; defective local nutrition of the skin, 2; and abuse of alcohol, 1. Pregnancy and ascarides were the exciting cause in two.

Of the cases of pruritus, two occupied the entire surface of the skin; in one of these the patient was a physician, aged forty-two; his body was covered with hair, and from neglect of a daily saponaceous ablution, the skin had become discoloured and sordid, and the sebaceous follicles loaded with impacted secretion. The other was a young man, aged twenty-one, of nervous temperament and morbidly sensitive;

he believed that there were insects in the skin, as he had the feeling of their running about from place to place. His stomach was much deranged, he had gastrodynia, and frequent attacks of vomiting. One of the cases of pruritus affected the scrotum, and had existed for five years; and another, a pruritus pudendi externi, was of two years' continuance.

6. VASCULAR AFFECTIONS.

Disorder of the vascular structure of the skin is illustrated by 6 cases, representing 4 varieties of *nævus*, namely: *nævus arteriosus superficialis*; *nævus venosus superficialis*; *nævus araneus* (3 cases); and *nævus araneus reticulatus*. With the exception of one, a lad of five years old, all the patients were females; one an infant of four months; the remainder, adults. The *nævus arteriosus superficialis* occupied an extensive surface on the chest and shoulder of the infant, and was attributed by the mother to a longing for raspberries. She had seen some fine raspberries in a gentleman's garden when she was four months pregnant; one of those remarkable longings which pregnant women are liable to, took possession of her, and haunted her during the remainder of her pregnancy: the remembrance of the raspberries was never absent from her mind. Whether or not this morbid operation of her nervous system was capable of influencing the nutrition and develop-

ment of her child I do not venture to say; but simply record a physiological fact of no uncommon occurrence. The *naevus venosus superficialis* was, what is popularly termed, a "claret-stain;" it was congenital, and occupied the greater part of the cheek of a young lady of twenty-one. The *naevus araneus* is a little annoyance that may occur at any period of life, but is most common in women and female children. It is an aneurismal loop of a minute artery, and the small veins which carry the blood away from it radiate on all sides, suggesting the idea of a spider, hence its designation, "*araneus*." The *naevus araneus reticulatus* resembles the above in pathological conformation, but the efferent venules establish a retiform plexus around the central boss.

7. HÆMODYSCRASIC AFFECTIONS.

Purpura is the archetype of the hæmodyscrasic group; and the comparative rarity of the disorder is shown in the fact of its occurrence in two instances only out of one thousand cases. One patient was a lady, aged forty-five; the purpura occupied the legs in the form of petechiæ, which were most abundant below the knee; the integument being somewhat œdematous. She had been subject to the disease from time to time for twelve years; and the stains were accompanied with pain, soreness, and weariness in the legs, and painful indurations of the muscles. Her assimilative and nervous powers

were much depressed, and she had suffered previously from mammary abscess, after a confinement, and ovarian abscess. The second case was that of a gentleman, aged sixty, who had been annoyed with purpura (vibices and petechiæ) of the lower limbs for one year. He complained of rheumatic pains and soreness of muscles; the latter being drawn up here and there into hard lumps, and there was some degree of œdema of the subcutaneous cellular tissue. His assimilative power was considerably depressed.

8. DEVELOPMENTAL AND NUTRITIVE AFFECTIONS.

Defect of healthy development and nutrition of the skin is shown in xeroderma; the incipient and minor degree of ichthyosis. Defective nutrition in an originally healthily developed integument is seen in cachexia cutis. Of the former we have before us 6 examples; of the latter, 2. Xeroderma is congenital; hence our patients are commonly young, in this instance, ranging in age from ten to twenty-nine; there were four males and two females. One of the cases was a member of a family of four, born in India; two of the children presented this form of defective development of skin, while the others escaped. In a second case, the morbid skin had been secondarily attacked with eczema; and in another with furuncles which followed in the suite of varioloid.

The cachexia cutis was an affection of the face in two young ladies, aged twenty-five and twenty;

in both the skin was discoloured, yellowish, dry, and coriaceous ; one had suffered from an uterine complaint (displacement) which had resulted in nervous debility of an extreme kind. In the other, the defective nutrition of the skin had succeeded typhoid fever.

9. HYPERTROPHIC AND ATROPHIC AFFECTIONS.

Hypertrophy of the cutaneous tissues is illustrated by three diseases; *nævus hypertrophicus*, or simple tegumentary mole ; *verruca*, or wart; and *bucnemia tropica*, or Barbadoes leg. *Nævus hypertrophicus* commonly presents three varieties, each of which has its representative in the cases before us: for example, *nævus hypertrophicus vulgaris*, which is a simple growth of the integument without alteration of colour or change of structure; *nævus hypertrophicus pilosus*, in which the growth of integument is covered with a tuft of hair; and *nævus hypertrophicus pigmentosus*, wherein there is an excess of the normal colouring material of the skin. Not unfrequently, the two latter forms, the pilous and the pigmentary, are united. The case of *verruca* was of the kind termed *acrochordon*, a pedunculate wart. The *bucnemia* occupied the left foot and leg of a gentleman, aged fifty-eight, and extended as high as the middle of the calf. At the ankle the thickened integument formed a massive fold that overlapped the dorsum of the foot as far as its middle. The disease had existed for eighteen

years, and began in China after a sprain of the ankle. There was no evidence of disease of the veins, lymphatics, or glands ; the whole depth of the tegumentary and subcutaneous cellular tissue was hypertrophied and œdematous ; and there were two large scars indicating the previous existence of ulcers which had served as issues to the accumulated fluids, and for the time had reduced the bulk and tension of the limb. The disease was unattended with pain.

Atrophy of the skin is illustrated by a case of paralysis of a nerve of the forehead, the integument supplied by that nerve falling into a state of atrophy in the course of its distribution: *linear atrophy*.

10. ALPHOUS AFFECTIONS.

Alphos is the name assigned by the Greeks to that white and squamous eruption, which, in England, has been denominated *lepra vulgaris* ; in Vienna, *psoriasis* ; and in Paris is known by both of these appellations. We shall avoid confusion, and also error, by restoring the ancient, most appropriate and most significant term. For, as I have shown elsewhere, *lepra* is the proper and universally received name of the ancient or Jewish leprosy, the *elephantiasis* of the Greeks ; *psoriasis* is a congener of *psora* ; the *psora* of the Greeks is the scabies of the Latins, the *eczema* of our own times ; and, therefore, *psoriasis* is simply a scaly

eczema, eczema squamosum, in other words, a chronic eczema. To dissever psoriasis from psora, would be to dissever Romulus from Rome.

