

Practical observations on the pathology and treatment of certain diseases of the skin, generally pronounced intractable / by Thomas Hunt.

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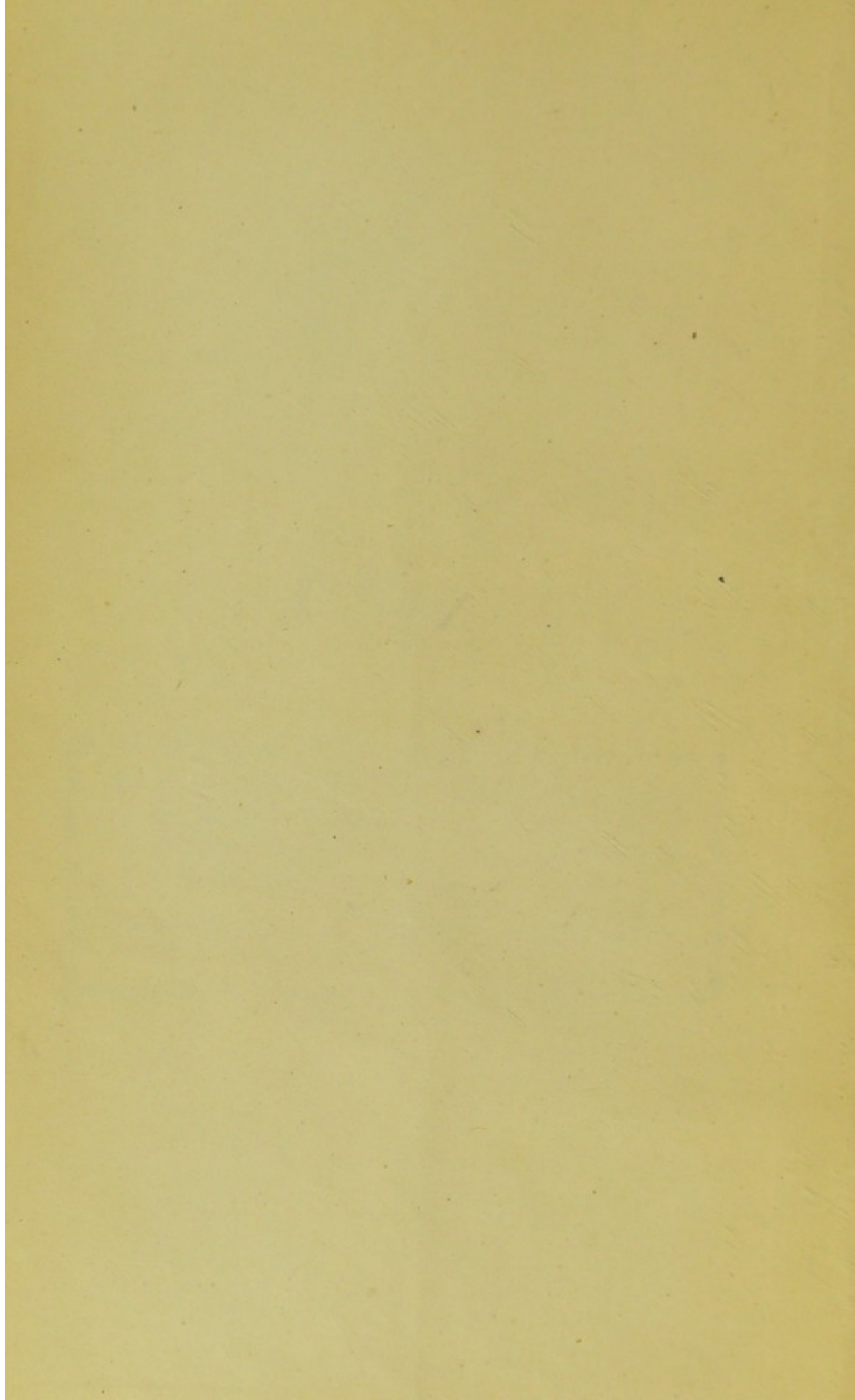
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PRACTICAL OBSERVATIONS

ON CERTAIN

DISEASES OF THE SKIN.

"The *successful treatment of disease* must be the main and final object of nosology."
—*Plumbe on the Skin, Preface.*

"Here lies a radical defect in all treatises I have read on the cure of Lepra. Remedies in abundance, and powerful ones too, are enumerated; *but the indications for their employment are never precisely explained.*"—*Dr. Duffin, Edinburgh Med. and Surg. Journal, No. lxxxvi. p. 23.*

"I defy any person to apply remedies for cutaneous diseases, with any degree of precision by the directions of Willan, OR ANY OF HIS SUCCESSORS."—*Dr. Billing's First Principles of Medicine, p. 278, 3rd edit.*

PRACTICAL OBSERVATIONS
ON THE
PATHOLOGY AND TREATMENT
OF CERTAIN
DISEASES OF THE SKIN

GENERALLY PRONOUNCED INTRACTABLE.

Illustrated by upwards of Forty Cases.

BY
THOMAS HUNT, M.R.C.S., ENG., L.S.A., &c.

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PHYSIOLOGICAL OBSERVATIONS

ON THE

RESISTANCE OF THE SKIN

LONDON :

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ADVERTISEMENT.

DURING the early part of the year 1846, the author of the following pages wrote a series of papers, which were inserted in "The Lancet," together with a small selection of cases illustrative of the theory and practice advocated in this little work. The simplicity of the one and the success of the other, have attracted the attention of the profession, and have engaged the writer in an extensive correspondence with medical practitioners, both in London and in the country. One or two of them appear reluctant to admit that the flattering representations of the author are fully borne out by the cases already published; while others have suggested that a more elaborate treatise would not only be acceptable to the profession, but would lay the subject open to criticism, and tend to bring both theory and practice to the ordeal of public experiment, on a scale better adapted to test their merits than the private practice of an individual. Seeking only for the establishment of truth, the author promptly and cheerfully responds to the challenge. The experience of the last year has confirmed his views; and he trusts that the numerous cases which he now has the pleasure to relate—some of which were treated many years since, and have never yet relapsed,—will force conviction on the most sceptical mind.

Herne Bay, Kent, May 1, 1847.

P R E F A C E.

CHRONIC diseases of the skin, though rarely fatal, are the source of a vast and unknown amount of human misery; and many of them may be ranked among the most afflictive and distressing with which our frail nature is visited. Many thousands of persons suffering from these disorders for the greater portion of their lives, are virtually abandoned by the profession, and have become the prey of mountebanks and murderers, or the victims of despair. It is, indeed, a deplorable fact, that our knowledge of the treatment of the more intractable forms of cutaneous disease, has not kept pace with the advancing pathology of the times. On this point the concurrent testimony of writers on the skin is in harmony with general experience. The skill and experience of Willan, the father of the British dermatology, not less than of Bateman his pupil and coadjutor, were confessedly unequal to the management of several of these disorders; nor have their successors, either English or foreign, made, as yet, any palpable advance in cutaneous therapeutics. A modern author* says, with reference to these maladies, "It might even be made a question whether we have not absolutely retrograded in the views we entertain of their proper treatment." It cannot be denied, however, that of late years a few very creditable attempts have been made towards the establishment of improved principles of treatment. Mr. Plumbe

* Dr. Jonathan Green.

has written well on the distinction between purely local affections of the skin, and those of a constitutional origin. Dr. Green has shown how much may be done, (and by inference we may learn from his cases, how little,) by baths and fumigations; and more recently, Mr. Erasmus Wilson published a valuable and elegant treatise on the diseases of the skin, in which he has attempted, without altering the Willanean nomenclature, to arrange these disorders on a system more in accordance with minute anatomy than that of Dr. Willan; he has likewise contributed some useful hints towards simplifying their treatment. The splendid work of Rayer has been translated into English, and presents, with its beautiful illustrations, a valuable record of modern dermato-pathology. It is likewise full of historic references, and will be long esteemed as a text-book of this branch of medicine. A few other works of minor value have been published, and the periodicals have recently presented scanty demonstration that here and there a practitioner is attempting to contend with these "rebellious" diseases. Nevertheless, the humbling and appalling truth still forces itself upon our attention, and is acknowledged by none with more candour than by the respectable authors above alluded to,—that if an unfortunate patient is suffering under confirmed Leprosy, Psoriasis, Prurigo, Lupus, or any other severe chronic cutaneous disease, there appears but little chance, under any treatment hitherto adopted, of his getting radically cured.

The day has dawned which will see this opprobrium medicorum consigned to the pages of history. The study of cutaneous pathology is awakening from its long and disgraceful torpor. Both surgeons and physicians, having become painfully conscious of their deficiency in a branch of the healing art, which belonging to the province of either, has been generally disowned, or at least neglected by both, are setting themselves to acquire a little rudimentary knowledge of the subject. Even public attention is awakened. Not only are treatises on the skin becoming less rare, but public lectures on the subject are advertised in the newspapers: and the Medical Society of London has recently allotted and

awarded the Fothergillian medal for the best essay on Lepra and Psoriasis. There is reason therefore to hope, that the members of the profession generally, are disposed to listen to any suggestions which may tend to the advancement of this much-neglected branch. The author avails himself of this lucid appearance in the medical horizon, to introduce to the notice of his brethren a few practical illustrations of a system of treatment which he has been accustomed to pursue with the most happy results for many years; and with which, the more familiar he becomes, the more deeply he is convinced that it will be approved and ultimately adopted by the profession.

The cases related in illustration of the author's views are chiefly taken from notes of his own private practice during the last twenty years. The examples are selected, not because they are *peculiarly* successful, but because as a series they show the effects of a similar *principle* of treatment in *all* the various forms of eruption, as well as the various phases or types of disease to which this method is adapted. The mode of administering arsenic described in the following pages, is, in one or two particulars, so far as the author is aware, entirely new; and it certainly originated with himself. Upon the *method* of using this most potent mineral, will much depend the degree of success with which the cure of these diseases is attempted. Most of the cases detailed in this little work had been treated with arsenic, some of them "heroically," before they came under the author's care. But as the fortress which is impregnable to artillery, will yield at length to the silent operation of the elements of nature, so certain diseases which are even aggravated by large doses of the poison, will ultimately yield to the gradual influence of its continued use, in small and diminishing qualities.

The first thing I noticed when I stepped out of the car was the smell of fresh air. It was a relief after being stuck in traffic for hours. I looked around and saw a beautiful landscape with rolling hills and a clear blue sky. The sun was shining brightly, and the temperature was just what I needed. I took a deep breath and felt a sense of peace wash over me. I had finally reached my destination, and it was everything I needed. I walked towards the entrance of the park, feeling a sense of accomplishment. The path was well-maintained and led me through a beautiful forest. The trees were tall and lush green, and the ground was covered in a thick carpet of fallen leaves. I heard the sound of water in the distance, and I knew I was getting closer to the lake. I continued walking, enjoying the view and the fresh air. The path led me to a small wooden bridge over a stream. The water was crystal clear, and I could see the rocks at the bottom. I stopped for a moment to look at the reflection of the trees in the water. It was so peaceful and beautiful. I took a few more steps and reached the lake. The water was calm, and the sky was a perfect shade of blue. I sat on the grassy bank and watched the sun set over the hills. It was a truly beautiful experience, and I knew I would never forget it. I stood up and looked back at the path I had just traveled. I felt a sense of pride and accomplishment. I had made it, and it was all thanks to the help of my friends and family. I took a deep breath and smiled. I was home, and I was exactly where I needed to be. I turned and walked back towards the car, feeling a sense of peace and contentment. The sun had set, and the stars were beginning to appear in the sky. I looked up and saw a shooting star streak across the night sky. It was a beautiful sight, and I knew it was a sign that everything was going to be just what I needed. I got into the car and drove home, feeling a sense of peace and contentment. I was home, and I was exactly where I needed to be. I turned and looked back at the path I had just traveled. I felt a sense of pride and accomplishment. I had made it, and it was all thanks to the help of my friends and family. I took a deep breath and smiled. I was home, and I was exactly where I needed to be. I turned and walked back towards the car, feeling a sense of peace and contentment. The sun had set, and the stars were beginning to appear in the sky. I looked up and saw a shooting star streak across the night sky. It was a beautiful sight, and I knew it was a sign that everything was going to be just what I needed. I got into the car and drove home, feeling a sense of peace and contentment. I was home, and I was exactly where I needed to be.

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SECTION I.

INTRODUCTORY OBSERVATIONS.

AUTHORS have described more than one hundred and fifty distinct varieties of disease to which the human skin is subject. The cause, diagnosis, prognosis, and treatment, of every one of these, are discussed separately in some of the more elaborate works on the skin; and no less than half a score different modes of classifying these diseases have been proposed. If science be properly defined "knowledge reduced to a system," the science of Dermatology (a many-headed monster) appears hitherto, rather to have obscured and confused, than elucidated the materials of a study, at best sufficiently formidable. If something has been gained by nosological arrangement, perhaps more has been sacrificed; and attempts to improve upon it, however ingenious and philosophical, have hitherto imposed upon the student more trouble than they have afforded him satisfaction. The nature of the subject forbids the hope of any absolutely faultless division. Concise and exclusive definitions, (the very materials of classification,) are scarcely applicable to the ever varying phases and

complicated phenomena of disease. The arrangement of Willan familiarized to the British practitioner for nearly half a century, is at once comprehensive and convenient, and his nomenclature must of necessity continue in use ; but the system is full of contradictions, and beset with practical difficulties. It is often next to impossible in actual practice, to detect among the incrustations of skin disease, the primary and special forms of the eruption, (papula, vesicle, pustule, scale, &c.) which distinguish the orders of Willan ; and the recognition of his genera, must needs be a still more hopeless task, to say nothing of his species and varieties, which are grouped in almost endless subdivisions.

These difficulties, which more or less encompass every system, compel us to seek for distinctions at once more palpable and more consonant with the principles of general therapeutics. And happily, there are connected with the most puzzling cases, certain circumstances which, in spite of the obscuration of the primary form, will furnish an observant practitioner with sufficiently clear indications of treatment. Nor ought these incidental features of the case to be lost sight of when the elementary form of eruption is distinctly visible, inasmuch, as the cases are few in which this latter distinction alone will suffice to indicate the proper management. It is always desirable, and may be sometimes essential to ascertain the primitive character of the eruption, in order to determine its nature and origin, and the more conveniently to describe it : yet it is far more important to observe previously, and mark, with close attention, those circumstances of the case which *would guide our practice if the skin were sound*. The neglect of this important principle is a fruitful source of half the calumnies which the most respectable and popular writers on the skin have heaped, in unmeasured terms, upon a certain class of cutaneous disorders. They are described as "refractory," "obstinate," "notoriously rebellious to all modes of treatment," "unmanageable," "inveterate," "incurable."

The diseases thus characterized by nearly all the modern writers on the skin, are by no author collected into a single class or order. Some of them will be found distributed among several of the

orders of Willan, and placed in close proximity with diseases from which it is very important to distinguish them. So that in grouping them for the purpose of simplifying their treatment, and rescuing them from the unfounded charge to which allusion has been made, I have found it necessary to pay very little respect to their elementary forms, and to direct attention chiefly to certain extraneous circumstances frequently connected with their history and development, which are liable to be overlooked, or too slightly regarded in practice. For all therapeutical purposes, therefore, the diagnosis will generally be found perfectly easy and simple, and will require no microscopic aid.