Alphos is a very interesting and also a very obstinate affection; it is important from its frequency, 73 cases in 1000, or something more than 7 per cent.; and it is curious from its hereditary peculiarities, and from the obscurity of its cause. It originates in a *diathesis*: but the source of that diathesis is at present unknown; and the more closely we investigate, the greater difficulty do we find in coming to any conclusion with regard to it. Next to our knowledge of its persistence, the only facts in regard to the disease upon which we can be certain are, firstly, that its presence is consistent with an otherwise healthy state of the body; and, secondly, that the only medicine capable of influencing it effectively is arsenic.

Alphos would appear to be more frequent in females than in males, the relative proportion in the two being 40 of the former to 23 of the latter, nearly double, while hereditary origin was clearly traceable in 23. The disease is met with at all ages from three years upwards to eighty; but is most common between the ages of ten and twenty. Between ten and twenty there were 21 cases; between twenty and thirty 19; between thirty and forty 13; between forty and fifty 7; and the same number between three and ten. The duration of the malady is shown by its persistence in 25

cases, from two to nine years; in 18 cases, from ten to nineteen years; in 9 cases, from twenty to twenty-nine years; in 4 cases, from thirty to thirty-nine years; in 5 cases, from forty to forty-nine years; whilst in one case it had lasted fifty-seven years.

Seeking for some cause to explain the alphous diathesis, we found 4 instances in persons descended from a consumptive family, and 2 from a gouty stock; but we can hardly do otherwise than deal with so small a number as exceptional cases, and we can only regard these 6 cases as illustrating a remote predisposition. Other predisposing causes were:—Deficient diet, 3; change of seasons and vicissitudes of cold and heat, 3; rapid growth, 2; overstudy, 2; excessive lactation, 2; climate of Norway, climate of India, and the syphilitic cachexia. Rubeola was a predisposing and possibly an exciting cause in 2 cases; scarlatina in 1, and vaccination in 1. The development of menstruation is a fertile period of appearance of the disease, as is puberty in the male. In 2 instances it immediately preceded menstruation; in 1 it appeared at the same time with that change, and in 3 others immediately followed it. Only one direct example of an exciting cause was evident, and then the eruption immediately succeeded a feverish illness occasioned by bathing.

11. STRUMOUS AFFECTIONS.

Strumous affections of the skin are represented by simple ulceration, the sequel of suppurating abscesses or glands, namely, scrofuloderma; and the three varieties of lupus: for example, lupus exedens, lupus non exedens, and lupus erythematosus: the whole of these together numbering 35 in the thousand.

The instances of scrofuloderma are represented by 11 cases, 4 males and 7 females; the ages of the former were nine, seventeen, twenty-two, and thirty-three; and those of the latter ranged between nine years and thirty, five being under twenty years. The boy has the thickened lips of strumous children; at six years of age he had measles; the measles were followed by strumous abscesses, and the spots occupied by the abscesses are now tuberculated and covered by circular crusts strangely resembling those of alphas. Five children of the same family were attacked by measles on this occasion, all had eruptions of the skin subsequently, and onelosthis hair. In the young man of seventeen, the disease, which attacked chiefly the glands of the neck, also began in infancy. The gentleman aged twenty-two has enlarged cervical glands on both sides, and hypertrophy of one testicle, as well as tuberculated ulcerations about the neck; he has suffered for three years. The remaining male patient, aged thirty-three, has had enlarged

cervical glands also for three years; to the enlargement of the glands succeeded abscesses, and to the latter, tubercular swellings of the skin and ulcers; his attack was brought on by sleeping in a damp bed which gave him severe rheumatism, and while keeping his bed for rheumatism, the glands began to enlarge. Of the female patients, three had suffered from the disease since childhood; in one it appeared after vaccination; in all, it was traceable to hereditary sources; both parents of one of the patients had died at the age of thirty-seven, one of phthisis, the other from dissipation; and in more than one instance one or both of the parents had suffered from syphilis. In the two adults the seat of the disease was the dorsum of the foot and the toes.

LUPUS EXEDENS is represented by 5 cases, 1 male and 4 females; the male was forty-five, the females ranged in age between twenty-one and fifty years, and were all unmarried. In the male, the nose and much of the integument around it was destroyed by ulceration. Of the females, the disease began in the mouth in two, and in the lachrymal duct in the remaining two. In one, the ulceration had destroyed the nose, the front of the upper jaw, and the palate, and had converted the nares and the mouth into one huge cavity which communicated with the exterior by means of a large, oblong, vertical opening. In one of the elder patients the

ulceration had attacked the side of the nose, was slow in its progress, and was arrested by appropriate treatment. The disease had been excited to activity by the restricted diet, and gloomy life of a convent. In the other, the disease commenced at puberty, and was preceded by severe headache. Although, at present, it has existed for twenty-five years, it has only destroyed the lower edge of the ala nasi of one side, but is still troublesome in the lachrymal duct where it commenced.

LUPUS NON EXEDENS. — Cases of lupus non exedens are always more numerous than those of the other forms of lupus; they are 12 in number, 4 being males, and 8 females. In age, they ranged between seventeen and forty-eight years, one being a child of seven; and the duration of the disease extended from two months to thirty-six years; 6 having a duration less than twelve years; and 6 between twenty-one and thirty-six years. In all the cases the face was the chief seat of the disease; in the greater number it was confined to the face, being limited to the cheek; in four instances it attacked the nose as well as the face, and in two was developed on the arms in the form of strumous boils. The slightest of the cases, a gentleman, aged 25, has two small tubercles, one near the lower eyelid, the other on the chin of the same side of the face. A young lady has a small cluster of tubercles on the centre of the cheek, a favourite locality; in a young man aged nineteen,

the disease, which is now nearly cured, had spread over the whole upper lip, having commenced at the angles of the mouth; has destroyed the cartilaginous portion of the nose, and extended for a short distance upon the cheeks. Three of the ladies have had the disease since puberty; it has seriously deformed the nose in one; and the nose, lips and one cheek in the other. The case of longest duration, namely, that of thirty-three years, presents the appearance of having died out, and the disease resembles very closely, at present, the flat, dry blotches of lupus erythematosus, and seems to mark an identity between the two forms of affection.

The predisposing cause of lupus is nutritive debility; the remote predisposing cause, *diathesis*, generally hereditary, sometimes acquired. In four of the cases before us, the parents of the patient had been afflicted with phthisis; and among the exciting causes were, vaccination, measles, and scarlatina.

LUPUS ERYTHEMATOSUS. — The cases of lupus erythematosus, 7 in number, were 4 male and 3 female; the males ranging in age between twenty-two and thirty-nine; the females between forty-two and seventy-two; the duration of the disease extended from four years to seven, except one, which had only existed twelve months. The eruption appeared on the face in all, occupying one or both cheeks, the nose, the ears, the upper lip, and sometimes extending to the

scalp. In one patient, a captain in the army, the disease occupied the cheek immediately in front of the ear; it has destroyed the hair, and looks like an inflamed scar; he is a spare man of highly nervous and irritable temperament. Another male is strong and robust, and no cause can be assigned as giving origin to the disease; his first warning of its presence was a prickling pain on the side of the nose, a characteristic symptom, the eruption making its appearance soon after on the ridge of the nose, on the cheek, and on the lobule of the ears. In one of the females, now nearly cured, the disease began on both cheeks, but has entirely gone from one and remains settled on the other. The lady, aged forty-four, the most obstinate example of the affection, has been severely tried by anxiety and affliction; the disease occupies the upper lip, the nose, and part of the scalp. On the scalp the affected part is deprived of hair, and looks like a cicatrix. The only apparent cause of the affection was change of climate from the temperate region of the Mediterranean to England during the winter season; she is the widow of a military officer.

12. SYPHILITIC AFFECTIONS.

Thirty-four cases of syphiloderma occur in the thousand; 24 in the male, and 6 in the female. Their range of duration extends from two weeks to twenty-five and thirty years; and their forms

embrace the leading varieties of the secondary and tertiary affection of the skin.

The roseolous form of syphilitic eruption is represented by 5 cases; the maculous form by 2; papulous and pustulous forms, 3; tuberculous form, 9; of which one was serpiginous and three ulcerous; and erythematous form, 6. The local forms were, syphiloderma palmare, 6, and plantare, 1. Of other organs associated in the disease, were: fauces, 3; tongue, 3; lips, 2; eye, 1; pinna, 1; glans penis, 1; scrotum, 1; and sensory nerves, constituting neuralgia, 2.

13. KELOID AFFECTIONS.

Kelis numbers 5 examples in one thousand cases; and two of these being developed on cicatrices, one, of a boil, the other of a scald, must be regarded as instances of kelis spuria. The distribution, according to sex, was, 3 males and 2 females; the ages of the patients were, five, twenty-nine, thirty-one, forty, and fifty-four years; and the duration of the disease one and a quarter, two, three, eight, and twelve years. Of the cases of kelis spuria, one is a lady of forty; the seat of the disease the summit of the shoulder, where it forms a hard, compressible, elastic cushion of a circular shape, and corresponds in size with that of the base of the boil. The other case of kelis spuria was that of a little boy of five years old; it covered the hip-joint of one side, and resulted from a severe scald.

One of the examples of *kelis vera* is a patch of about two inches in diameter, crossed by white fibrous bands, and situated in the region of the whisker, on the face of a gentleman, fifty-four years of age. It has existed for three years; has destroyed the hair, but beyond creating an occasional prickling and tingling, and being unsightly, gives him no inconvenience. In the two other cases the disease occupies the shoulders and chest, a favourite locality: a man of thirty-one has had for the last eight years a cluster of six tubercles on the upper part of the sternum; and a lady, aged twenty-nine, has had for a period of twelve years four tubercles dispersed over the shoulders and breast.

14. CANCEROUS AFFECTIONS.

Cancer attacks the sebiparous glands, and sometimes involves the whole of the cutaneous tissues. One-half per cent., namely, 5 in 1000, shows it to be a not infrequent disease. Of the 5 cases before us, 4 were confined to the glands; 2 involved the deeper tissues in destructive ulceration. Three of the patients are males; two females; the youngest is forty-nine; the eldest, sixty-three. Of the three cases of carcinoma glandularum sebipararum, one had existed for nearly two years, one for three, and one for four years: all three were small and easily destroyed. In one of the two more serious cases the disease had lasted for fifteen years, and had eaten away more than

half the pinna and a portion of the integument. In the second case, a maiden lady of 61, the disease has only been in existence for nine months; it is situated on the nose, attacked the mucous membrane at the same time with the skin; and has heretofore resisted treatment. Whenever an eschar produced by the caustic comes away, the lip of the sore swells up, becomes hard and inflamed, and speedily falls into a state of destructive ulceration. The prognosis is far from being cheering.

15. LEPROUS AFFECTIONS.

To this group belongs lepra, the lepra of Biblical history, the elephantiasis of the Greeks; and Morphœa, the morphew, a remnant of lepra. Or possibly we may regard morphœa as one of the symptoms of lepra severed from the parent malady, or as a vestige of a worn-out disease. In the thousand cases before us we have one example of lepra and one of morphœa; the subject of the former disease being a lady aged twenty-six; that of the other, a lad six years of age.

The lady was born in India and has spent many years of her life there; she has been married eight years and has given birth to her first child within the last twelve months. Her present disease commenced two years back, and immediately followed vaccination; it began upon the cheek as a dull-red, indurated and somewhat raised spot of the size

of a shilling. A year later, dull red spots of a similar character showed themselves somewhat numerous on every part of the body, the hands and feet became swollen from œdema, and she had pains of some severity in her joints. At the present time the skin is mottled with circular spots and irregular blotches, the latter presenting various tints of brown and some being white; and, occasionally, large blisters appear on the hands and feet, preceded by a dull red blotch and aching pain. There may now be seen dispersed upon the skin—dull red erythematous blotches, brown blotches verging to black, bleached and colourless blotches, tubercles caused by serous infiltration into the tissues of the skin; and these are associated with some degree of insensibility, an indication of the anæsthetic element of the disease. Her hands and feet have a benumbed and stiff feeling, she picks up small objects with difficulty, and there is a degree of loss of power of the lower limbs. The fingers also are taper, and bronzed towards their extremities, a common symptom of the disease.

The form of *morphœa* affecting the boy is the *morphœa alba atrophica*, the *vitiligo leuce* of Celsus. The disease is situated on the right shoulder, and extends down the front of the arm to the forearm just below the bend of the elbow; the integument is white and atrophied, smooth and glossy in some parts, dry and seemingly withered in others, and forms a raised contracted band

below which interferes with the free motions of the elbow. The mother of the boy was born in India, where the disease is not uncommon.

16. AFFECTIONS OF THE HAIR AND HAIR-FOLLICLES.

Affections of the hair and hair-follicles make an important item in our account of cutaneous diseases, coming in numerical order immediately after eczema, and representing 146 in 1000 cases, very nearly fifteen per cent. This group embraces the following varieties of disease, and in the following proportions, namely:—Alopecia, 50; trichosis, 39; area et calvities juvenis, 30; sycosis, 14; hirsuties, 5; kérion, 4; canities, 2; favus, 1; and narcosis folliculorum, 1.

ALOPECIA.

Alopecia is the term applied to loss of hair, whether arising from natural causes, as in the baldness of age; or from an enfeebled state of the hair-producing apparatus in the young, when it constitutes the disease now under consideration. Normal alopecia in the aged may go on to complete baldness, calvities senilis; but abnormal alopecia never reaches that state, calvities in the young being a variety of area. Alopecia is in its essence a disease of debility, assimilating the weakened powers of youth with the exhausted powers of age; we have, therefore, to consider in regard to it a great variety of causes, all of which have a tendency to depress the vigour of health.