In order more plainly to detach these cutaneous affections from their respective nosological *locale*, and to isolate them in a distinct group, without presuming to disarrange their orders and genera, I shall endeavour to present them to the notice of the reader in a *negative* aspect.

1. They are not of *limited duration*, but may, and often do, afflict the patient to the end of his life.

2. They are not *necessarily complicated with or symptomatic of other disorders*.

3. They neither originate in, nor is their duration protracted by, *local causes*.

4. They are not *specially characteristic of debility or exhaustion*.

Under the first head are excluded from the group nearly the whole class of exanthematous and ephemeral diseases. Under the second, Strophulus, Aphtha, Phyma, and Syphilitic eruptions. Under the third, Scabies, Porrigo, (*Tinea capitis contagiosa*), and certain local forms of Psoriasis, Pityriasis, Prurigo, Eczema, and Impetigo: and under the fourth, Pemphigus, Pompholix, Rupia, and some varieties of Ecthyma and Purpura.

There are a few other affections of the skin, which being rare or exotic, I shall pass over with little or no notice; viz., Icthyosis, Molluscum, Vitiligo, Elephantiasis, and Frambæsia.

The remaining genera in Willan's arrangement, viz., Lichen, Prurigo, Lepra, Psoriasis, Pityriasis, chronic Urticaria, Purpura,

Impetigo, Ecthyma, Eczema, Acne, Sycosis, Lupus, and non-congenital Nævus, constitute the group selected for discussion. To these, my remarks will be chiefly confined; and of them I do not hesitate to assert that in their uncomplicated forms, they are all as amenable to enlightened medical treatment, as any diseases which are generally considered curable by artificial means. I have described them negatively, because, although they are all, in a sense, chronic, idiopathic, and constitutional, yet neither these terms, nor any other positive cognomen would convey any distinct idea of the points of similarity, I had almost said identity, which attach in common to these singular diseases. Differing widely, one from another, in their eruptive forms, and scarcely presenting one positive, palpable, and distinctive point of resemblance to each other respectively, they may yet be regarded as *one disease*, manifested in different individuals by different kinds and degrees of cutaneous inflammation or irritation;* sometimes producing no eruption at all, yet exciting an intolerable pruritus; but more generally manifested by an eruption, papular, scaly, exanthematous, vesicular, pustular, or tubercular, as the case may be; and in more rare instances, exhibiting simple enlargement of vessels without inflammation, or spots of extravasation only, the texture of the vessels giving way under the morbid influence. The inflammation sometimes assumes a subacute, or even an acute form, and is associated with a febrile condition of the system; and this having been subdued by appropriate treatment, the chronic form of disease remains, becoming more or less "obstinate," according as its treatment is more or less judicious, and in this stage possessing the constitutional character of those other

* Since this sentence was penned, I have had the satisfaction of observing, that the intelligent and accomplished Dr. Billing takes precisely the same view of the subject. Considering that this author always uses the term "morbid sensibility," to express what surgeons usually call "irritation," there is a remarkable coincidence between the following sentence and my own phraseology. "From analogy I infer, that the various cutaneous eruptions are but degrees of one state,—a morbid sensibility and loss of power in the capillaries of the rete mucosum, assuming various forms according to the age and constitution of the patient."—*First Principles of Medicine*, 3rd Edit. p. 277.

disorders in the group, which are never complicated with pyrexia. In these latter cases, the affection of the general system is inferred from the state of the skin; the functions being often well performed, and the patient reporting himself in excellent health. That he really labours under some cachexy of the general system may be inferred from the following facts. There is no local cause for the disease, its origin must therefore be from within; but as there is no organic disease of the internal organs, a general derangement must exist. The disease cannot be cured by local applications; and yet it is susceptible of cure from internal remedies; and on the testimony of all writers on the skin, certain potent remedies administered internally, are found to have more or less control over the morbid condition of the skin. In what this constitutional lesion consists cannot perhaps be satisfactorily determined. Its seat may be in the nervous system, or it may possibly consist of some unhealthy condition of the circulating fluids, which the yet imperfect discoveries of chemistry have hitherto failed to detect. The question is rather curious than practical, and the pathology of many other disorders easy of treatment, is involved in equal obscurity.

In the *diagnosis* of these disorders the most important, and sometimes the most difficult point to be determined is whether they be of syphilitic origin; many of them, especially the squamosæ being occasionally of this nature, and requiring the same treatment as other forms of lues. The reddish-brown, or copper-coloured appearance of the eruption, taken in connexion with the history of the case, will generally lead the experienced and observant practitioner to a correct judgment; and it is infinitely more important to determine this question rightly, than to assign the case to its proper order and genus. If there be reason to conclude that the case is not syphilitic, the next point requiring attention, is whether the eruption be complicated with any other deviation from health, local or constitutional; and especially whether there be a febrile condition of the system, a quick pulse, a hot surface, deficient secretions, local pain, or other marks of increased vascular action.

The diagnosis being accurately determined, the *treatment* must in the first instance be regulated by established principles. Every obvious local or constitutional disorder which may happen to complicate the eruption, and which in some cases originate and sustain it, must first be rectified if possible. Disordered secretions require particular attention; the digestive organs must be watched and regulated, and the general health restored (if it be deranged) by appropriate remedies. All this must be done, and done effectually, before especial attention is directed to the cutaneous disease, except in those cases in which the health suffers as a result, and not as a cause of the eruption. And under all circumstances we must watch for the symptoms of any increased vascular action or febrile excitement which so frequently accompanies chronic affections of the skin. It is to be feared that this latter indication, though clearly pointed out by Dr. Elliotson and other modern writers, is too much overlooked in practice. In adapting to the case in hand, our depleting measures and cooling regimen, we must bear in mind that we have to deal primarily with an inflammatory disease, extending sometimes over a large portion of the surface of the body; and that the skin is plentifully supplied with blood-vessels, exhaling normally a considerable quantity of fluid, and exposed to an atmosphere capable of becoming an irritant in disease. The most tormenting cases of skin disease often consist of extensive inflammatory action of an acute type, but of long duration, thus combining the acute and chronic character. We find a quick full hard pulse, a skin universally warmer than natural, and in the diseased portions the patient suffers extremely from sensations of burning, smarting, itching, pricking, and stinging. The blood taken from the arm will occasionally, but not always, be found both cupped and buffy. If these symptoms occur in a plethoric subject, a second or third bleeding, each one *ad deliquium* will probably be required at intervals of a week or ten days; and leeches must be applied occasionally to the red margins of the more recently affected portions of the skin. In addition to this, it may be absolutely necessary not only to restrict the patient to a low diet, but to administer active aperients, salines, and antimonials,

in doses which will not severely rack the stomach ; an organ which it is important to keep in tone during the treatment of these diseases. This system must be pursued for days, weeks, and even months if necessary, until the smarting and tingling has in a great degree subsided, and the cool skin, quiet pulse, and tranquil nights suggest that the period is arrived for the commencement of the alterative treatment. A premature exhibition of alteratives is a great error, and often fatal to success ; and even after the alterative course has been properly determined upon, the pulse must be watched, the bowels regulated, and all inflammatory tendencies checked at their onset, and ultimately subdued if necessary by a few doses of Plummer's pill or other mercurial adjuvant. In the milder cases of inflammation where the general febrile action is not so obvious, but there is much smarting or pruritus, topical bleeding or a reduced diet may suffice. Occasional purgatives are useful in all cases, and are of more service at intervals than when administered too frequently. There is no sort of reliance to be placed upon external applications, and they should be used with great caution. Warm or tepid baths of fresh water often prove a source of much comfort to a patient in the febrile stage of chronic cutaneous disease. The same may be said of fomentations ; they are seldom or never curative, scarcely auxiliary to the cure, but they soothe and amuse the patient, who likes to be doing something, and often speaks gratefully of their effects. Sea-water, sulphur fume, and hot-air baths, are all injurious to the inflamed surface, and unnecessary when the inflammation has been subdued. Equally needless, and not seldom hurtful, are the thousand-and-one ointments, lotions, and other applications which have been recommended in these diseases. It is painful to contemplate the unnecessary torments of a patient who has been *tarred* externally and internally, or tortured with caustic for weeks together, without the slightest relief, and whom the abstraction of a pint of blood and the exhibition of a smart purgative, would deliver from more than half his sufferings. Much judgment, however, is sometimes required to fix the proper limits of the antiphlogistic treatment. Ecthyma, a disease of debility and poverty, has been known to take place of lepra,

when the low diet system has been carried too far,—a condition which is difficult to rectify. Indeed the degree of success attending the alterative treatment will much depend upon the nicety with which we have previously adapted our depleting measures, to the actual necessities of the case. If the patient be much reduced, powerful tonics may be necessary to his recovery, and there are cases in which they are found requisite from the very commencement of the treatment. Both plethora and anæmia are conditions highly unfavourable to the recovery of lost health, and must be removed before the skin can become permanently sound. The pulse is generally a safe guide.

Thus, by rectifying what is obviously wrong in the general system, we put the patient into a condition in which the local disease has a chance of getting well. And sometimes this is all we have to do ; the *vis medicatrix naturæ* will accomplish the rest. It more frequently happens, however, that the eruption continues in a milder form for some time, then begins to spread, and finally relapses into its original condition. To prevent this, many alterative remedies have been tried with various degrees of success. It is not necessary for me to enumerate them, my whole attention having been directed for many years to one antidote alone, which under proper regulations, acts with such uniform efficiency as to leave nothing to be desired. That remedy is *arsenic*.

Of the numerous alterative remedies which have been extolled for the cure of cutaneous affections, arsenic has for a long period enjoyed the highest reputation. But, unfortunately, owing to a very general misapprehension of the conditions requisite for its successful operation, it frequently fails to eradicate the disease for which it is prescribed. It is likewise believed by many practitioners to be a dangerous medicine, and on that account, it is proscribed and repudiated, perhaps by more than half the members of the profession. I venture to hazard the opinion, that arsenic will one day be universally esteemed as one of the most valuable of medicines, and that its administration will be attended with far less

danger than that of mercury, antimony, opium, or any other poison now used medicinally.

Arsenic is known to be a virulent poison in a large dose, and it is said to have the power of wasting and destroying the vital principle with equal certainty when small, but deleterious doses are incautiously repeated too long together. A belief in the truth of this allegation has probably deterred many discreet practitioners from its due administration. It must be admitted, that though the reputation of arsenic as a slow but certain poison in medicinal doses, rests upon evidence which might fairly be challenged, yet it has such an extraordinary action over the human system, an action so unlike anything else, and in poisonous doses so rapidly and unaccountably destructive, that double and treble caution should ever be used in administering the mineral medicinally, even in very minute doses. It behoves every practitioner who prescribes so virulent a poison, to acquire all the knowledge he can obtain of the phenomena to be expected under its use, not only as regards the suspension of diseased action, but more especially with reference to its influence on the general economy. This knowledge is but scantily supplied by authors, and it is one chief object of the publication of this little work, to make known the results of my own experience, after having watched the effect of the medicine for many years. The reader may rest assured, that the dangers attending the medicinal use of the mineral have been greatly exaggerated, and that its destructive properties have never been manifested, except in the hands of practitioners who knew not how to regulate its use. I have administered arsenic to patients in small but efficient doses, for months and years together, in a great variety of cases, and have watched in vain for the alarming effects attributed to its use. During thirty years' observation, I have never known it produce any unpleasant effects on the system in a degree incompatible with perseverance in its use; and Dr. Duffin, of Edinburgh, asserted in the year 1826, that he had prescribed it in nearly four hundred cases, and had never seen it do any mischief. Indeed there are few medicines less likely to do harm than arsenic, when administered in the manner about to be

described. I consider it absolutely safe. It is a medicine which never requires to be *pushed*. It is a remarkable fact, that doses large enough to disturb the system generally, have no power over cutaneous diseases which will yield to smaller doses; so that its curative powers appear to reside alone in doses too small to be mischievous. It is impossible to hurry its operation: every attempt of this kind, not only fails, but retards the wished-for result. But the patient, persevering administration of small doses, under favourable circumstances, for weeks, months, or years together, will be found to exercise an almost omnipotent influence over the cutaneous diseases under review.

The numerous failures of arsenic, as an internal remedy for skin diseases, may be traced to one or more of the following sources: 1. The syphilitic character of cutaneous disease is often overlooked; arsenic is prescribed where mercury is wanted, and the former medicine has only a limited and temporary influence in most of these cases. 2. Some practitioners administer arsenic during the inflammatory or febrile stage of cutaneous disease, under which circumstances, it rarely fails to increase the inflammation, and never does any good. 3. Dr. Cormack, and one or two other writers, direct it to be given on an empty stomach, and are often obliged to abandon it on account of the gastric irritations it is said to excite. 4. Many practitioners prescribe it in doses too large, and at intervals too distant, to obtain the full benefit of the medicine; and *lastly*, all the writers I have as yet had an opportunity of consulting, both British and foreign, direct it to be given in *gradually increasing doses*. This, as it is the most common, often proves to be the most serious error.

The general result is, that although in spite of all this mismanagement, cutaneous diseases very often yield to the medicine, yet few practitioners can be found who prescribe it with confidence and perseverance, and perhaps still fewer with satisfaction and success. If mercury were generally exhibited in the same timid and unsystematic manner, the day of its reputation would soon be drawing to a close.

The proper mode of prescribing arsenic may be inferred from

its therapeutical properties ; and as these appear but indifferently understood, I will endeavour to place them in such a light as shall render obvious the practical inferences I have drawn from them.

1. There is especially one property in arsenic regarded as a medicine which must be duly appreciated in prescribing it before it can be administered with safety or general success ; I refer to its *cumulative* effects on the system. So long ago as 1807, Dr. Bardsley, of Manchester, pointed out this peculiarity. He says, he has observed the arsenic to accumulate in the system after using it for a time, and to produce flying pains, flatulence, paralytic affections of the limbs, and other unpleasant symptoms. He therefore objects to the too long continuance of the medicine. M. Rayer also observes, "that the effects of arsenical medicines, slow and silent in the beginning, may suddenly acquire greater intensity, and prove the cause of lesions more or less severe in their nature." He likewise adds, "it would be culpable temerity to persist for too long a time in the use of remedies possessed of such energetic actions on the economy, that they are apt themselves to become the cause of serious disorders."* Hufeland speaks in similar terms of the "disastrous effects of arsenic after a considerable time."† Arsenic is not the only medicine which has a tendency so to accumulate in the system as to appear inert for a time, and then suddenly assert its influence in a degree more or less alarming. Digitalis and colchicum have also this property. On the other hand, opium and antimony act with more efficiency at first ; and as the system becomes habituated to their presence, the dose must be gradually *increased*. That the system should thus manifest increasing intolerance of repeated doses of some medicines, and accommodate itself by degrees to constantly augmented quantities of others, is to my mind wholly inexplicable ; but the fact being well established, the practical inference is plain ; —as the latter medicines must of necessity be exhibited in *increasing* doses in order to ensure any long continued effect, —so if we would have the benefit of the cumulative poisons, *on safe conditions*, it is obvious that the dose must be gra-

* Rayer on the Skin, p. 88.