In 50 cases of alopecia, 23 occur in the male and 27 in the female ; the ages of the subjects range between twenty and forty-four — namely, between twenty and thirty, 29 ; between thirty and forty, 16 ; and between forty and forty-four, 5. It is clear that this is too early a period for the normal loss of hair, and it is important to observe that the majority of such cases happen in the female. The period during which this state of enfeebled vigour of hair-production had existed ranges between a few months and twenty years ; the greater number (32) falling into the period between one and five years.

The predisposing causes of alopecia and their relative frequency are as follow :—nervous debility, 27 ; nutritive debility, 18 ; and assimilative debility, 5. And their remote predisposing causes are : eruptive and malarious fevers, 6 ; affliction, anxiety, and fatigue, 5 ; ungenial climate, 4 ; hereditary diathesis, 3 ; uterine, reproductive, and puerperal derangements, 3 ; hæmorrhage and anæmia, 3 ; morbidly nervous temperament, 3 ; neuralgia, 3 ; errors of air, exercise, &c., 2 ; deranged menstruation, 2 ; excessive growth, 2 ; sexual excess, 2 ; syphilitic cachexia, 2 ; transitions of temperature, 2 ; and errors of diet, 1.

The economy of the hair in a state of disease presents some curious and unexpected phenomena ; among these is the singular fact that the loss of hair in several instances occurred in persons who

had previously had a redundancy, and had been remarkable for the beauty of its growth. One person who was rapidly losing his hair, recovered its strength on changing his abode. Hereditary transmission of this infirmity is not so extraordinary; in one of the cases the father and grandfather of the patient were both bald at the age of twenty-one. In the case referred to errors of diet, there had been a succession of aberrations from the laws of healthy nutrition, beginning with improper food and running on through insufficient food and irregularity of meals to overstrained mental exertion. In this case, as in several others, the pathological result was not simply alopecia, but also canities to a greater or less extent.

Alopecia after childbirth, and particularly after a first confinement, is far from being uncommon. One case was accompanied with gutta rosacea, a natural association; another with giddiness; in a third the loss of hair assumed the shape of a monomania. *Melasma oculi*, a special consequence of derangement of function of the ganglionic system of nerves, was present in four instances. One patient was an officer engaged in the Indian Mutiny of 1857; attacked with jungle fever and Indian fever in 1858; and invalided home with hepatitis in 1861. And one was a poor woman whose sufferings might reasonably have excused the loss of every hair she possessed: she had rubeola at fifteen, which was followed by alopecia; she

married at nineteen and grew in stature immediately before and after marriage; she has eight children; has had eight miscarriages, four of which were severe; and is now only thirty-six years of age.

AREA ET CALVITIES JUVENIS.

Area is a total loss of hair, occurring in circular patches, and in extreme cases, *calvities juvenis*, extending to the entire scalp, and often to the eyebrows and eyelashes. The denuded skin is pale, smooth, and shining, and in calvities often so thin, that the venous plexus of the scalp and the lines of the sutures of the bones of the cranium may be plainly seen through it. Of the 30 cases now under consideration 5 only were examples of calvities, the remaining 25 being area, and presenting itself as one, to two, three, or four patches, commonly situated on one hemisphere of the scalp, but sometimes dispersed over it irregularly.

Area would seem to be more frequent in the female than in the male, the numbers of each being 17 and 13. The age chiefly attacked is that between thirty and forty, in which period there are 16 cases; next, between ten and twenty, and twenty and thirty, when there are 5 in each; and between six years and ten, 4. The maximum duration in these cases was four, seven, and nine years; but, not unfrequently, instances of calvities juvenis are met with that last a lifetime.

The predisposing causes of area are, nervous debility, numbering 18; nutritive debility, 6; assimilative debility, 1; and local debility, 2. Of the 5 cases of calvities, three began as area at the ages of four, ten, and thirty-two years; one was a strumous subject, the loss of hair taking place at twenty-one; another was induced by menstrual derangement at thirty-one; and one was remarkable for the very rapid fall of the hair, the head becoming entirely bald in four months after an influenza succeeded by much debility.

The more prominent of the remote predisposing causes were: anxiety and fatigue, 4; eruptive and malarious fevers, 3; uterine, reproductive, and puerperal derangements, 2; excessive growth, 2; local injury, 1; weakly parentage, alternation of seasons, deranged menstruation, and constitutional disorder (influenza). In one case there existed melasma oculi with nervous palpitations traceable to affliction at the death of a parent; in another case there was some disorder of the sensorium; the patient complained of feeling "dull and lost, and losing his memory." Two of the examples of local disorder were curious; one case in an adult seemed to be referrible to the accidental avulsion of a tuft of hair; while in the other, a boy of five, the morbid action was apparently set up by the irritation consequent on being stung by bees, followed by a wound of the scalp, accompanied with hæmorrhage.

TRICHOSIS TONSURANS ET ANNULATA.

Trichosis tonsurans and trichosis vel tinea annulata are closely allied; the former being the ring-worm of the scalp, the latter that of the body; the former being a disease of childhood, the latter a disease both of childhood and of the adult. These are the leading diseases of the dermatophytic group, which also includes favus, sycosis, chloasma, and, according to some, area.

The proportion of trichosis to other forms of cutaneous disease is somewhat considerable; for example, 39 in 1000, or nearly 4 per cent. The number of cases of trichosis tonsurans is 25; of trichosis annulata, 14; 24 occurred in males, and 15 in females; the age of the patients was under one year in one only; the greater number, 22, occurred between the ages of two years and ten; there were 15 between ten years and twenty; and only one at a more advanced age, namely, forty-six, a case of trichosis annulata. The duration of the disease, on application for treatment, was under six months in 33; between six and twelve months in 3; while the longest periods were two, three, and four years.

The predisposing cause in all was nutritive debility, with the exception of one example of nervous debility, a young lady aged nineteen, who presented the annulate form of the malady. The remote predisposing causes were as follow:—Errors of diet, 22; eruptive fevers, chiefly rubeola, 10;

weakly parentage, 3; errors of air and exercise, 3; and strumous diathesis, 1. A large proportion of the cases assembled under the head of errors of diet were children at boarding-school; 8 were recovering from measles when the ringworm appeared; 1 had suffered from typhoid fever and scarlatina, and was also a schoolboy; 1 was anæmic; and 1 had melasma oculi, and was pale and soft in tissue. Not unfrequently, when one of several children had trichosis tonsurans, some of the others had trichosis annulata; or, where a child had trichosis tonsurans, some of the adults of the family had trichosis annulata; a fact commonly referred to contagion, but equally explicable by endemic or epidemic causes.

FAVUS.