† Journal de Médecine, 1811.

dually *decreased*. Accordingly, every judicious practitioner, in prescribing digitalis or colchicum, commences with a full dose, which he reduces by degrees as the effects become palpable. *Arsenic administered in this way, is a safe and efficient medicine.* If, on the contrary, the doses, however small at first, be gradually augmented, (as is usually directed,) by daily increments, it may become at length a *dangerous poison*; and it will probably prove, for more reasons than one, an inefficient medicine. Let it not be understood, however, that a large dose is requisite even at the commencement. Five minims of Fowler's solution three times a day is sufficient to begin with, and this dose must be reduced as occasion may require.

2. The next peculiarity of arsenic to which I entreat attention, is the sudden arrest of diseased action often observable under the exhibition of the maximum dose. In this respect, some analogy may be traced between the operation of arsenic, and that of mercury. John Hunter taught that in order that the influence of the latter medicine should be brought to bear with full effect upon certain forms of syphilis, a given quantity must be introduced into the system in a given time; after which, the gums being tender, smaller doses will suffice to keep the morbid action under arrest. This is illustrative of the action of arsenic in cutaneous disease. A full dose being first administered at regular intervals, in a few days, (or possibly weeks,) a pricking sensation is felt in the tarsi, and the conjunctiva becomes slightly inflamed. *At this crisis the disease is brought under arrest, and generally from this period appears to be shorn of its strength.* The return of healthy action in the cutaneous vessels often becomes visible, and is sensibly felt by the patient, on the very day on which the eyes become suffused with tears. The dose may now be reduced, and in some cases a very small dose taken with exact regularity will suffice to keep the eyes tender and the skin healing, until at length even the disposition to disease appears to die away under the influence of the poison. And as in the exhibition of mercury we are content with making the gums sore without distressing the bowels, so in administering arsenic we should never allow the mucous mem-

branes to suffer : for supervening gastritis, and even cholicky pains, most clearly contra-indicate its use. Fortunately a slight degree of conjunctivitis, in about forty-nine cases out of fifty takes precedence of the more grave affections which indicate an over-dose. Both the safety of the patient and the prospect of his recovery will much depend upon the vigilance with which a knowledge of this fact inspires the surgeon. Ignorance of the existence of this safety-valve has caused many a cautious practitioner to repudiate the medicine altogether ; and an acquaintance with this important sign would, doubtless, on the other hand, have checked the temerity which, in its results, has attained with unmerited suspicion the reputation of a valuable remedy. I am not sure that any reliance is to be placed on this test when arsenic is taken either fasting or in increasing doses ; for here a sudden disturbance of the primæ viæ may occur synchronously with the conjunctivitis, and being more painful and urgent in its nature, is likely to be complained of by the patient, while the latter affection being slight, may not be mentioned, and thus may escape the notice of the surgeon.

3. There is yet another singular property in arsenic, perhaps peculiar to it, which I have observed very frequently, and which is full of practical instruction. It is one of the results of its cumulative power. Excessive doses often produce so strong and lasting an impression on the nervous system, especially in delicate subjects, as to render it for months or years subsequently, so intolerant of the medicine, even in the smallest doses, as absolutely to interdict its use. There are no cases so difficult of management as these. A patient consults us for a disease of the skin : we administer arsenic in doses of five minims of Fowler's solution three times a day ; and the patient complains in a day or two of nervous tremors, disturbed rest, horrible dreams, and other affections of the sensorium ; and if we persevere, the disease seems to evade the healing influence of the arsenic. Upon inquiry it is found that the patient has previously been taking arsenic in large or increasing doses ; the system is already impregnated with the poison, and thus unfitted for its further exhibition. I discovered

the true nature of these cases from an accidental circumstance, and I have since found that all attempts to push the medicine in large doses have proved abortive, giving rise to a condition of the system intolerant of the medicine, and insusceptible (for a time) of its influence.

4. It is not generally known that arsenic, which in large doses irritates the bowels, in small doses soothes them, and is of eminent utility in checking either the chronic diarrhœa, or the gastric irritation which frequently complicate disease of the skin. Many practitioners would consider weak or irritable bowels contra-indicative of its use; but I shall hereafter detail two or three cases in which arsenic in small doses not only restored the healthy condition of the skin, but effectually stopped the diarrhœa which accompanied the cutaneous affection throughout its whole course; and also another case in which dyspeptic symptoms complicating a tubercular eruption, having resisted the usual remedies, yielded readily to arsenic, which also restored the skin. These facts are startling at first, but they are readily explained. Both the internal and external surface were, in these cases, in a morbid condition from some inexplicable derangement of the general health: the arsenic rectified this, and the source of irritation being removed, both the skin and the mucous membranes recovered their healthy tone. In these cases large doses of arsenic would be highly objectionable,—dangerous as well as useless.

5. It remains to be observed, that some individuals appear by nature unusually susceptible of the influence of arsenic, and intolerant of the usual doses. Mr. Girdlestone, of Yarmouth, relates a case of this kind. Happily this circumstance is no impediment to the use of the medicine, an exceedingly small dose of which will suffice, in such cases, to control diseased action after it has been once arrested by a competent dose at the commencement. *A fourth part of a minim* of Fowler's solution taken thrice a day, has, in a few weeks, effected the permanent cure of psoriasis guttata, in a female of delicate habit, intolerant alike, in a high degree, of all mineral substances. An opposite condition of the system is sometimes met with, in which small doses may be admi-

nistered for a long time without producing any visible or sensible effect: but these cases are extremely rare, and where very large doses are reported to have been borne with impunity, it is safer to conclude that the solution was accidentally deficient in strength than that the human system is ever proof against unlimited or indiscreet doses. There is a third peculiarity in some individuals in reference to the effects of arsenic, and this is so common among persons of fair complexion or delicate skin, that I am not sure whether it is not the rule rather than the exception. No author has yet noticed it. It is this,—that whereas conjunctivitis is a primary effect of small doses of arsenic, it has also after a time a secondary effect. The trunk of the patient first, and subsequently all those parts of the body which are by the dress protected from the access of light and air, become covered with a dirt-brown, dingy, unwashed appearance, which, under a lens, reveals a delicate desquamation of the dermis, and is, in fact, a faint form of pityriasis. This may be considered as a secondary form of arsenicalization; for I have observed that when the primary dose is diminished on the appearance of conjunctivitis, the eye-lids may be allowed to get well, yet if the patient's skin be kept *brown*, the disease will vanish just as rapidly as though the conjunctiva were kept sore. The first and larger dose appears to knock the disease on the head, (so to speak,) and to exhaust its energy. Its less malign, or secondary form, being subjugated by the secondary or pityriatic action of arsenic.*

From this review of the medicinal action of arsenic in minute doses, and from the observations which precede it, the reader will readily perceive the propriety of adopting the following *principles*

* I cannot conclude these remarks on the medicinal properties of arsenic in affections of the skin, without referring the reader to two valuable papers on the subject by Mr. Erickson, published originally in the *Medical Gazette*, (May 1843,) and afterwards in *Braithwaite's Retrospect* (Vol. viii. page 8). The author takes an intelligent view of the therapeutical agency of arsenic, and especially of the conditions of its administration. But he does not appear to be aware of the advantage of commencing with the larger doses, nor of the importance of watching the state of the conjunctiva as a test of an over-dose. Lacking these landmarks, he interdicts its use in plethoric subjects.

in the treatment of diseases of the skin; and he will further be prepared to understand and account for the remarkable success attending the practical operation of these principles, as detailed in the cases which follow.

1. Diseases of the skin may be depending on some special *local or general cause*; as scabies and porrigo capitis, (scald head or ringworm,)—these being the only contagious diseases of the skin, both depending upon animal or vegetable parasites;—as some forms of prurigo, ecthyma, &c., on uncleanness or pediculi; as eczema solare on the rays of the sun, eczema mercuriale on the influence of mercury, &c. &c. These causes should always be detected, and if possible removed. And it should be observed that scabies is not always a vesicular disease as described by authors, and in fact that any form of eruption may arise from any of these exciting causes.

2. In the absence of these special causes, functional irregularities, disordered secretions, and other accidental *complications*, must be treated on established principles, and rectified, if it be practicable, before especial attention is directed to the skin.

3. The pulse, and the temperature of the skin, if abnormal, must be reduced to a healthy standard by antiphlogistic means.

4. These preliminaries having been duly observed, the disease will either get well spontaneously or not. If not, it is either syphilitic or otherwise; if syphilitic it must be treated accordingly; if otherwise, arsenic is the best alterative remedy.

5. Fowler's solution of arsenic may be given in doses of five minims three times a day, mixed with the beverage drank with, or after the meals. This dose should be taken with exact regularity, and the patient should be examined at least twice a week. When the conjunctiva becomes inflamed, the dose should be reduced, but the medicine must not be entirely abandoned until weeks or months after all disposition to morbid action appears to have subsided.

6. If the cutaneous disease should assume an inflammatory type during the arsenical course, it will seldom be necessary to discontinue the arsenic; but it will be requisite to reduce the

inflammation by a smart purgative, or by the application of a few leeches to the inflamed portions of skin.

7. The arsenical course should be protracted (in reduced doses) for about as many *months* after the final disappearance of the disease, as it had existed *years* before. This will prove the best security against a relapse, and will generally succeed in preventing it.

8. In plethoric or inflammatory subjects the disease will yet be liable to relapse, unless the diet be so regulated as to keep the system always free from increased vascular action. In some cases stimulants must be entirely abandoned, in others a sparing allowance of animal food appears to be essential to the preservation of the health.

9. In subjects disposed to anæmia, a nourishing diet, with tonics or stimulants, and above all, moderate daily exercise in the open air, are the best preventives, as well as important auxiliaries in the treatment.

10. Cutaneous diseases are sometimes complicated with diarrhoea, dyspepsia, or general irritability of the intestinal canal. If this condition cannot be remedied by common measures, arsenic in small doses will be found to sooth the bowels, (the pulse being quiet,) in proportion as it allays the irritability of the skin.

11. Some individuals are, from idiosyncrasy unusually susceptible of the effects of arsenic. In these cases doses of one or two minims, or even less, of Fowler's solution, will prove as effectual as a larger dose in common cases, and will generally be borne with impunity. The curative powers of arsenic will, in all cases, be found to reside in doses too small to be mischievous.

I now proceed to illustrate by cases the application of these general rules to the various forms of cutaneous disease to which they are specially adapted, and to exhibit the results. Some of these maladies will be exemplified with complications, others without; some in the inflammatory stage, passing thence, under treatment, into the asthenic condition; others in the chronic

form, never having been in a state of activity. A few will be reported as showing the treatment required under a peculiar idiosyncrasy, and the whole are selected with a view to the practical illustration of the principles already laid down.

In determining the order of selection, I shall adopt the arrangement and definitions of Willan, as having been long familiar to the profession.

SECTION II.—CASES.

ORDER I.—PAPULÆ.

PAPULOUS disorders are characterized by "*an eruption of small pimples terminating in scurf, and at no period containing any serous or purulent matter.*"

Under this order Willan has placed three genera, viz: *Strophulus*, *Lichen*, and *Prurigo*.

STROPHULUS.

Strophulus is a disease of infancy, and well known to nurses under the name of red gum, or gown. It is an ephemeral disease. The pimples are of a vivid red colour.

LICHEN.

Lichen is the same disease in the adult, but it is not always ephemeral; being more frequently evanescent and recurrent. Willan describes it as "connected with internal disorder;" but as this is equally true of every one of the diseases under discussion, it is no distinction. He also mentions seven varieties, which he might with equal propriety have described as seventy. Bateman

truly says, "there is scarcely any limit to the varieties of these papular affections." Like all other eruptive diseases of this class, Lichen is attributed by authors to a great variety of causes, every one of which is a mere matter of guess; the most plausible guess being the heat of tropical climes, which has given the distinctive cognomen to one variety, "Lichen Tropicus;" but even this variety occurs from other causes, for it is acknowledged to be very common in this country, and at almost all seasons. The reader shall decide, if he can, whether the following case be one of Lichen Tropicus, or Lichen Agrius. It occurred within one degree of the meridian of London.

CASE OF CHRONIC LICHEN OCCURRING FIRST IN THE PUERPERAL STATE, AND AFTERWARDS ASSUMING AN OBSTINATE CHARACTER, UNTIL SUBDUED BY ARSENIC.

Mrs. E., a middle-aged lady, mother of a large family, consulted me on account of an eruption of papulæ appearing in patches, not circumscribed, but irregularly diffused over nearly the whole surface of the body.

July 10th, 1846.—She is nursing a fine and healthy infant about four months old, and first observed the eruption about a week after her delivery, when it suddenly appeared in an acute form, and was attributed to cold. The pimples were at first of a bright red colour, but have now assumed a somewhat faded appearance. She thinks the disease is aggravated by heat and excitement of any kind. The eruption itches very much at times, particularly at night, materially disturbing her rest. She is a fine healthy female of large proportions, and somewhat embonpoint, but was never very strong. Except that she feels weak and exhausted from broken rest, she is in excellent health, showing no sign of "internal disorder," except the eruption itself. Pulse feeble, tongue clean, secretions natural. Five minims of Fowler's solution of arsenic were directed to be taken three times a-day, with or after the meals, and a quinine draught twice a-day between the meals.

Aug. 15th.—The conjunctivæ of both eyes are inflamed; the

eruption is fading, and has become much less troublesome at night. The patient expresses herself as feeling stronger and in better spirits. Reduce the dose to four minims, and take the quinine once a day.

Oct. 4th.—The patient has taken the arsenic for twelve successive weeks, the quinine occasionally, and an aperient when required. The conjunctivæ are still inflamed, and the dose of the arsenic has latterly been reduced to three minims. The eruption now gives her very little trouble; it has entirely vanished several times, but re-appears occasionally in a trifling degree. She now left Herne Bay to return to her residence in town, and was requested to persevere with the arsenic under medical inspection, not only until the disease should wholly disappear, but for a few weeks subsequently.

30th.—Her medical attendant writes me word that she continues "pretty well," and has persevered with the arsenic to this time.

PRURIGO.

Prurigo is commonly a much more formidable disease than Lichen. The unrelenting torment of the pruritus which always attends it, and the obstinacy with which, in the aged especially, it is said to resist medical treatment, together with the distressing local complications which its presence often involves, constitute it one of the most deplorable afflictions to which the human frame is subject. It differs from Lichen in the colour of the papulæ, which seldom present any shade of variation from that of the surrounding skin; they are likewise somewhat broader, less acuminated, and in some cases they scarcely rise above the surface of the skin. It is sometimes difficult to detect them, but having been torn by the nails, they are replaced by small black circular scabs, which are nothing more than minute drops of blood discharged from the papulæ and dried upon the surface. A number of scratches, and here and there a few yellowish-brown stains upon the skin where the papulæ have faded, are generally more or less distinguishable. The disease may either be general, or

restricted to a confined locality; and in both forms may arise either from local or constitutional causes. I shall first select for illustration two or three cases to which arsenical treatment seemed well adapted, and afterwards point out the circumstances which should prevent or delay or regulate its use.

CASE OF PRURIGO PODICIS OF EIGHT YEARS' STANDING, CURED BY ARSENIC: COMMUNICATED BY THE PATIENT, A SURGEON IN THE ROYAL NAVY.

"A. B., æt. 59, has been about eight years subject to pruritus just within and around the sphincter ani: the attacks almost invariably commencing during the night, very frequently when asleep; and they have always been aggravated by cold ablution, or sitting in cold water before getting into bed. General health good, except a tendency to dyspepsia, which has generally been avoided by temperance and restriction to simple diet. There is some relaxation and thickening about the sphincter, most probably owing to the somewhat compulsory use of friction, as the only means of obtaining any sleep. There are no symptoms of local inflammation. Numerous local applications in the form of lotions, and ointments, have been tried without any good effect. A surgeon of very extensive experience in rectum diseases, attributed the complaint to ascarides, and prescribed *ol. terebinth.*, of which several doses were taken; and they always procured a few days' relief, though no worms of any kind have ever been voided.

"Feb. 23rd, 1846.—Having previously taken a dose of *decoct. aloes. comp.*, the *liquor arsenicalis* was commenced, (by the advice and under the direction of Mr. Hunt, of Herne Bay), in doses of five minims, thrice a-day, in infusion of quassia, taken immediately after meals.

"28th.—The pruritus is somewhat less troublesome upon the whole: there is a sense of tenderness in the tarsi, but no redness.

"March 8th.—Only two troublesome attacks during the past week: conjunctiva slightly and partially inflamed.

"27th.—Improvement gradual: no attack during the last five nights; but was seized with spasms of the intercostal muscles on

the left side, followed by a pustular eruption over the seat of pain, which compelled me to omit the arsenic.

“ May 20th.—The pruritus having returned about a week ago, I recommenced the liquor arsenicalis m. v. ter in die, in cold boiled water.

“ 30th.—No attack for the last four days. Slight partial redness of the conjunctiva; bowels loose.

“ July 11th.—The disorder, which has varied a good deal, is now much relieved; but there has been some degree of itching in the perineum and scrotum occasionally: no pruritus within the sphincter for the last week. The eyelids being very stiff and itchy, reduced the dose two minims in the day. From this date to about the middle of September, *had no attack*, but had then some pruritus *without* the sphincter.”

The following extracts from the patient's letters will give the sequel of this very satisfactory case.

Dec. 2nd.—“ I have continued the arsenic up to this day, with the occasional omission of a dose or two, from diarrhœa or catarrh; the daily quantity varying from thirteen to fifteen minims, according to the state of the eyes. I had no pruritus from the 4th of July, till the middle of September, when I was attacked in the perineum and just without the sphincter, and have had several attacks since, with a papular eruption of a very ephemeral character, sometimes on the nates, at other times on the scrotum, &c., but I am quite free from eruption at present, as well as from pruritus. My stomach and bowels have not been in very good order during the summer, but the tendency to diarrhœa has been overcome by an infusion of pomegranate bark and quassia. I am now in very good health, but am frequently awake during the night from dreaming that I am fighting or quarrelling with people, and find the heart beating very strong and quick, and it is frequently some time before it subsides. I have had no dyspepsia for a long time.”

“ Jan 4th. 1847.”—“ For the last month I have had occasional but slight pruritus near the anus, but no affection within the sphincter, nor anything to disturb my rest. The medicine was

at once reduced on the receipt of your note, to nine minims daily, at which rate I purpose continuing it. I have had no affection of the conjunctiva since reducing the dose, but I feel a stiffness and pricking in the eye-lids, almost every evening after taking the third dose, which is perhaps sufficient to show that it has effect on the system. I have had no unpleasant dreams since I reduced the medicine, and as I have made no alteration whatever in my diet or habits, it can scarcely be doubted that my former dreams were owing to the medicine. I have no doubt of my being cured of my annoying complaint. The medicine seems to have a beneficial effect on the skin generally: formerly the skin over my extremities, and especially over the thighs and nates, used to be very rough during the winter, but now the skin in those parts is perfectly smooth."

"Jan. 11th.—I am now so convinced of the complete power of arsenic over prurigo, that gratitude, as well as a strong desire to alleviate human suffering, would impel me to urge any persons similarly affected, to place themselves confidently under your care. You have my full permission to state that my name and address will be given to any medical gentleman who may wish to refer to me; and I shall be happy at any time to contribute my humble testimony *to the soundness of both your theory and practice.*"

In this case there was no inflammatory action, either general or local, consequently no necessity for depletion; the arsenic must be therefore regarded as the sole agent in the cure.

The following case is one of an opposite description. Arsenical treatment alone would have been of little or no service. The tendency to inflammatory action was so strong, that three weeks active depletion was necessary previously to commencing the arsenic; and during the arsenical course, it was equally requisite to push the same system to an almost incredible extent.

CASE OF PRURIGO FORMICANS, GENERAL IN EXTENT, SUBDUED BY ACTIVE AND REPEATED DEPLETION, AND ULTIMATELY CURED BY ARSENIC.

Mrs. D——, aged 54, a person of small proportions, temperate habits and healthy constitution, was attacked in the year 1838, (at the age of 43) with apoplexy, terminating in temporary hemiplegia, from which she reports that she speedily recovered under active blood-letting. In the year 1842 she had an attack of lepra alphoides, chiefly affecting the thighs, which yielded to aperients and arsenic. In 1845, a scaly disease attacked the toes, affecting two and destroying one of the nails. It was inflammatory, and was much relieved by the repeated application of leeches, but no healthy action appeared in the parts until the patient had taken a month's course of arsenic. In the spring of 1846, a distressing pruritus affecting various parts of the body, especially the extremities, began to annoy the patient, chiefly at night, but occasionally in the day-time. This was soon followed by an eruption of papulæ, some of which were of a pale red colour, others exactly of the colour of the skin, and though but slightly raised, more obvious to the touch than to the eye. The marks of the patient's nails, and small dark specks, were the most distinct objects; and except that the pimples appeared in the face as well as other parts, the disease might have been mistaken for the papular form of scabies, and was mistaken for it by the patient and her neighbours, who advised her to take large doses of sulphur internally. Under this treatment the disease soon assumed a far more aggravated form, which drove her unwillingly to seek my advice.

May 4th, 1846.—The papulæ are scattered in countless multitudes over every portion of the surface of the limbs, head, and trunk; not a vesicle or pustule can be detected. The left foot is affected with psoriasis, and the toes are very sore and swollen; she has occasional headaches, slight fever, and restless nights. Pulse 96, full; tongue clean; appetite unimpaired; bowels regular. Fourteen ounces of blood were drawn from the arm; but it was

not buffy ; a dose of calomel and colocynth was administered, and a saline mixture with nauseating doses of antimony every five hours. All stimulants were forbidden, and a strictly vegetable diet enjoined.

10th.—General health much improved ; pulse 80, soft ; pruritus less troublesome at night ; no change in the appearance of the eruption. Continue the medicines and diet.

13th.—Pruritus less troublesome, but complains much of her left foot which is inflamed and scaly, the inflammation extending to the ankle joint. There is more fever. Six leeches to the left foot. Continue the medicine and diet.

27th.—The inflammatory symptoms, though not running very high, have been perpetually recurring. Leeches have been required several times, and it has been found necessary to restrict the patient to low diet, and to prescribe purgatives frequently. The papulæ are as numerous as ever, and the foot is still covered with scales ; but there is much less of pruritus ; the pulse is soft and quiet, the patient looks reduced and pale, and complains that she feels weak and languid. The arsenical treatment was now commenced :—five minims of Fowler's solution three times a day, with the meals, and an aperient occasionally. Animal food allowed in moderate quantity, but no stimulants.

June 10th.—The patient has taken the arsenic a fortnight. She expresses herself as entirely relieved of the pruritus ; the papulæ are everywhere fading, being discernible only in the arms. The conjunctiva is inflamed, and the eye-lids puffy. Reduce the dose of arsenic to four minims.

12th.—The left foot is very troublesome, and appears inflamed and fissured. Blue pill and colocynth at night, and a senna draught in the morning. Continue the arsenic.

20th.—Foot much better, pruritus gone, papulæ scarcely visible, conjunctiva inflamed ; patient complains of excessive debility which is confirmed by her appearance and the state of the pulse. Continue the arsenic with an improved diet.

Up to this period the case confirms the truth of the principles already laid down, and might have been hastily reported as cured.

But the cure of prurigo is no easy work ; the arsenic had arrested the disease, but had not as yet destroyed the morbid tendency.

July 6th.—The improved diet has apparently been the source of increased activity in the circulation, and a consequent resuscitation of the disease. The pulse is frequent, the skin hotter than natural, the papulæ much more numerous, prominent, and irritable. The patient complains of prickling sensations, “worse than pain or itching, as if a thousand wasps were stinging her,” and she passes her nights in almost insupportable torment ; she despairs of getting relief from medicine, and thinks she shall go mad unless something can be applied to the skin to relieve her. (This is always the tone of patients suffering under the horrible anguish of pruriginous disease, but the result will show that there was no ground for despondency.) Nearly a pound of blood was taken from the arm, from which she felt herself immediately relieved. A full dose of colchicum was given every five hours, with a grain of tartarized antimony in each dose, and the arsenic continued as usual. The diet to be reduced as at first.

14th.—She has had one good night ; the papulæ are vanishing and seldom itch ; she feels very weak ; the colchicum has much distressed the bowels. The dose of the colchicum was reduced, that of the antimony augmented, and the arsenic continued as before.

21st.—Arms again very troublesome, pulse frequent. Apply six leeches to the left arm, and persist in the use of the medicines.

27th.—Very little amendment. Persist in the medicines and add five grains of Plummer's pill every night.

August 3rd.—Pruritus very troublesome at night ; pulse hard and frequent ; papulæ more vivid and prominent, appearing here and there clustered in little hard knots. I now determined to bleed her *ad deliquium*. She fainted when about thirteen ounces of blood had been drawn, and *from this time there was a sudden and permanent improvement*. The pruritus was wholly subdued at once, and has never since returned in a severe form. Continue the medicine, excepting the Plummer's pill.

7th.—The patient appears quite well, but is extremely weak. The papulæ are scarcely visible, and there is no pruritus. Continue the arsenic, take a grain of quinine twice a day, and improve the diet.

27th.—Vascular reaction is again established, and with it the eruption and the pruritus have returned. Ten ounces of blood were taken from the arm before the pulse gave way; a purgative draught was ordered, and a reduced diet. The arsenic to be continued.

Sept. 7th.—Very much better, but much reduced in flesh and strength; conjunctiva very uncomfortable. Three minims of Fowler's solution thrice a day, and a little animal food allowed.

14th.—No decided alteration. Take five grains of Plummer's pill every night, and continue the arsenic.

Oct. 8th.—The patient thinks she has lived too well; some slight return of the pruritus; papulæ still visible; some of them enlarged, thickened, and turned of a dirt-brown colour, which is very general over the trunk. No fresh pimples have appeared for a month or more. Pulse full and hard, gums slightly tender. Eight ounces of blood were taken from the arm, and the arsenic and Plummer's pill directed to be continued steadily.

Nov. 4th.—Much better every way. Continue.

15th.—Skin hot, pulse full, some degree of pruritus. Eight ounces of blood abstracted.

18th.—Quite well. The arsenic to be continued for a time in reduced doses, and great care to be taken to moderate the diet.

February, 1847.—The patient continues well, and declares that she feels as strong and hearty as ever.

In little more than six months this patient had lost about seventy ounces of blood from the arm, and probably fifteen additional ounces by leeches. She had taken more colchicum, tartarized antimony, and purgative medicines than I ever remember to have administered to a patient before, and once or twice her gums were tender from the mercury; yet in two months she feels as strong and hearty as ever. Can it be doubted that prurigo is sometimes expressive of a plethoric condition of the system?

Nor is it less obvious that detergent local applications would probably have placed the patient's life in extreme danger. Nothing but a determined adherence to one plan of treatment for months together, would have given this patient the slightest chance of recovery. The following cases will show how unsatisfactory and useless it is to follow the directions of the most approved writers on the skin.

CASE OF PRURIGO SCROTI RESISTING THE USUAL TREATMENT FOR TWO YEARS, AND YIELDING TO ARSENIC IN A MONTH.

Mr. G——, a gentleman of healthy constitution, aged 30, had been under medical care for two years for the treatment of severe pruritus in the scrotum, verge of the anus, and contiguous parts; but the disease advanced in spite of the usual remedies recommended by Willan, Bateman, and other writers of more modern date, although administered by most respectable and intelligent practitioners, and with great perseverance. A few papulæ of the colour of the surrounding skin were visible, as well as the small black points characteristic of the disease. He placed himself under my care, on the recommendation of two of his medical friends,

April 14th, 1836.—He describes the pruritus as excessively severe, particularly at night. He complains of sensations of itching, burning, and stinging of a maddening kind. He finds no relief from rubbing, or scratching the parts; on the contrary, when he can no longer abstain from violence of this kind, it invariably aggravates his sufferings. He is almost a stranger to sleep, but though his mind is becoming irritable, his general health is not materially deranged. Pulse 80, full; functions unimpaired. Sixteen ounces of blood were taken from his arm, and the affected parts were bathed with hydrocyanic acid, largely diluted with tepid gruel.

15th.—The patient has had some sleep, and describes the itching as less intense. The blood is slightly buffed on the surface, but not cupped. He was put on a low diet; a dose of calomel

and compound extract of colocynth was prescribed, and a saline purgative night and morning.

16th.—The bowels have been fully relieved, but he is no better: he has been tossing about all night in unmitigated misery, and thinks he shall go mad or destroy himself. Pulse firm. Sixteen ounces of blood were abstracted from the arm, and a strong solution of nitrate of silver in laudanum, applied to the affected parts.

17th.—No relief. The caustic lotion has produced vesication in the scrotum, but the old torture continues. Blood not buffed. Five minims of solution of arsenic were ordered to be taken three times a day in a draught.

22nd.—No amendment. The dose of arsenic was increased to seven minims three times a-day.

23rd.—He has procured some sleep by reposing in a hip-bath, his shoulders and head being supported by pillows. In this way he passed several successive nights in comparative composure, but the pruritus returns with its accustomed severity when he is not in the bath.

29th.—He is not essentially better, but fancies there is some mitigation of the heat. No evil effects appearing to arise from the arsenic, the dose was increased, at the earnest request of the patient, to eight minims.

May 1st.—He has now taken the arsenic for a fortnight. *The pruritus is nearly gone, and the conjunctiva is inflamed.* Reduce the dose of arsenic to five minims.

4th.—There is scarcely any pruritus remaining. The patient has taken aperients occasionally, and having lived on a vegetable diet, is reduced in strength, and his appetite is failing. Take of Fowler's solution of arsenic five minims, compound tincture of gentian half a drachm, distilled water, ten drachms: mix, make a draught to be taken three times a-day.

7th.—Skin quite well: complains of indigestion.—Take of mercury with chalk, three grains, aromatic confection sufficient to make a pill, to be taken every night. The arsenical draughts to be continued.

9th.—The health is improving, and the eyes are not so weak,

but the pruritus has returned in some degree. The dose of arsenic to be augmented to seven minims three times a-day.

17th.—Pruritus gone. The conjunctiva is considerably inflamed, as also the mucous membrane of the nose, fauces, and bronchi, with catarrhal fever. The arsenic to be discontinued, and saline diaphoretics substituted.

18th.—Febrile symptoms abated: cough troublesome. Syrup of poppies and oxymel of squills were directed to be taken in small doses to relieve the cough.