Favus is at all times a rare disease in England; and of especial rarity in the class of which the present register is chiefly composed. The only case of the kind occurring in the 1000 cases before us, is one in which the disease was almost worn out, leaving behind it only the traces of its previous existence in the shape of white cicatrices of disorganized skin, and some degree of pityriasis. The patient was a young man of seventeen, a resident in Mogador, and sent to this country for his education. He was an example of nutritive debility, probably referrible to climate; and the vital force of his constitution was considerably reduced.

KÉRION.

Kérion is a pustular inflammation of the follicles of the scalp resulting in the destruction of the hairs, and not unfrequently in permanent baldness. It is met with only in youth, and is sometimes associated, as in 2 of the 4 examples before us, with trichosis annulata. In this fact we have a certain warrantable ground for establishing a trichosis tonsurans; trichosis pustulosa, and a more superficial, in reality, an aborted form, trichosis erythematosa. Kérion may also be regarded as a sycosis of the scalp; and, doubtless, the instances of sycosis affecting the scalp that we sometimes read of, are examples of kérion.

The subjects before us were 2 boys and 2 girls; one of the boys, aged ten, presented the dispersed form of the disease, *kérion dispersum*; he was pale and delicate, and had suffered from eczema in his infancy; the kérion had been present for two months. The other boy was twelve years old; the form of the disease was the aggregated kind, *kérion agminatum*; it had been in existence for six months, and was associated with trichosis annulata. The girls were aged five years and thirteen; each presented one of the two kinds of the disease; it had existed for three weeks in one, and two years in the other; and in the former was associated with trichosis annulata. The predisposing cause in all was nutritive debility; and the remote predisposing

causes were:—weakly constitution, deficient and improper diet; and in one case, debility consequent on rubeola.

SYCOSIS.

Sycosis is a disease of the hair-follicles, attacking the chin (*mentagra*), the region of the whiskers, and the temples. It assumes the forms so common in cutaneous disease, namely: erythematous, papulous, pustulous, and tuberculous; and is commonly a disease of the male sex. All the 14 cases before us were males, ranging in age between twenty-three and fifty-four; and the disease, which is obstinate in its nature, had existed from six months to three, four, and five years, and in two instances for ten years. The four chief predisposing causes were present in the following proportion:—Nutritive debility, 1; assimilative debility, 7; nervous debility, 4; and local debility, 2.

The remote predisposing cause in two cases was overwork; in one the debility produced by syphilis and its treatment. While a common exciting cause was the cold of winter; in 2 cases the disease returned in December for two successive years and got well spontaneously in the spring. The 3 cases of longest duration, namely, four years and ten years, were intermittent, the disease breaking out in the winter, and getting partially well in the spring. Two of the examples depend-

ing on nervous debility were associated with other symptoms indicating a seriously deranged state of the health; one patient was rheumatic and had a weak heart, the other had melasma oculi and weak kidneys.

HIRSUTIES.

Hirsuties is illustrated by 5 cases, all females; 4 being under twenty years and 1 fifty years of age. In 2, the excess of hair occupied the upper lip; in the others, the chin, the breast, and the limbs participated: the excessive growth had existed for a period varying between one year and six. In the lady of fifty, the hirsuties was attributable to nervous debility induced by prolonged anxiety. In the 4 examples occurring in the younger women, the remote predisposing cause was deranged menstruation. In one, at the age of thirteen, the arms became covered with an ugly growth of hair, menstruation was retarded; but when two years later it was fairly established, the hair fell off, and the arms regained their natural smoothness. In another of the cases, menstruation was deferred until the age of seventeen; and then was only partially developed; coincident with this deficiency was the growth of the hair in excess on the arms and chest.

CANITIES.

Canities, which is natural to advanced age, assumes a morbid character when it takes place in the young. The examples before us, 2 in number, were females, aged twenty-seven and seventeen, and as the changed state of hair had existed for four years in one and two years in the other, the age of incipient whiteness may be put down at fifteen years and twenty-three. In the elder lady the morbid change was attributable to the cold climate of St. Petersburg. In the younger, the predisposing cause was nutritive debility, and the remote predisposing cause, excessive growth.

NARCOSIS FOLLICULORUM.

Narcosis folliculorum denotes a torpid and exhausted state of the sebaceous glands of the hair-follicles. As a consequence of this state, the skin of the head is dry, parched, and sordid; the follicles are more or less loaded with dry and discoloured exuviae, and there is considerable irritation of the skin with desquamation of the cuticle. The patient in the case before us was a gentleman aged thirty-two; he had suffered from the disorder for five years.

17. AFFECTIONS OF THE SEBIPAROUS APPARATUS.

Affections of the sebiparous and sebiferous apparatus are typified by ACNE, which, in essential nature, is a consequence of torpid glandular function succeeded by congestion and local inflammation; the torpid function being a result of nutritive debility. Other disorders of the sebiparous system assembled in this group are: hordeolum, molluscum, encysted cyst of the eyelids, and encysted sebaceous tumours.

ACNE.

Acne presents itself as a mere accumulation of sebaceous matter of abnormal density, *acne punctata*, or as papules, pustules, or tubercles, the whole of these forms being not unfrequently intermingled. The disease occurs in the proportion of five and a half per cent. to other cutaneous diseases, namely, 55 to 1000; and is pretty equally distributed between the sexes, the number representing the male being 27, and the female 28. Acne is essentially a disease of young persons, their age on application for treatment ranging between fifteen and thirty, 4 only exceeding the latter age; while the age of first appearance of the disease extends from twelve to thirty years. Of the 55 cases before us, the disease commenced in 13 between the age of twelve and fifteen; in 31 between the

age of fifteen and twenty; in 3 between the age of twenty and twenty-five; while above twenty-five there were only 4 cases. The obstinate nature of the complaint is shown in the length of time that it had existed; namely, in 5 cases under one year; in 30 cases between one year and five; in 19 cases between five years and ten, while one case had been prolonged even beyond the latter period.

The dominant predisposing cause of acne is nutritive debility, which is alike conspicuous in all, the degree of debility alone offering some variety; sometimes the whole system is below the standard of health; sometimes, but less frequently, the debility is confined solely to the skin. The remote predisposing causes present a lengthened list, all, however, bearing directly upon the time of life of the patient, the period of adolescence; when growth is principally accomplished, when sexual development is active, studies to be prosecuted, business to be undertaken, and when, moreover, illnesses are frequent, and the constitution peculiarly sensitive to their influence. The leading remote predisposing causes were as follow:—excessive growth, sometimes alone, sometimes associated with deficient food, overstudy, or weak vital power, 17; feeble vital power, a condition not infrequent in young persons, 12; constitutional and organic disease, 7; eruptive and malarious fever, 5; deranged digestion, 4; errors of diet, 2; debility of sexual organs, 2; hæmor-

rhage, 2; and of the following, one each, namely: deranged menstruation; climate; vicissitudes of cold and heat; and overstrained mental labour. One case was hereditary, but aggravated by the habits of college life, and smoking. In four cases the eruption was accompanied with *melasma oculi*; and one seemed referrible to mere want of tone and vital energy of the tissues and functions of the skin.

HORDEOLUM.

The case of hordeolum exhibited one of those chronic forms of the disease that last for many months, and yield at last only to incision and stimulation of the sac. This case originated in assimilative debility.

MOLLUSCUM.

Molluscum is an eruption of small tumours, rarely exceeding the magnitude of a small pea, and produced by the hypertrophy of a sebiparous gland; the enlargement of the gland being due to the distension of its secretory and excretory ducts with altered and inspissated sebaceous substance. The number of these small tumours is various; in one instance there were about twenty distributed upon the breast, and most numerous in the region of the sternum. In the other case the tubercles were between forty and fifty in number, and occupied the front of the chest and of the

abdomen, as low down as the umbilicus. The patients were both males, aged thirty and forty-five respectively; and the disease had been in existence for four months in one case, and three months in the other. In one of the two cases the patient had a weak, pale, and soft skin, and was subject to nutritive debility as a predisposing cause. In the other instance the cause was the overstimulation of a languid and torpid skin by shampooing in the Turkish bath. The patient had taken Turkish baths for rheumatism, for the space of nine months; at the end of the first six months he observed a small pimple on his breast, which rose upon a spot that had been made tender by the friction of the shampooer's hand. Shortly afterwards, other small abraded spots appeared; they were attended with a trifling degree of itching; and each became by degrees a well-developed tubercle of molluscum. When he consulted me on the subject there were between forty and fifty small molluscous tumours, each of the size of a millet-seed, dispersed over the chest and abdomen as low down as the umbilicus.

TUMORES ENCYSTICI.

The frequency of occurrence of encysted tumours is scarcely represented by the number 2 in 1000; inasmuch as they are rarely presented for treatment until they become large, or numerous, or trouble-

some. They often exist for a lifetime without attracting sufficient attention to bring them under the notice of the medical man. Both the cases before us occurred in men aged forty-five and fifty-four respectively; and the tumours had been in existence for two or three years in one, and upwards of ten years in the other. In the former case there were two of these tumours of the size of the hemisphere of a walnut; in the latter case there were seven of various size distributed over the scalp; one being as large as a small orange, the other somewhat less and oblong in its shape. This patient has two daughters, and both the daughters have small sebaceous tumours in the scalp, of a similar kind to those existing in the father.

18. CHROMATOGENOUS AFFECTIONS.

The dyschromatodermata included in this group are, melasma, leucosma, and chloasma; the first numbering 8 examples; the second 4; and chloasma, 15.

MELASMA.

Of the cases of melasma, 7 were of the female and 1 of the male sex; the ages of the patients ranged between twenty-five and forty; the ages at the time of the first appearance of the disease ranging between twenty and thirty-five.

The predisposing cause, nervous debility, was strongly marked in 7 out of the 8 cases; and nutritive debility in the remaining one. The remote predisposing causes were:—Pregnancy, 3; nervous shock, 3; affliction, 1; and the exhausting influence of the climate of India, 1. In one of the cases, originating in the damage done to the nervous plexuses of the abdomen by pregnancy, rubeola had intervened as a secondary remote predisposing cause; and, in another of these cases, the proximate change in the skin was due to the stimulus of the sun's rays acting as an exciting cause. The male patient had been the victim of a severe nervous shock in the death of an only parent and the sudden destruction of his temporal prospects, and in his case the syphilitic cachexia was a secondary remote predisposing cause.

LEUCOSMA.

Leucosma is the opposite condition to melasma; the latter being a redundancy or excess of pigment, while leucosma represents a deficiency. Melasma may exist independently of leucosma; but leucosma is rarely present without melasma; melasma consequently represents a less serious aberration of chromatogenesis, and a less serious disorder of the economy than leucosma, and is altogether less important and less permanent. Therefore, whenever leucosma is present with melasma, although of

greatly insignificant extent, I prefer to distinguish the case by the former name. In an example before me, a leucosma of a very limited extent, and the presence of half a dozen white hairs, have led to the detection of a general melasma and the frequent associate of the latter, anæmia.

Of the cases before us, 3 were those of females, 1 only being male; the ages of the subjects ranged between fourteen and fifty-seven; and the duration of the affection between two years and twenty-seven years. All were accompanied with melasma to a greater or less extent; but the leucosma made its appearance first, and the melasma became super-added at a later period. Nervous debility was present as a predisposing cause in all, and in 2 of the 4 cases there was some degree of mental weakness. A young man of twenty-two, who had had the complaint for six years, complained of a growing loss of memory, and inaptitude for exertion; he had, besides, that unerring sign of weak nervous power, the melasmic eye. Of the three females, the morbid change was remotely attributable, in one, to amenorrhœa; in another, to cessatio mensium; and in the third to exhaustion produced by rapid growth and weakly parentage. There is a distinction, moreover, in these cases, in the structure of the skin; in one group there is no alteration of texture of the skin; the case is one of simple absence of pigment; in the other group, however, there is a certain degree of disorganization of the

tissue, which gives it the appearance of a cicatrix, of a glazed and depressed surface: this I believe to be the affection designated by some of the older writers by the name of vitiligo. Two of the patients, both natives of Ireland, presented the latter form of the disease.

CHLOASMA.

Chloasma was present, in the 15 cases before us, in the male 9 times, and in the female 6. The ages of the patients ranged between twenty-one and fifty; and in 10 out of the 15 cases had lasted between three and nine years, being active at certain periods of the year and passive at others. With one exception, the predisposing cause was assimilative debility, the exception being one of nervous debility, in which the chloasma appeared with pregnancy, and was accompanied with nervous palpitations of the heart. The remote predisposing causes were as follow: deranged digestion, 3; eczematous diathesis, 2; deranged menstruation; pregnancy, a common predisposing cause; ungenial climate, *e.g.*, America and China; rheumatic diathesis; and weak cutaneous tissue. The forms of the disease, in their order of frequency, were pigmentary; pruriginous; erythematous; and furfuraceous.

19. AFFECTIONS OF THE SUDORIPAROUS APPARATUS.

In this group there occur two examples of SUDATORIA ; one of the hands only, and one of the hands and feet ; one hereditary, the other accidental, and attributable to nervous debility. The first of these cases is a gentleman, aged twenty-four ; the cuticle of the palmar surface of the hands is thick, white and sodden with moisture ; the surface is hot, and gives off a visible steam, while the backs of the hands are remarkable for their coldness. He has suffered in this way since the age of nineteen, consequently fifteen years ; winter or summer the state of the hands is the same ; his feet are not affected. His mother is afflicted in a similar way ; she has seven children ; the three males resemble her in having this disagreeable complaint ; the four female children have escaped. The other case is that of a gentleman aged thirty-six ; there is a general pink surface-redness of the skin and an appearance of subcutaneous red spots, possibly the congested sweat glands visible through the skin. Moreover the skin of the hands is thinner and more delicate than natural. He has, besides, that singular concomitant of weakness of the abdominal plexuses of nerves, the melasmic eye.