22nd.—Better, but weak. Sulphate of magnesia with infusion of roses twice a-day.

24th.—Quite well. No pruritus.

On the following day the patient returned to London, where I saw him ten months subsequently. He had experienced no return of the pruritus except in a very trifling degree, for a short time only. He assured me that I should hear from him in case of a relapse: but it is now eleven years since I had any tidings of him.

At the period at which this case was under treatment, I was not aware of the advantage derivable from mixing the arsenic with the food, by which expedient it more readily gets into the circulation, *arrests the disease in smaller doses, and more speedily*, and is far less likely to distress the mucous membranes. Neither was I then alive to the importance of beginning with the large dose, and gradually decreasing it. I am decidedly of opinion that so large a dose as seven or eight minims, is seldom or never necessary in the treatment of cutaneous disease. One thing at least is demonstrated by the case, that the arsenic controlled, and finally cured, the pruriginous disorder. The catarrh was probably endemic.

By far the most distressing form of this tormenting disease is unquestionably that which attacks the female organs of generation in advanced life. It is needless to expound at large the miseries which accompany this horrible affection. Not the least among them is the despair of obtaining relief which accompanies the disease. Of the entire recovery of a patient thus afflicted, or even of considerable alleviation of suffering, not one single gleam

of hope can be gathered from any author who has written on the subject. And yet there is no truth in the whole circle of medical science, more vividly impressed on my own mind, than that under proper management, arsenic is an effectual remedy for this disease. I will relate but one case, which appears to me decisive; but not more so than others, which I suppress for especial reasons.

CASE OF PRURIGO PUDENDI MULIEBRIS IN AN AGED FEMALE,
CHECKED BY ARSENIC.

Mrs. S., a lady advanced in life, (probably seventy,) of short stature, moderately stout, and enjoying excellent general health, had been under treatment for about three years for an intense pruritic affection of the external genitals, extending to the mucous lining of the vagina, and making life a burden to her. Leeches had been twice applied to the vulva with doubtful benefit, and various other remedies had been tried: but though she had experienced temporary relief from lotions, the disorder had gradually and steadily advanced..

Sept. 22nd, 1845.—The disease is now more troublesome than ever: she is excluded from society, and prays for death. There is an intense and unappeasable pruritus in the labia, nymphæ, and meatus, extending throughout the whole course of the vagina, assuming a more aggravated character soon after she lies down in bed, and continuing during the greater part of the night. During the day it torments her in a more moderate degree, and she has intervals of relief. There is some tumefaction in the affected parts, probably the result of friction, from which it is impossible for her to abstain. There is no discharge, nor are there any visible papulæ: but there are two or three patches on the trunk in a state of scurfy incrustation, which were probably papulous in their origin. The pulse is quiet and weak, the skin cool, and the bowels regular. She was ordered to take a nourishing diet, and with each meal, three times a day, five minims of Fowler's solution of arsenic.

24th.—She is suffering from a severe attack of gastric spasms, with vomiting, which she attributes to some sour grapes she had

eaten on the 23rd. The arsenic was discontinued, and suitable remedies having been successfully administered, it was resumed on the 27th, and continued steadily for a fortnight without producing any sensible effect.

Oct. 14th.—She now complains that her eyes are exceedingly weak, and supposes she has taken cold; but she has no catarrhal affection. *The lower eyelids are puffed and swollen, the conjunctiva reddened, and the tears ready to start.* She has had no return of the spasms, or vomiting. In answer to inquiries respecting the pruritic symptoms, she replied for the first time, and with emphasis,—“*Better, certainly better; I have had two or three heavenly nights.*” Unfortunately, she was now called to a distance on urgent business, and departed on the following day, promising to return for further treatment, if she should have any relapse of her malady, and I have not heard of her since that time.

The pruritus in this case had produced an irritability of temper bordering on mania, and very foreign to her prevailing disposition, which was described by her attendants as mild and amiable. It was gratifying to observe how placid and cheerful she became when she got rid of her annoying complaint. She took her leave of me in high spirits, and considered herself well.

The arsenical treatment is effective in those cases of Prurigo only, in which there is neither any obvious disorder of the general health, nor any incidental palpable cause for the local affection. The Prurigo podicis is occasionally produced from the irritation of ascarides in the rectum; the Pruritus pudendi from pregnancy or uterine disease; the Pruritus of the meatus urinarius from stone in the bladder; the Pruritus nasi, from lumbrici in the intestines, or irritation in the bowels from other causes: all which cases and many others which need not be enumerated, must, of course, be treated by curative measures directed to the removal of their respective causes. Pruritus is a well-known symptom of scabies, and of many other chronic affections of the skin. It frequently attacks the uncleanly, the half-starved, and the subjects of decayed health and worn-out constitutions. Among the wretchedly poor, it is sometimes found associated with swarms

of pediculi, with dirt and cold which have fretted the skin into chaps and fissures, and with every imaginable form of cutaneous misery. No rational practitioner would dream of treating such cases with bleeding or arsenic. The "thousand decencies" and comforts of civilized life, could they be procured, would at least be entitled to precedence as therapeutical agents.

Writers on the skin, for the most part, speak of pruritus as a *symptom* of Prurigo and other diseases; but Mr. Erasmus Wilson has treated of pruritus as a disease in itself, and classed it under a separate division, entitled "Disordered Sensibility of the Dermis." The distinction may be philosophical, but it is of no practical importance, inasmuch as the treatment of pruritic affections, as of other morbid conditions of the skin, must be regulated not so much by the visible character of the eruption, or even by its presence or absence, as by other considerations. Pruritus will yield to arsenic, under favourable circumstances, whether there be visible papulæ or otherwise. It is passing strange, that patients should be irritated to madness, without any visible lesion of the skin, or sympathetic cause discoverable in distant organs; and it is equally surprising, that arsenic should have the power of soothing the cutaneous nerves in such a case as effectually as it subdues the morbid action of the vessels of the dermis in cases of visible disease. But the facts seem to afford some ground for the opinion that arsenic cures cutaneous affections generally through the medium of the nervous system.

ORDER II.—SQUAMÆ.

“SQUAMA, *scale: a lamina of morbid cuticle, hard, thickened, whitish, and opaque.*” (Willan.)

These laminae, though thicker than the natural cuticle, are thin, compared with the incrustations formed by the drying of serous, or sero-purulent discharges; from which they are also distinguished by their whitish or silvery appearance. They are not transparent, like mica, but they resemble it in surface and colour. They are constantly being separated by desquamation, and leave a reddened, smooth, and glistening surface underneath, so long as the disease is advancing: when it declines, this subjacent surface becomes covered with healthy cuticle. Scaly diseases are exceedingly common: but as they rarely affect the face, many patients suffer from them for years together, without their most intimate friends suspecting it. I believe it probable that more than two-thirds of the cutaneous diseases which fall under medical treatment in this country, consist of different forms of *Leprosy* and *Psoriasis*. For this reason, as well as from the suspicion that the nature and treatment of squamous disorders are more frequently misunderstood than that of other cutaneous maladies, I shall endeavour, before speaking of their proper treatment, to inquire very fully into their nature and origin, and especially into the truth of certain views first originating with Dr. Willan, and afterwards adopted by Dr. Bateman, and subsequently by almost every succeeding writer on the skin. It was Willan's hobby to discriminate and to distinguish, to describe, define, and arrange; and he possessed, in great perfection, a mind adapted to the work in which he took so much delight; but unfortunately he sometimes imagined that the difference he saw in the forms and accidental phases of skin disease, necessarily indicated a difference in their

nature. Probably all Willan's errors in practice, and his acknowledged want of success in treatment, as well as his blunders in nosology, were founded upon the inveterate habit of allowing his imagination to clothe a disease with certain attributes, of which its eruptive character supplied him with the signs; and then twisting and torturing all conflicting facts to make them coincide with this hypothesis. Few of these errors are more important than his attempt to establish a distinction between Lepra and Psoriasis, which are, in fact, one and the same disease. Willan always spoke of Lepra as a local disease unconnected with any disturbance of the constitution, and unattended with inflammation; while Psoriasis was represented as essentially resulting from, or accompanied by, some general derangement of the constitution, and frequently associated with febrile action. As nothing can be more fatal to the successful treatment of these diseases than these views, I shall endeavour to prove, that the terms "Lepra" and "Psoriasis" are invariably used by medical men to designate various forms of *one and the same disease*; that this disease is *always of constitutional origin*, never purely local; and that except when it appears as a secondary symptom of syphilis, *it is essentially inflammatory in its nature*.

That the terms, "Lepra" and "Psoriasis" in their modern usage, are applied to one and the same disease, differing only in the forms of the scaly patches, may, I think, be satisfactorily concluded from the following considerations.

The scaly disease, in all its forms, commences with small elevated papular spots clustered together in various forms. "In the course of a day or two," to adopt the graphic description of Dr. Duffin, "sometimes in the space of a few hours, a small semi-transparent, nearly circular scale, may be observed on the top of each spot, which soon exfoliates, or is rubbed off by the friction of the dress; in either case it is speedily reproduced. At first it is about the thickness of fine paper, and not unlike the scale of a carp, but if allowed to remain undisturbed, it becomes laminated and increased in density and opacity." Here we have the origin of the *scale*, and this mode of production will be found to be *common*

to every case, both of *Lepra* and *Psoriasis*. If the original papulæ happen to arrange themselves in a rounded form, or at considerable distances from each other, the disease extends (by proximity of parts) around the circumference, and as the central parts become, by aggregation of laminæ, first white and friable, and then (healing) apparently flattened, the circumference, exhibiting newly formed papulæ, appears like an inflamed and elevated ring. Here we have a case of *Lepra Vulgaris*, which may spread to a large extent. It commonly commences in clusters of points widely separated from each other, which, forming continuous crusts, gradually extend until they touch, and form a patch of very large extent irregularly rounded. *Lepra Vulgaris* attacks the arms, legs, and trunk, seldom the hands or feet, still more rarely the face. If the papulæ happen to appear primarily in very small clusters, precisely the same process produces at the outset the appearance called *Lepra Alphoides*, so named from the whiteness of the scales. This form of the disease occurs chiefly in children and in persons of delicate organization; and shows itself on the limbs, particularly at the elbows and knees. At length, by mere extension, it may assume the form of *Psoriasis Diffusa*, which consists simply of small leprous patches irregularly confluent, losing their circular appearance in the multiplicity of the points of contact between the original patches. As some of these surfaces heal, the more recently affected portions of skin sometimes assume a convoluted, serpentine, or grotesque appearance, (*Psoriasis Gyrate*). The different degrees of extent and severity to which squamous diseases are subject, have suggested their division into two more varieties, viz., *Psoriasis Guttata*, applied to patches in which the disease, in its earliest stage, appears like pearly drops on the skin, rather elevated than depressed in the centre, (the healing process not having commenced,) and the *Psoriasis Inveterata*, by which very significant term the disease is described in its last and worst form. Here the scales have increased in extent until they have covered almost the whole body; the face, the palms of the hands, and soles of the feet, generally escaping. This increase in extent

is usually accompanied by a proportionate increase in thickness, by which the scales form a hard cracking crust over the whole body, the fissures extending into the inflamed skin beneath, and forming raw and sore chaps, gaping, red, and bleeding; sometimes discharging a serum, which cakes on the surface and aggravates the sufferings of the patient, whose bed, as he rises from it in the morning, is filled with scales, handfuls of which may be collected. He is distressed with a perpetual itching, burning, and smarting, and, at length, by broken rest and suspension of the functions of the skin, his health is destroyed, and the disease may possibly prove fatal. The variety of colour in the scales has given a name, not only to the species called *Lepra Alphoides*, but to another, in which the inflamed portions of skin are of a livid colour, and the scales themselves nearly black (*Lepra Nigricans*). As the precise colour of the scales and surrounding integuments will, in every case, depend upon the activity and energy of the circulation, and this again on the constitution or vigour of the patient, the livid scales of the *Lepra Nigricans* indicate rather an accidental condition, than a natural distinction. Not so, however, the term *Lepra Syphilitica*, a name applied by Willan to a scaly disease of syphilitic origin, presenting a copper-coloured appearance. This is, indeed, an important distinction, and it will be noticed under the treatment of these morbid affections.

The uniformity of development above described, as observable in the common varieties, both of *Lepra* and *Psoriasis*, goes far towards establishing their identity. It is admitted, (and all who have had extensive opportunities of observing the disease must confirm the truth of the admission,) that both *Lepra* and *Psoriasis* are constantly seen occurring simultaneously in the same patient; and if the progressive formation of the scales is carefully watched, it will be seen that the above terms describe only the *stages* of the complaint, which becomes *Psoriasis* here, and *Lepra* there, according to its respective degrees of development. Moreover, there are many cases of the true characteristic squamous disease, which (adhering closely to definitions) we can scarcely recognise as belonging fairly to any of the above varieties.

Some of these cases have given rise to warm disputes as to the nomenclature of the disease, the designations being as numerous as the opinions which have been asked upon it. These contentions remind one of the story of the chameleon. Every case of Lepra is, in fact, psoriatic, and every case of Psoriasis is more or less leprous.

The respect which every one must feel for the name of Willan should check all disposition to speak lightly of the results of his researches; but one cannot but express astonishment, that, with the above facts constantly before his notice, he should yet have so far drawn a distinction between the two disorders as to describe Lepra as a local disease only, and Psoriasis as connected exclusively with some disorder of the general health.

I shall now proceed to show that *none of these disorders are strictly local; but that all of them arise from some internal derangement.*

And here it is worthy of observation, that there are many morbid local affections of admitted constitutional origin, which are unattended by any derangement of healthy functions, otherwise manifested than in the bare existence of the local disease: and yet constitutional disorder is fairly inferred from the influence which internal medicines and dietetic management uniformly exert in controlling or correcting the local action, as well as from the not less obvious tendency of errors in diet and other causes acting on the constitution, to reproduce or aggravate the local affection. That squamous diseases are not of local origin is yet more satisfactorily demonstrated by the universal failure of topical remedies, when relied on alone for their permanent cure. And in confirmation of the truth of this theory, it may be observed, that it is out of the power of any local causes to produce the diseases properly included in this category. The disorders arising from the handling of pulverulent substances (grocer's itch, baker's itch, &c.) form no exception to this rule. This latter affection (frequently accompanied by pustulation and vesicles,) is rarely found to be a purely *squamous* disease;—“It is more frequently a roughened, harsh, chapped or fissured state of the parts, accompanied with a shedding of the cuticle in thickened, circular, flaky desquamations,

which do not present the laminated, white and silky character, or attachment of the true scale." (Dr. Duffin.) The same remarks hold true of other local varieties of the pseudo-squamous malady; such as the *Psoriasis Labialis*, *Psoriasis Ophthalmica*, *Psoriasis Scroti*, *Psoriasis Preputii*, &c. Another striking peculiarity of these local affections, which seems to claim for them a distinctive character, is the limited sphere of their operation. They show no disposition to spread beyond the confines of their primary seat. Lastly, I have ascertained, by a long course of experiments, that the *true squamosæ are all susceptible of cure, without any external application whatever*. Even baths of every kind are (however desirable for purposes of cleanliness and comfort) by no means essential to the destruction of the disease; although it is true that the occasional application of leeches to the affected parts is, in some cases, a convenient and effective mode of taking blood from the system.