20. AFFECTIONS OF THE NAILS.

Two examples of scabrities and exfoliation of the finger nails occurred in the 1000 cases before us, the subjects being a male aged forty and a female aged forty-two. The male had been suffering with disease of the nails for two years, and also with pityriasis capitis and sycosis. His sister was the subject of alphos; and alphos not uncommonly attacks the nails: this case may, therefore, be regarded as an example of alphos limited in its operations to the nails. The disease was so active as to cause the exfoliation of all the nails of the fingers with the exception of one. In the case of the lady there was redness and swelling of the skin covering the root of the nail; and she also suffered from dryness and eczema fissum of several of the fingers, an association which connects the disease with eczema rather than with alphos.

21. PHYTODERMIC AFFECTIONS.

The dermatophytic diseases constitute together a somewhat numerous group. Thus, if we take it to be represented by trichosis, 39; favus, 1; k  rion, 4; sycosis, 14; and chloasma, 15; we shall have a total of 73, over seven per cent.; and if, according to the views of some dermatopathologists we add to these, area, represented by 30; we shall then have 103 in the thousand, or upwards of ten per cent.

APPENDIX.

*Notes on the Exanthematous Epidemic of the
Spring of 1864.*

THE early part of this year was remarkable for lowness of temperature and want of sun; diseases in general assumed a low type, and among children and not unfrequently among adults, there prevailed an exanthematous epidemic, generally distinguished by mildness of character, and consisting in a congestion of the fauces, enlargement of the salivary, and lymphatic glands of the face, and an exanthem on the skin, which one while put on the appearance of roseola, another while of rubeola, and sometimes of varioloid. It is curious to note, that the same persons in some instances, experienced the several forms of the exanthem in succession. The epidemic was first brought under the attention of the profession by the Epidemiological Society, and the president of that society, Dr. Babington, gave the name of "rubeola notha," or spurious rubeola, to one of the forms. When a deposit of lymph was formed on the fauces, the case was regarded as a mild form of diphtheria. I append a few illustrations of this epidemic exanthem.

CASE I.—*Varioloid; succeeded, after an interval,
by Rubeola Notha.*

A young friend, but an ancient patient of mine, twelve years and a half old, was, to use his mother's phrase, "born with red gum," and a few weeks after birth became the subject of eczema infantile. He has now been free from eczema for many years, and has grown to be a fine, manly boy.

On Wednesday, the 27th of April, he had enjoyed a game of cricket and had possibly somewhat over-exerted himself. On Thursday, the 28th, he awoke with an eruption of papular varioloid; and was brought to me. He said that his skin had itched a good deal during the night, and that he had scratched himself, but that his sleep had not been disturbed, and that he felt as well as usual. His tongue was perfectly clean, there was a slight suffusion of the fauces, but no feeling of soreness of throat, no thirst, and no weariness of limbs. On Friday the papulæ had become more prominent; they were isolated, without surrounding redness, and dispersed; some few became vesicular at the summit, and one or two on the face were slightly pustular. On Saturday, the third day, the eruption was at its height, and remained prominent on Sunday, the fourth day; still there were no constitutional symptoms; he looked a little paler than usual, but nothing more, and declared that he had

no uneasy symptom; his appetite remaining good all the time. On Monday, the fifth day, the eruption subsided rapidly; and on Tuesday, the sixth day, he was considered to be quite well.

My little friend continued well until Saturday, the 14th of May; for the two or three days preceding this date, his mother thought that he looked pale, and was dark under the eyes. On Thursday he had received a blow from a cricket-bat on his knee, which gave him pain; but the next morning, after being well bathed with a spirit lotion, the knee was well, and he went to school as usual on Friday and Saturday. At midday on Saturday, his mother observed that his face and eyelids were red, and the face a little swollen in the region of the submaxillary glands, more particularly on the right side. The fauces were somewhat reddened, but he had no soreness on swallowing; several of the lymphatic glands about the face were also a little enlarged and tender, more particularly one situated on the parotid gland just in front of the ear on the left side, and a submaxillary gland situated under the chin on the mylo-hyoid muscles. Nevertheless, his tongue was clean, his secretions natural; he had no thirst, and no feelings of lassitude or illness.

On Sunday, the second day of the attack, he was brought to me, and was then covered with a papular rash which extended from his face down to his wrists and ankles, but was most marked and

most abundant on the front of the trunk. The papules were minute, the papules in fact, of rubeola; not the larger, conical, dispersed papulæ of the previous varioloid attack. They were disseminated somewhat closely, and each papule looked as if it represented the small corymbus of rubeola, the rest of the corymbus being imperfect or absent. There could be as little question as to its appertaining to rubeola as there was in the previous eruption of its being a varioloid. The colour of the papules was of the proper rubeolous hue; and the prominence of the papule on the one hand, and the absence or imperfect development of the erythematous corymbus on the other, distinguished it from roseola. Moreover, it must be mentioned, that, dispersed among the papules were the foveolated traces of the varioloid of the previous eruption.

With this papular, rubeolous eruption, there was a slight suffusion of the conjunctiva, a little stiffness of the eyelids, and a slight redness of the tonsils, but no soreness of the throat in swallowing: the tonsil of the left side was depressed in the centre and covered by a thin whitish film; but puffed and red around the circumference; and, at the upper part, inclined to bleed. There was still some enlargement and a little tenderness of the submaxillary glands, and also of the pre-auricular and submental lymphatic glands. There had been in the morning a little sneezing, and some running at the nose, but there was no coryza; no orbital or

ocular pains; the tongue was clean and moist; there was no thirst; and there were no signs of constitutional irritation.

It must further be mentioned that he had had rubeola in infancy; and scarlatina somewhat severely; while on his arm was exhibited the proper foveolated cicatrix of vaccinia.

On Monday, the third day of the attack, the eruption subsided rapidly; and on the fourth day was quite gone, together with the swelling of the glands. On this day his mother regarded him as being quite well, he had regained his spirits, his appetite, and his strength.

This case appears to me to possess the merits of a double interest; to indicate the presence of two epidemics which are now active in the metropolis, the varioloid epidemic and the spurious rubeolous epidemic just described. And my little patient seems to possess the unfortunate susceptibility, which renders him on the one hand a zymometer or an indicator, of both; while he has also the good fortune to be able to resist their more serious encroachments.

Both these attacks would have been undeserving of notice had it not been for the existence of the epidemic to which Dr. Babington has drawn the attention of the profession; and the symptoms were so little pressing that in the varioloid I contented myself with prescribing nitromuriatic acid with infusion of orange-peel, without any aperient; and

in the rubeola, liquor ammoniæ acetatis with spiritus ætheris nitrici, also without aperient; restricting my patient in his out-door exercise and advising him to be quiet until the attack had passed off.