Such are the more important grounds on which I maintain that *Lepra* and *Psoriasis* in all their proper forms are diseases of constitutional origin. Holding this opinion at variance with that expressed by so high an authority as Dr. Willan, I venture to suggest the following explanation of the probable origin of his views. The milder forms both of *Lepra* and *Psoriasis* are constantly presenting themselves to our notice, uncomplicated with any obvious disturbance of the general health: but the functions of the skin are of so much importance in the economy of the health, that it is difficult to conceive of a disease, spreading so extensively as to cover nearly the whole surface of the skin, without affecting the general health. Now, the patches of *Lepra Vulgaris*, even in its more severe forms, advancing slowly on the circumference, and meanwhile healing from the centre, generally leave large portions of the skin in a healthy state, and thus the functions of the skin are not materially impaired. But in *Psoriasis Inveterata*, in which almost the whole surface becomes a continuous mass of disease, it is natural to suppose that the health will suffer more severely; and this may have given rise to the notion that *Lepra* was a local, and *Psoriasis* a constitutional affection.

That the squamous diseases of the skin (except when of syphilitic origin) are essentially of an *inflammatory nature*, is the next important point which I propose to discuss.

1st. The primary appearance of the disease has all the common characters of inflammation, viz., heat, redness, pain, and throbbing. When the disorder is of a mild character the pain is little more than a sort of smarting itch, and the throbbing scarcely perceptible; but in aggravated cases, there is severe pain and a sensible throb. 2. There are often general indications of inflammatory fever, such as a quick, hard pulse, alternate chills and heats, headache, suppressed secretions, &c. 3. Where the disease is extensive and violent, it is not only relieved by bleeding and the antiphlogistic regimen, but the blood drawn generally exhibits the inflammatory crust, and is sometimes strongly cupped and buffed. 4. The complaint will sometimes yield to bleeding or leeches alone; and then its return may be prevented by cautiously reducing the diet.

If these representations are founded in fact, and they are confirmed by recent authorities, we can easily account for the difficulty which Dr. Willan and others encountered in subduing these complaints. Dr. Willan speaks of *Lepra* as arising from a "languid circulation," he describes the pulse as "feeble and languid, or irregular." Dr. Bateman also uses the term "languid circulation," and Mr. Plumbe speaks of "a deficient energy in the vessels of the part." All these writers use the word "inflammation," but it is plain they did not regard it as likely to be acute in its character, or of sufficient importance in any case of *Lepra*, to require active treatment; at the same time it is not denied that both forms of the disease sometimes occur in feeble or aged persons in a subdued or subacute type.

TREATMENT.

The *syphilitic* forms of *Lepra* and *Psoriasis* must be treated boldly by mercury. They result from that peculiar variety of venereal affection, on which in every stage all other remedies are thrown away. The gums must be made sore and kept so, not

only until the disease is gone, but until there is reasonable ground for hope that the disposition to it is destroyed. I believe there are hundreds of cases of syphilitic Lepra remaining uncured in this country, which a bold and determined exhibition of mercury, after the Hunterian mode of practice, would permanently restore to health. The too common assumption that these diseases result from the abuse of mercury is a fallacy which unfortunately prevails to a mischievous extent. Happily, Sir Benjamin Brodie has avowed his conviction that we have of late been too cautious in the use of mercury; and other surgeons of eminence are becoming aware of the tendency of modern opinions to this extreme. For my own part, I have never once had occasion to regret the liberal administration of mercury in the squamous forms of syphilis.

The *idiopathic* form of Lepra and Psoriasis, in all its varieties, must be treated on very different principles. Mercury *may* do good in some of these cases, but it is not to be relied on for their cure. I have endeavoured to demonstrate that these diseases are essentially inflammatory. I believe it to be impossible that the true scale can be deposited by any other than inflammatory action. The quantity and thickness of the scales, and the rapidity of their production, bear an exact proportion to the activity of the inflammation which engenders them. I have likewise established the position, (I trust satisfactorily,) that both Lepra and Psoriasis are local diseases of constitutional origin, tending, for the most part, to duration and increase. In attacking these formidable diseases, therefore, we have to deal with a chronic derangement of the system, manifesting itself in local inflammation of greater or less extent, not generally disposed to yield to ordinary treatment. Except in a diagnostic view, the scales may be disregarded. They are only the *signs* and *results* of the disease which underlies them. That disease is inflammation of the cutis. We have first to subdue it, and then, if possible, to prevent its recurrence; and we shall find that the patient does not consider himself "cured," unless both of these objects are effected.

A minute and tedious detail of the multitudinous methods

which have been propounded for the treatment of this simple complaint, would cast but little light on its therapeutics. There is only one painfully interesting truth connected with all the remedies which have been tried, both by ancient and modern practitioners; and that is, that they have all too often failed to inspire us with anything like confidence in their prescribed modes of administration. Their very number is signally appalling and discouraging. The Greek physicians (like too many of the moderns) trusted chiefly to external applications: among them we read of alum, sulphur, nitre, elm-bark, goat's-dung, viper's-flesh, urine, hellebore, colophony, mustard, horse-radish, quick-lime, vitriol, *cum multis aliis*. And the moderns are scarcely behind them in the length of their list of topical remedies: turpentine, lime-water, liquor potassæ, blisters, decoctions of bran or oatmeal, elm and oak bark, hydrocyanic acid, nitrate of silver, ointments composed of tar, sulphur, oxyd of zinc, and the various salts of mercury; mercurial and sulphur fumigations, friction, warm bathing, vapour baths, warm air baths and sea-bathing, may be mentioned as samples; and among the internal remedies may be enumerated sulphur, antimonials, nitre, decoctions of the woods, the mineral acids, tar, sulphuret of potash, cantharides, Plummer's pill, arsenic, and a still longer list of purgatives and tonics. Notwithstanding this array of remedies, there are few disorders to which the human frame is subject, the treatment of which has reflected less credit upon the art of healing, than those chronic diseases of the skin of which *Lepra* and *Psoriasis* are types. In too many cases, even of modern date, medical treatment has proved wholly useless. In others, local applications, combined or not with internal remedies, have so far been successful in modifying the diseased action as to effect the temporary disappearance of the scales. In some of these cases, the "cure" has been published, and the plan of treatment adopted by others; meanwhile the patient suffers a relapse, is "cured" a second time, and again relapses. The disease was thought to be extinct, but there it is, probably in an aggravated condition; a visible, perpetual reproach to medical science, and

an annoyance or torment to the patient, who, having gone the round of "the faculty," is ordered to Bath, or Leamington, or Harrowgate, only to reap further disappointment.

All the best writers on the skin speak of these complaints as "refractory, obstinate, and unmanageable," and "notoriously rebellious to all the modes of treatment usually recommended." And yet a disease, simple and uniform in its character, seldom fatal, never malignant, always susceptible of mitigation or control, and sometimes easy of cure, ought to prove more generally tractable than it does. Why have we so frequently failed? There are three sources, to which may be traced a large share of unsuccessful practice, all of which have, more or less, contributed to our disappointment. *First*, we have too frequently forgotten or overlooked the important fact, that we have to deal primarily with an inflammatory disease, in some cases of wide extent. *Secondly*, we have been too much in the habit of treating the complaint locally, and thus masking it, and depriving ourselves of the only means presented to us of ascertaining the progressive effects of internal remedies, on which alone we must ultimately rely for a permanent cure. *Thirdly*, in the selection and use of these internal remedies, not always considering well what we propose to do by them, we have not acted with sufficient method, or system, or perseverance, or determination, but have been content with trying consecutively and carelessly, a variety of remedial agents, rather than relying with confidence on any one of them. A medicine fails as certainly when the mode of administration is *mal-à-propos* or defective, as when it is intrinsically inert. Under such disadvantages as these, many other diseases would probably prove intractable, which are, in fact, very manageable under a more enlightened method of treatment; and it is my firm conviction, that the disorders under review, except when complicated with organic disease, will invariably yield to nicely managed treatment.

One serious difficulty, with which we have occasionally to contend, is to induce the patient to persevere for a sufficient length of time in the use of remedies. And as we cannot expect to inspire *him* with confidence unless we possess it *ourselves*, the first step

towards the cure is to determine that it shall be accomplished ; and the second to assure the patient of a perfect, but not rapid recovery. The time required for this purpose I have found to be, on an average, about a month for every year he has been afflicted ; e. g : if the disease has existed three years, it will take about three months to destroy it.

All the different varieties of *Lepra* and *Psoriasis*, which are idiopathic, (i. e. not syphilitic,) will yield to small doses of arsenic continued for months together, and preceded or accompanied by such an amount of depletion, and the adoption of such antiphlogistic measures as the case may require. I shall illustrate this position by selecting from my note-book several cases of scaly disease, some of which may be denominated *Lepra*, and others *Psoriasis*. No two of them were treated precisely alike, because the variations of constitution and other circumstances required a corresponding variety in the adaptation of remedies.

CASES OF LEPRA.

The following cases of *Lepra* are selected for the special purpose of demonstrating several important principles which have been already laid down ;—the first case showing that where tendency to febrile action exists, arsenic is of little avail without depletion and rigid attention to diet ; the second illustrating the all-sufficiency of arsenic in cases where there are no signs of active inflammation ; the third demonstrating the value of extremely minute doses in a system naturally intolerant of the mineral, &c.

CASE OF LEPRA VULGARIS OF THE STHENIC TYPE, EXHIBITING THE NECESSITY OF BLEEDING AND LOW DIET ; AND THE EFFICACY OF ARSENIC IN THE FINAL CURE.

Mr. N——, aged 52, a gentleman of plethoric habit, and full, rosy complexion, having naturally irritable bowels, became the subject of *Lepra Vulgaris*, about the year 1839. The disease commenced in the spine of the left scapula, extending downwards towards the hip ; it then attacked the hairy scalp, and travelled over almost every region of the body except the face. The

disorder continued to make advances for years, in spite of various treatment. The patient had taken mercury, cantharides, iodine, tar, and even arsenic, for a long time without advantage. Externally, tar and other ointments, lunar caustic in solution and in substance, vapour and sulphur baths had been successively tried without any marked or permanent benefit. He had been kept on low diet until he had lost flesh and spirits, and found his general health failing. The bowels had become excessively irritable, and the whole case wore a very discouraging aspect. The obstinacy of the disease had probably exhausted the patience of his medical friends, who accordingly sent him to Herne Bay, to try sea-bathing, and recommended him, if that failed, to repair to Harrogate. He accidentally fell under my care just as he was about to recommence sea-bathing, from which I dissuaded him, having found it generally injurious in squamous disorders.

July 6th, 1844.—The disease has existed nearly five years. The scalp is almost covered with leprous scales, which annoy him greatly, and itch very much at times. One of the patches extends to the forehead, and terminates just below the margin of the hair: the ears are also slightly affected. One well-marked patch on the back, commencing at the left scapula, and extending ten inches downwards, measures about thirty in circumference. It is nearly circular, surrounded by an elevated inflamed ring, which encloses a surface apparently depressed, and covered by almost continuous layers of laminated micacious scales, which desquamating, disclose underneath a red glistening surface, on which a thin, newly-formed scale is visible. There are several smaller patches of various dimensions, from the size of a dollar to that of a split pea, on the hips, buttocks, elbows, knees, clavicles, groins, and wrists: even the scrotum and preputium are covered with scales; and several of the finger-nails are morbidly and irregularly secreted. The disease is attended with almost constant itching in one part or another, which deprives the patient of rest. He is reduced in flesh and strength, his bowels are constantly much relaxed, and his tongue is foul. Five minims of Fowler's solution of arsenic was ordered to be taken thrice a-day, mingled with the usual beverage at meals.

July 9th.—No improvement. Pulse 90; skin hotter than natural. He complains of thirst and feverishness; has a great dread of bleeding, and requests a few days' trial of other remedies. A dose of cathartic pills was administered, a saline effervescing draught at intervals, and the arsenic continued.

10th.—Cooler and better. The salines and arsenical solution were continued till the

25th.—No improvement during the last week. He now consented to lose blood, and sixteen ounces were taken from the arm. It was neither cupped nor buffed. The arsenic was persevered in until the

29th.—Much better; skin cool and less irritable, pulse quiet; tongue improved, bowels less relaxed; leprous patches for the most part exhibiting a faded appearance. Conjunctiva inflamed, lower eyelids swollen and puffy. He complains that his eyes itch, and are weak. Reduce the dose of arsenic to four minims thrice a day.

Aug. 19th.—The squamous affection is rapidly declining. The eyes are still tender, and the skin is hot. Dose of aperient pills, and a saline mixture. Reduce the dose of arsenic to three minims thrice a-day.

Sept. 23d.—He has persevered with the reduced dose of arsenic until now. No external application has been used, except a little white precipitate ointment to the scalp. His eyes are still "weak," but not worse than they were. *All the leprous patches are smooth, and denuded of scales.* They have healed from the centre, which is now of the natural colour of the skin: the elevated rings have become even with the skin, and exhibit a dullish-red or faded appearance. He now returned to town, and I recommended him to persist in small doses of the arsenic for several months, under the eye of his usual medical attendant; but he considered himself perfectly well, and acted on this advice but partially. In the spring of the following year, the disease returned, and threatened to become as virulent and extensive as before. He returned to Herne Bay for the purpose of consulting me,—

April 27th, 1845.—The disease has returned on the scalp, the back, and other places where it had previously appeared. His pulse is full and quick, and the surface is hot. He has gained flesh and strength. He was now forbidden all fermented liquors : a dose of cathartic pills, and some saline aperients were ordered, and the full dose of arsenic was resumed, viz. five minims of Fowler's solution three times a day.

July 16th.—He has fluctuated a good deal, but the disease has again entirely disappeared. He is to persevere in small doses of the arsenical solution, and still to avoid fermented liquors ; as every past indulgence, even in moderation, has created fresh irritation in the skin. His bowels are much less irritable.

Aug. 11th.—He has had no return of the scaly disease, but the skin is beginning to assume an angry and suspicious appearance in the locality previously affected. He has met with an old friend with whom he has "drawn a cork." The conjunctiva is much inflamed, and he complains of pain in the orbits. Eight leeches were applied to the temples. Cathartics were administered, and low diet strictly enjoined. The arsenic to be continued.

Aug. 30th.—General health much improved, but small thin scales have succeeded the redness of the past week. Eight leeches to the temples. Continue the arsenic.

Sept. 22d.—Quite well ; no diarrhœa. The arsenic to be continued in doses of four minims, reduced to three when the state of the conjunctiva shall indicate the propriety of it.

Nov. 27th.—He has returned to town, and reports by letter that "there is no return of the disease of the skin," and that he is persevering with the arsenic without inconvenience.

In this very encouraging case, it is worthy of notice, that the arsenic was useless until venesection had been resorted to ; that the irritable mucous membrane of the bowels was rather soothed than excited by the arsenic, and *recovered its tone when the skin was restored to health* : and lastly, that neither bleeding alone, nor dieting alone, nor arsenic alone, nor any two of them together, but an adaptation of the three remedies to the varying exigences of the case, subdued the disease ; which has, however, once or

twice shown a disposition to return whenever the patient has indulged in wine or good living. In these cases there is but one way of purchasing immunity from the disease, and that is,—adopting a scale of diet suited to the wants of the constitution; any thing beyond this produces disease.