CASE II.—*Roseola Annulata.*

It may be interesting to compare a case of veritable roseola, roseola annulata, with the above, to determine the differential diagnosis of the two forms of eruption.

A young gentleman, aged ten, tempted by a warm day in the middle of April, and unmindful of an easterly wind, having abandoned his winter coat, took a long country walk. He returned home much heated, and the next morning awoke with a sore-throat and some enlargement of the submaxillary glands. The attack was thought to be an ordinary cold, and he continued for a week feeling a little unwell.

At the beginning of the second week, the soreness of throat having terminated, a blotchy eruption appeared on the face, and was found to occupy the whole surface of the skin. It had a dull crimson-red hue, appeared at first as a blotch of the size of a sixpence mottled with dull red and white, not elevated, and without pruritus; and in the course of a day threw off from its circumference a well-defined narrow ring, which encircled the mottled blotch, and increased to the size of a shilling, and in some

instances of a two-shilling piece. Moreover, the whole skin had a dusky or dirty hue, so frequent in some forms of cachexia.

The roseolous exanthem having persisted for five days, suddenly declined; and was followed by rheumatic pains in the joints of the limbs, particularly in the ankles, knees, and hips. The rheumatic pains lasted for three days, and then subsided, leaving him free both from the exanthem and rheumatism.

The third week was one of respite both from the eruption and the rheumatism; but with the beginning of the fourth week both returned in a slighter degree than at first, and continued for four days; they then disappeared for another period of four days; but at the end of this interval the exanthem burst forth afresh, and more abundantly than before; but without the rheumatic pains. Such was the state of the skin at the conclusion of the fifth week of the disorder, the fourth of the eruption.

With the exception of the first week his appetite had been good throughout the attack; his tongue was clean, and rather pale; he perspired a good deal at night; his urine was somewhat high coloured, and his bowels a little confined. He had had no shivering; no feverishness; no redness of conjunctiva or coryza; no sneezing or running at the nose; and only a moderate amount of congestion of the fauces with the sore-throat, during the first week.

His medical adviser had given him quinine ; and this was supposed to have arrested the exanthem at its first appearance, but ceased to control it afterwards.

I prescribed for him a mild aperient pill, with nitromuriatic acid and tincture of orange-peel ; the exanthem quickly subsided, and at the end of three days had entirely disappeared. The whole period of duration of the last attack of the exanthem was, consequently, nine days.

If, now, we assemble the symptoms presented by this case in their order of occurrence, we shall have a fair word-picture of roseola : for example, the slight sore-throat, enlarged and tender salivary glands, rheumatic pains in the joints, muddy skin, dull crimson blotches, mottled, without elevation, and dispersing at the circumference into narrow, well-defined rings ; their appearance on the whole surface of the skin at once ; and especially their sudden recurrence after disappearing. Then the negative symptoms as compared with rubeola ; no suffusion of conjunctiva, no coryza, no running from the nose, no sneezing, no cough, no fever. Next, the absence of rheumatic pains in rubeola ; but the well-defined, papulated, clustered exanthem, distinguishable, although imperfectly defined, even in rubeola notha ; and the succession of the eruption, coming out first on the upper part of the body, then descending to the lower half, and appearing last upon the legs.

Nevertheless, it is impossible to deny a certain resemblance between rubeola notha and roseola, and especially when the congestion of fauces is considerable, as is sometimes the case in roseola, the exanthem corymbose and papulated, and the annulate configuration which gives an ephemeral and spreading character to the eruption is wanting. I have seen many cases of roseola more severe in their constitutional symptoms than the milder forms of rubeola; and on the other hand, the eruption of rubeola so insignificant, as very fairly to raise a doubt as to its true nature.

CASE III.—*Variola after Vaccination followed after an Interval of six Months by Rubeola Notha.*

A young man, aged twenty-three, a medical assistant, of delicate frame, had variola, in October 1863, having been properly vaccinated as a child. The eruption came out abundantly, particularly on the face, and left him much exhausted in strength. He remained debilitated during the winter and spring, and towards the end of May, the symptoms which ushered in the variola appeared to return.

He was under the impression, from the similarity of the symptoms, that he was about to have a repetition of variola; he had great weariness, with pain in the loins, giddiness, and feverishness. These symptoms had been preceded, for about a

week, by the special symptoms of rubeola notha, namely, soreness and congestion of fauces, tenderness and enlargement of the salivary glands and of the lymphatic glands of the head and face, sneezing, and coryza; to which were added, swelling of the lymphatic glands of the arms, and slight diarrhœa. A few days after the commencement of the more severe symptoms, a rubeolous exanthem showed itself on the skin, extending from his head to the lower part of the trunk, but not intruding upon the legs. On the face and chest the exanthem was papular, but, lower down, gave rise to no elevation of the surface. The more severe symptoms subsided on the appearance of the rash; but the congestion of fauces, tenderness of salivary glands and diarrhœa have lasted for six weeks with little abatement. The exanthem has also continued for this long period; but is less vivid than at first, and the papules have subsided.

CASE IV.—*Rubeola Notha; varied Form of Exanthem.*

A young lady's maid, nineteen years of age, complained of headache and weariness, with soreness in the submaxillary region, on Sunday, June 26: the symptoms were not sufficiently severe to prevent her from pursuing her usual duties until Thursday, when the pain in the head had increased in severity, and her face looked swollen and flushed.

It was on this day that I was called to see her; her tongue was moist, as was her skin; her pulse was soft and weak; her bowels free; there was no fever, but considerable weariness and lassitude. The face was covered with red blotches, and in the centre of each blotch was a papule, suggesting incipient variola; while the trunk and upper limbs were mottled with a rubeolous rash which did not reach the lower limbs.

I ordered her a drachm of sulphate of magnesia, with one grain of quinine and seven minims of diluted sulphuric acid in solution in one ounce and a half of compound infusion of roses, twice in the day; with repose in bed. On Saturday, the rash had nearly disappeared, and on the following day the patient was convalescent.

The characters of this protean epidemic are well exhibited in the preceding cases; and we are led to infer from their consideration, that the varioloid, the rubeola, and the roseola, are simply varieties of manifestation of the same "*causa morbi*." That the disease is not always so mild as is here depicted is, however, shown by the following quotation from the Registrar-General's Report:—

"The total number of deaths in London in the week that ended Saturday, June 18, was 1296. The average number for the twenty-fourth week in ten years, 1854-63, is, with a correction for increase of population, 1173. The excess in the present

return above the estimated number is considerable; it amounts to 123.

“Measles continues to be the most prevalent in the epidemic class of diseases. It was fatal in the week in 85 cases. In the second week of May there were 50 deaths from it; in the following week they rose to 87, and since that time the weekly mortality has been of nearly the same amount.”

THE END.