In the selection of alterative remedies for these disorders, empirical principles are unfortunately too apt to guide the practitioner; and even to this day the “trial” of one remedy after another, without any definite plan or design, is formally sanctioned by respected authorities. This unscientific mode of procedure is, in fact, no more to be justified in the treatment of cutaneous, than of visceral disease. Nay, if any maladies require, more than others, an intelligent and judicious application of the established principles of therapeutics, these are the very diseases; inasmuch as they rarely happen to yield to the treatment suggested by habits of careless and indiscriminate routine. The simple treatment required in the following case stands in striking contrast with that of the preceding; yet they were both well-marked cases of *lepra vulgaris*.

CASE OF LEPROA VULGARIS OF MANY YEARS' STANDING, CURED BY SMALL DOSES OF ARSENIC, WITHOUT DEPLETION.

Mrs. M., aged twenty-five, a lady of clear complexion, nervous temperament, and excellent general health, the mother of three children, has been constantly afflicted with a scaly disease of the skin, more or less severely, since she was about six or seven years of age. She has been subjected to various treatment without advantage, and has been given to understand that the disorder is incurable. She consulted me

June 26th, 1845.—She is nursing her third child, and is in good general health. She is somewhat embonpoint, but not plethoric. On the arms and legs are several broad and nearly circular patches of various sizes, each being circumscribed by an elevated ring of a pallid reddish hue, not showing any great vascularity. The patches are covered by laminae of thin silvery-white scales, which are frequently dropping off, disclosing under-

neath, either a recently formed scale still adhering to the cutis, or a clear surface, of the colour of the outward ring. One of these patches occupies two-thirds of the left leg, beginning at the knee and extending nearly to the ankle, covering the whole front of the leg, and nearly meeting in the calf. The patches are likewise scattered more or less thinly over the whole body, the face and neck only excepted.

The area of these patches does not appear so much depressed as is usual in lepra; but the reason of this is, that the ring is less raised and inflamed than when the disease occurs in a plethoric habit, or in a more acute form. There is no smarting or itching, no fever or heat of skin, no acceleration of the pulse. It is a peculiarity of this lady's system, to menstruate regularly and freely during the period of lactation. She was directed to take five minims of Fowler's solution of arsenic three times a-day with her meals, and to make no change in her diet.

July 12th.—She complains of the eyes being "weak:" the conjunctiva is slightly inflamed; the patches are everywhere fading, the scales dropping off and disclosing sound smooth cuticle underneath. A spot which I had noticed on the bosom, in an incipient state, is certainly disappearing, instead of spreading in the usual way. The dose of arsenic was reduced from five minims to four, thrice a-day, as before.

30th.—Scarcely a vestige of lepra remains, the scales having wholly disappeared; but there is a dullish brown discoloration of the cuticle, showing their previous locality. To continue the arsenic steadily.

Aug. 19th.—In consequence of the anxiety and fatigue attendant upon nursing a sick and dying child, she has neglected her medicine for two or three weeks; and the leprous patches are re-appearing in all their original positions. It is more usual in relapses, for the disease to attack those portions of the skin previously affected, than to select a new locality. Ordered to resume the arsenic.

Oct. 3d.—She has taken the medicine steadily for six weeks, with a result exactly similar to that of the first experiment. The

disease has again vanished, and she has experienced no inconvenience whatever from the arsenic, excepting a very trifling affection of the conjunctiva.

She subsequently returned to the neighbourhood of London, and was advised to continue the medicine in small doses for an indefinite time, and to present herself every two or three weeks for inspection; but instead of doing so she writes, Nov. 23rd, 1845, "I regret much that I cannot leave home immediately, as I am in want of more drops, having used the supply you gave me, *some time past*, and I find that *since I have discontinued them, the spots are returning.*" After receiving the above report, I heard no more of my patient for several months; but so far, the case is most satisfactory. *Twice* the disease yielded to arsenic *alone*, the improvement being, in both instances, contemporaneous with the affection of the conjunctiva: *twice* she discontinued the medicine, and on each occasion the disorder returned. Neglecting my advice, she has since experienced a very slight return of the disease, which subjects her to very little annoyance. This case was remarkably favourable to the exhibition of arsenic. In the following, on the contrary, unusual difficulties presented themselves, which would generally have been reckoned decidedly interdictory of the use of the medicine altogether. Nevertheless arsenic cured the disease, not only without inflicting any injury, but apparently conferring benefit on the constitution.

CASE OF LEPRA ALPHOIDES IN A DELICATE FEMALE, YIELDING
TO VERY MINUTE DOSES OF ARSENIC.

Miss D———, a middle-aged lady, who had been a valetudinarian for twenty years, has recently been the subject of a scaly eruption, appearing in small round spots distributed about the arms and legs. The central portions of these spots are covered by very white scales, the circumference being scarcely distinguishable in point of colour, and very slightly raised. The disease gives her no trouble, but is gradually increasing. She first called my attention to this disease,

Dec. 28th, 1843.—The spots are of various dimensions, never

exceeding that of a silver fourpenny piece. The scales are easily rubbed off, and the skin which underlies them, is of a pale rose colour, and more lustrous than natural. There is no fever, the pulse is slow and weak, and the bowels regular. The general health, which has been frequently deranged, is as well as usual. This lady has always been unusually susceptible of the action of potent medicines, particularly of the mineral class. Half a grain of the hydrargyrus cum creta; produces as much effect as ten grains of blue pill on subjects of average strength. Nevertheless, I commenced the attack on this disease, with five minims of Fowler's solution of arsenic, three times a-day.

31st.—She has taken the medicine only three days, and complains of excessive weakness in the eyes, sensations of smarting, itching, and pricking in the eyelids, and a copious secretion of tears. There is likewise occasionally a general tremor of the limbs. The dose was reduced to two minims.

Jan 4th, 1844.—The conjunctiva is still inflamed, and the nervous system very irritable. The dose was reduced to one minim.

10th.—Conjunctiva still slightly inflamed. The scaly eruption is fading fast. Continue the arsenic in doses of one minim.

16th.—The eruption has generally vanished, and there are no fresh spots visible. The patient is nervous and fanciful, and begs to be allowed to discontinue the medicine, (which she knows is arsenical,) having heard strange reports of its dangerous character as a medicine. Request granted.

30th.—The skin is quite healthy. No ill effects have resulted from the medicine.

July 9th.—She has had a return of the eruption in a very slight degree, which yielded to *half a minim* of the solution thrice a-day for *one* week. The whole quantity taken for the cure of this last attack, amounted to ten minims of Fowler's solution, or $\frac{1}{12}$ th of a grain of arsenious acid, the dose being about $\frac{1}{240}$ th of a grain.

Feb. 3rd, 1845.—The eruption has made its appearance a third time, complicated with neuralgia of the facial nerves, to which the

patient has long been subject. Two minims and a-half of the solution of arsenic thrice a-day, and an opiate at night.

Feb. 10th.—Conjunctivitis. Reduce the dose to *one minim*.

15th.—Conjunctivitis no better, rather worse. Reduce the dose to *half a minim*.

20th.—The conjunctiva is still very troublesome. Reduce the dose to a *quarter of a minim*. This extremely minute dose (only $\frac{1}{480}$ th of a grain of white oxide of arsenic) was taken thrice a-day for a month, at the end of which period, the *neuralgia was much better, and the lepra had entirely disappeared, nor has it since relapsed*.

There are in the profession, men of sceptical minds, who will scarcely believe in the efficacy of such minute doses. I prefer, however, the alternative of believing it, and leave to the sceptic the more difficult task of explaining on the other alternative, how it was that the disease returned *twice*, after the patient had relinquished the medicine upon the disappearance of the disease, and did *not* relapse after the perseverance in this small dose for a month? There is no one fact in medicine which to my own mind is more perfectly well demonstrated than the uniform control exercised by small doses of arsenic over idiopathic squamous diseases, unattended by fever; and certainly there is no rule for the dose, but its effects on the conjunctiva and on the disease. Some patients require ten times more than others; and the same patient at different times, for reasons I cannot divine, is found susceptible of the influence of arsenic in widely different degrees.

It is worthy of remark, that the subject of the above case, has enjoyed better general health since her seven weeks' course of arsenic, than she had experienced for the last eighteen or twenty years; and has been especially free from neuralgia. Nor is there any way of accounting for the improvement, but by attributing it to this medicine. And yet this lady's system showed such a remarkable repugnance to the poison, and she was so weak and nervous, that according to prevailing views, it ought not to have been prescribed for her at all. She was subject to attacks of hæmorrhage from the bowels, neuralgia in the face, chest, and uterus; hæmorrhoids, hepatic derangement, nervous headaches,

&c., &c., from all which maladies she has been remarkably exempt since the arsenical course was administered.

The three cases above related are every way satisfactory, and show the bright side of the picture. The following cases, also three in number, were not altogether successful: but their partial failure must be attributed to the want of perseverance on the part of the patient, rather than to the rebellious nature of the disease. Each case proves, as far as it goes, *the power of arsenic over Leprosis*: but there is no evidence in either case to show whether the disease would have been finally eradicated by the medicine, had it not been prematurely abandoned. I think it due to the cause of truth, that these cases should not be concealed, especially as they are full of instruction in more points than one. By corollary they show, for instance, how much our success is dependent on the faith and constancy of our patients, and the good sense of their friends and counsellors.

CASE OF LEPROSIS ALPHOIDES, CONTROLLED BY ARSENIC, THE CURE BEING INDEFINITELY PROTRACTED BY THE INTRACTABLE HABITS OF THE PATIENT.

Miss R., aged 24, a young lady of fair complexion and good general health, had been for some years subject to a scaly eruption, on the elbows, knees, neck, scalp, and particularly around the waist. The scales were silvery white, and glistening, with little appearance of inflammation around their base. Those which appeared on the external flexures of the joints were more or less protuberant and imbricated, somewhat resembling the description of *Psoriasis guttata*. Other patches might be set down for *Leprosis vulgaris*, and a few for *Psoriasis diffusa*; but the prevailing character was that of *Leprosis alphoides*. The scales were constantly peeling off, and a degree of pruritus was occasionally present. The patient had been for a long time under the care of a gentleman who confines his attention to cutaneous diseases, and who had prescribed arsenic, which "did not agree with her," and afterwards cantharides, which appeared to exert some beneficial influence for a time, but soon lost its effect. She consulted me

Nov. 21st, 1838.—There was no febrile action apparent at this

time, but the bowels, which were naturally disposed to constipation, required attention. I prescribed a purgative to be taken occasionally, and *four* minims only of the liquor potassæ arsenitis three times a-day with the meals.

Dec. 4th.—There is a manifest improvement, but only in a slight degree. From this time I lost all sight of my patient for about five months, during which period the disease had been left to take its own course.

May 12th, 1839.—The disease has assumed an aggravated form ; the patches are more numerous and extensive, the pruritus is more troublesome. The arsenic was resumed in four minim doses ; this soon checked the disease for a time, but as soon as it began to give way, the patient neglected the medicine, and little ground was gained. In this way she proceeded for four years, invariably finding benefit from the medicine, but never persevering long enough to rout the enemy thoroughly. I also acted under disadvantage in having commenced with too small a dose, (four minims,) which I was induced to try from the representation of the patient, that her system had proved intolerant of the medicine. This opinion was afterwards fully tested, and proved erroneous, by a remarkable accident, unfortunatè for the case, but instructive in its results, and incidentally illustrative of a certain peculiarity in the action of this medicine to which I have already alluded.

Being from home, and having finished her supply of medicine, (which consisted of a drachm of Fowler's solution diluted with seven drachms of water,) she took her vial to a druggist, requesting him to fill it with solution of arsenic, inquiring at the same time whether it was always kept prepared at an uniform strength : she was answered in the affirmative. The vial was accordingly filled with Fowler's solution undiluted, of which she took forty minims thrice a-day for several days ! In less than a week she became affected with trembling in the limbs, dimness of sight, sensations of exhaustion, and other affections of the nervous system. Suspecting some mistake, she returned to the druggist, and discovered her error. She soon recovered from the immediate effects of the poison : but for many months subsequently, she

could not take the smallest dose of arsenic without a recurrence of some of these symptoms.

After waiting twelve months, during which period the disease had been allowed to take its onward course, the arsenic was resumed in doses of five minims of Fowler's solution three times a-day, and taken with surprising regularity for three months, when the eruption had wholly disappeared. Believing that the disease was at length cured, in order to prevent a relapse I recommended the continuance of the medicine in small doses for six months. This was neglected; the disease reappeared, and was only kept at bay for the next two years by short and irregular courses of arsenic. About this period she married, being apparently free from disease; and seeing nothing of her for some years, I believed her cured.

1845. August.—The patient is considerably advanced in her third pregnancy. The eruption has returned with an unwonted severity, and deprives her of rest at night. The bowels are extremely costive, but she is in other respects in good health. After freely relieving the bowels, I once more prescribed arsenic, which she resumed for about the twentieth time. I also allowed her to apply a little ointment of white precipitate to the scalp, where the disease had become excessively annoying. I suspect she used this rather too freely, for although in ten weeks the skin was well, she had severe head-aches, and I afterwards learned that her left eye became so singularly affected, that she could only see the *half of an object* with it. I have never seen her since, but have heard that she is still a sufferer from the cutaneous malady, which I am confident would even now yield, and yield permanently, to a sufficiently protracted course of arsenic.

The following case is a not uncommon example of eruptive disease assuming various forms successively, in a patient disposed to cutaneous irritation from constitutional causes:

CASE OF LEPRA VULGARIS IN A LITTLE GIRL, MUCH IMPROVED
BY ARSENIC, BUT AFTERWARDS COMPLICATED WITH ECTHYMA.

Miss R., aged 11, a delicate child, of strumous habits, had been

from infancy subject to cutaneous eruptions, which had sometimes covered the whole body. These eruptions are reported by her friends to have varied in character at different periods, presenting sometimes a vesicular, then a pustular, and latterly a squamous appearance. In the summer of 1844, she was placed under my care for the treatment of a leprous affection.

Aug. 10th, 1844.—The patient is a sickly-looking child, but her health is not materially deranged. A leprous patch or two visible on the right shoulder, right elbow, left knee, and other parts of the extremities. Slight pruritus in the affected parts. Take of Fowler's solution one part, distilled water seven parts; mix. Take thirty drops thrice a-day on a full stomach. This medicine was administered regularly for six weeks, the dose being reduced occasionally when the state of the conjunctiva required it.

Sept. 20th.—The scaly patches have all desquamated, leaving a smooth and sound skin on the affected parts. Ordered to continue the medicine in reduced doses, and the diet to be amended by the addition of a little porter, as she looks thin, and shows signs of debility.

Oct. 12th.—During the last fortnight she has had a return of the disease in an annular form on the neck (*Psoriasis gyrata*), which looks red and irritable. It has very much the appearance of ring-worm, especially that form of the disease called *herpes circinnatus*. But I cannot trace any distinct vesicles, or pustulation. The scales are more friable and delicate than is usual in lepra. The pulse is quick, and there is slight febrile action. The porter appears to have been too stimulating. Six leeches were applied to the margin of the scales, and small doses of sulphate of magnesia, dissolved in infusion of roses, to be taken thrice a-day: a vegetable diet to be given, and the porter discontinued. Persevere in the arsenic.

Nov. 2nd.—The squamous affection is nearly well again, but an eruption of pustules, bearing the character of *Ecthyma*, has appeared on her hands and wrists. Debility has taken the place of fever. Improve the diet; continue the arsenic; and take a cordial tonic twice a-day.

18th.—Improved in all respects ; but abruptly taken out of my hands through the officious interference of an unlicensed practitioner.

These delicate subjects require watchful management in regard to diet. I incline to the opinion that the patient was too long debarred from animal food. Still, she was getting well, and would, I doubt not, have recovered under the protracted use of arsenic. Children of this age bear arsenic very well, and she would probably have mended more rapidly had she commenced with a larger dose. I have heard nothing more of the case.

The following is a valuable and instructive, though by no means a satisfactory case.

CASE OF LEPROA VULGARIS OF FIFTEEN YEARS' DURATION, MUCH IMPROVED BY ARSENIC FOR A TIME, BUT NEGLECTED BY THE PATIENT.

Mr. E., aged 35, has been suffering from an eruption of leprous patches in various parts of the body, with few intermissions for fifteen years. He has at different periods taken sulphur, Plummer's pill, sarsaparilla, dulcamara, lytta, and arsenic, with various degrees of success. At one period the dulcamara seemed to have great influence over the disease, but latterly it has failed entirely. Arsenic has never been tried systematically.

July 23d, 1846.—The scalp, arms, back of the hands, and legs, are covered with leprous patches in an indolent condition, the margins being of a dull red colour. They vary in size from that of a split pea to a shilling, are constantly desquamating, but not very irritable. The health is apparently in good condition. Take five minims of Fowler's solution thrice a-day, with or after the meals, and a gentle aperient occasionally. No restriction as to diet.

Aug. 12th.—Conjunctivæ very sore, red, and injected. The patches on the arms and legs are rapidly fading, those on the back of the hands have disappeared. The head is no better. Reduce the dose to four minims and a half.

16th.—Much the same as respects the eruption. Conjunctivæ improved : resume the original dose of arsenic.

23d.—Conjunctivæ moderately sore: disease vanishing in the extremities, and less extensive in the scalp, but still troublesome about the parietal portions. Health excellent. Continue the arsenic.

28th.—Conjunctivæ very troublesome: the disease is still gradually vanishing. Reduce the dose to four minims.

The patient now returned to town, promising to show himself in ten days or a fortnight; but I saw nothing of him till

Sept. 22d.—He is now suffering from a severe catarrh, and the disease has shown a disposition to return, although he has not neglected his medicine. I now explained to him that it was necessary for me to see him much more frequently; but instead of showing himself, he contented himself with writing. The disorder, as might be expected, got worse. He has probably been in a febrile state, which being unchecked, neutralized the effect of the arsenic: and thus, by his own neglect, he has thrown away his opportunity of getting well.

A grey-headed physician once emphatically advised me, never to yield to the temptation of prescribing for a patient at a distance. I have often seen reason to set a high value upon this hint; but, having once or twice acted at variance with it, I can only atone for my folly by warning my younger brethren. Nothing is so dangerous to a man's reputation, as hazarding an opinion when he has not the opportunity of making a personal examination of the patient. It is to be hoped, for the credit of the profession, that the ridiculous newspaper stories of physicians transmitting golden opinions by electric telegraphs, have no foundation in fact.

I add one more case of lepra to show that the arsenical treatment may destroy the tendency to the disease.

CASE OF LEPRA ALPHOIDES, FOLLOWING SMALL POX, PERMANENTLY CURED BY ARSENIC.

A country girl, aged seventeen, having passed through a moderately severe attack of small-pox, perceived, about two months subsequently, an eruption of spots about the size of a split pea, none of them being larger than a sixpence, covered with small

white silvery scales desquamating very freely. They were numerous over the whole trunk and extremities, the head and face only escaping. The arsenical solution was administered in the usual way, and in about three months the eruption had disappeared. I then lost sight of the case, and have taken no notes of it; but a few weeks since I saw the patient, who is now married and has a family. She assured me that she had perfectly recovered, and that she had had no return whatever of the disease. About ten or twelve years must have elapsed since she was under treatment.

A most satisfactory case of lepra complicated with lupus exedens in an incipient state, (both disorders yielding to arsenic,) will be found detailed under the genus *Lupus*.

CASES OF PSORIASIS.

It has already been explained that Lepra and Psoriasis are one and the same disease; the difference in the mere figure of the eruption being apparently accidental. Accordingly they both require the same kind of treatment; depletion and low regimen when there is fever or active inflammation; arsenical treatment when there is nothing obviously wrong but the disease itself. I shall select three cases as illustrative of the adaptation of this treatment to three varieties of the disease. The first is a case of *Psoriasis diffusa*, which followed an attack of erysipelas, in an irritable subject. In this case the soothing influence of arsenic is well exemplified. The second is a truly horrible case of *Psoriasis inveterata*, of very long standing, scarcely relieved by mercurials, purgatives, and low diet, but fully and finally cured by arsenic. The third is a case of *Psoriasis guttata*, affecting the patient during the period of lactation,—but even under these circumstances, yielding to arsenic; a result which I confess at first surprised me. Two or three other cases will be added to exemplify other varieties of the disease, and their treatment.

CASE OF PSORIASIS DIFFUSA, SUPERVENING ON THE DECLINE OF ERYSIPELAS, REBELLIOUS TO VARIOUS TREATMENT, BUT YIELDING AT LENGTH TO SMALL DOSES OF ARSENIC.

Mrs. Y., aged fifty, a lady of sanguine and irritable temperament, was attacked with erysipelas in the face, in the month of February 1833. The disease was moderately severe, and affected in turn the face, ears, and head, taking the usual course of the disease and terminating in resolution at the end of ten or twelve days. About two months subsequently,

Aug. 12th, 1833.—A red patch appeared on the left ear, extending thence downwards to the neck, which speedily became covered with well-marked squamæ. The disease assumed the form of psoriasis, extending in irregular patches to the shoulders, arms, and back, and thence nearly over the whole body, including the scalp, and even portions of the face. These various parts were affected in rotation, one large portion getting well while a larger portion elsewhere became implicated in the disease. Hence there were no rhagades; but the case was marked by severe pruritus and slight fever, which was abated by the application of leeches, the exhibition of aperients, and the antiphlogistic regimen. The cutaneous irritation continued, however, for months, in spite of lotions of hydrocyanic acid, sulphuretted baths, and a variety of other remedial measures, prescribed by a physician who met me in consultation. Scales were detached at length in large quantities, blood was discharged by the violence of the patient's nails, fissures were beginning to make their appearance, and the disease became less confined to detached portions of the skin, showing a disposition to spread but not to heal, and threatening the patient with the miseries of *Psoriasis inveterata*. The febrile symptoms having been checked, the arsenical treatment was commenced; a dose of five minims of Fowler's solution being administered three times a-day. Under this treatment, a marked change soon became apparent: the irritation ceased, the scales when separated left behind them a more healthy surface, the advance of the disorder appeared to be checked, and after three months' perseverance, the whole surface was restored to its natural

condition. The disease has not relapsed, except once in a very slight degree, when a few doses of the arsenical solution sufficed to remove it.

CASE OF PSORIASIS INVETERATA OF MOST SEVERE CHARACTER AND OF TWENTY-SIX YEARS' DURATION, CURED BY ARSENIC AND VEGETABLE DIET.

S. Q., a female servant, aged 52, unmarried, of stout make, large proportions, and phlegmatic temperament, had been a severe sufferer from the torments of a scaly disease of the skin, which had existed in various degrees of severity and extent for twenty-six years. She had frequently been under medical treatment, and was familiar with the interior of hospitals, both civic and provincial; but the relief she obtained was slight and temporary, and no hopes were inspired of ultimate deliverance from her sufferings. At length her general health began to fail, and she consulted me on that account,

Feb. 22d, 1836.—Nearly the whole body is covered with opaque and whitish laminated scales, which in some places are matted together in crusts, by the drying of the serous and sanguineous exudations from the subjacent cutis. The scales are perpetually falling off, and may be removed from her bed in the morning "by handfuls." The disease proves most severe in the internal flexures of the joints, and here, as also in many other places, there are frightful fissures, (rhagades,) red, raw, and gaping, surmounted by red and swollen edges, excessively sore, painful, tingling, pricking, burning, and itching. From these, upon slight exertion, a discharge of blood appears, the result of mechanical friction or laceration, which soon degenerates into serous exudation. This drying and glueing the scales together, aggravates the original disease, and produces frightful deformity of surface, the skin being generally hypertrophied, and hanging upon her like a case of armour. The head and ears, trunk and extremities, present one continuous mass of morbid cuticle, the face only escaping. The constant pain and pruritus has long deprived her of rest; and her appetite is now failing. She like-

wise complains of shortness of breath, oppression at the chest, general debility and some degree of fever. The pulse is somewhat accelerated, but exceedingly weak, and she is evidently no subject for depletion. A pill with two grains of calomel was ordered to be taken every night, the patient was put upon a vegetable diet, and stimulants were forbidden.

March 7th.—No sensible improvement. Three grains of calomel to be taken every night, and a lotion of nitric acid very much diluted was ordered to be applied to the most irritable portions of the skin.

16th.—The bowels have not been affected by the calomel, nor has it sensibly touched the gums. There is no material amendment in the skin. A dram of sulphate of magnesia every morning, and five minims of Fowler's solution of arsenic three times a-day.

26th.—Slight conjunctivitis. Pruritus much less troublesome; the surface less tender, and a general improvement in the health. Persevere with the arsenic, and smear the scalp with a little white precipitate ointment at bed-time.

April 4th.—Conjunctiva more inflamed, eye-lids tumefied, skin rapidly improving. Many of the scales becoming detached, have left a perfectly healthy surface behind them. In other places masses of crust have fallen off, leaving only a thin scale. The pain and tingling are nearly gone. She rests well, has a good appetite, and is in excellent spirits. Her bowels being costive, she was ordered a dose of calomel with compound extract of colocynth every alternate night; the vegetable diet to be continued, and the dose of arsenic to be reduced to three minims of the solution thrice a-day.

June 4th.—She has taken the arsenic regularly up to this date, without inconvenience. The skin has a reddish-brown appearance, but it is smooth and soft, and there has been no vestige of scales for a month or more. She continues quite well in health, and is so altered in appearance, and has become so attractive, that she is on the eve of marriage.

July, 1839.—She has been married two or three years, and has

had no return of the disease. Her general health continues good.

Sept. 1845.—“A little troubled with the scurvy now and then, but nothing of consequence,” was the answer I received to interrogatories concerning her health.

Few cases of psoriasis are met with in practice more severe in character, protracted in duration, or hopeless in prospect, than this. Writers on the skin speak in forlorn terms of the prognosis in this form of the disease. Rayer says it is often “absolutely incurable,” and that the greater number of cases treated by arsenic “have been in no wise amended, although the medicines were continued for five or six months.”* Dr. Green describes it also as “sometimes absolutely incurable, or only to be subdued by months of the most persevering and energetic treatment,”† which possibility however is not illustrated by a single *case*. Mr. Erasmus Wilson speaks of it as “so unmanageable as to deserve to be considered incurable.”‡ It is well known, however, that cases of Psoriasis inveterata have been cured by arsenic; but the inconveniences and dangers attending the prevailing mode of administering the medicine are so formidable, that it rarely succeeds without placing the patient’s life in jeopardy. Hence few practitioners venture on the experiment. The reader is earnestly requested to compare the simplicity and safety of the method of treatment detailed in the preceding pages, with the difficulties and dangers encountered in the following case, extracted verbatim from Mr. Plumbe’s “Practical Treatise on Diseases of the Skin.” (3rd. edition, p. 170.)

“The case in question (Psoriasis inveterata,) was treated by Mr. Gaskoin in the hospital of St. Louis in Paris. The arsenical solution was commenced in doses of two drops exhibited twice a-day. The case was attentively watched, and the dose gradually increased, without any untoward symptom occurring, for the space of two months; at the end of which period no less than *thirty-*

* Rayer, translated by Willis, p. 640, 641.

† Dr. Green on the skin, p. 222.

‡ Wilson on the skin, p. 229.

eight drops were exhibited for each dose (!). At this time, nausea and sickness being complained of, the medicine was suspended; a very important and rapid change in the state of the disease having occurred within the last few days. Three days after, the severe colicky pains, commonly following the exhibition of the medicine, even in much smaller doses, if less gradually administered, came on, followed by cold perspirations and great constitutional disorder. Opiates and cordials soon relieved these symptoms; and so satisfied was the patient of the good effects of the treatment, that, a trifling degree only of the disease remained, he was anxious to return to the use of the medicine. The case was ultimately, though of years' standing, completely cured by adhering to the same plan."

This case exhibits very clearly, the cumulative power of the medicine, (to which reference has already been made;) and demonstrates (by contrast) the superiority both in safety and efficiency of gradually decreasing doses, mixed with the food, which by protecting the alimentary canal from the immediate contact of the poison, prevents entirely, (as far as my experience goes,) the "severe colicky pains" above described; and thus presents the *conjunctivitis* in the foreground of the premonitory symptoms of an over dose. Nothing would seem to justify the general use of so dangerous an agent for the cure of cutaneous affections, if it were necessarily attended with so much risk.

Psoriasis is a disease which, however slightly it may set in at first, usually gets worse and worse until it terminates in *P. Diffusa*, or *P. Inveterata*: but some individuals are liable to temporary attacks at certain seasons, or under peculiar conditions of the system. Some females, for instance, are apt to be annoyed with it during the period of lactation, and at no other time. In these cases arsenic will not only effect a temporary and speedy cure, but will either prevent a future attack, or materially mitigate its severity. The following case illustrates this.

CASE OF PSORIASIS GUTTATA PREVAILING AT THE PERIODS OF
LACTATION, CURED BY ARSENIC.

Mrs. E——, aged 40, a delicate subject, mother of several children, has been suffering from attacks of a scaly disease of the skin, during several successive occasions, in which she has been nursing an infant. She is generally free from the disorder at other times.

Aug. 23rd, 1841.—She has an infant at the breast about four months old, and has an eruption of small squamous patches of various forms, in different parts of the body. These patches in some places assume the rounded form and snowy whiteness of *Lepra alphoides*, but in others they are elevated in the centre and appear like white pearls adhering to the skin. Indeed their more prevailing character is that of *Psoriasis guttata*. This is particularly the case on the elbows and knees, where the scales are more prominent, as well as more numerous than in other parts. There is very little show of inflammation, and she suffers little from the complaint except itchiness of the scalp, and occasional irritation in other parts. She appears jaded and emaciated, and complains of general debility and nervousness. The bowels are costive, and the pulse soft and feeble. A draught composed of infusion of calumba and tincture of orange-peel was directed to be taken twice a-day between meal times, and five minims of Fowler's solution of arsenic three times a-day *with the meals*. A drachm of the milk of sulphur was directed to be taken at intervals to prevent constipation, and some calomel ointment was applied to the scalp with a view of more easily detaching the adherent scales. This plan was followed up closely for six weeks.

Oct. 1st.—The squamæ have wholly disappeared except in the scalp, and here they have more the character of dry scurf adhering to the hair than of the true scale. The skin is restored to its natural colour, and the general health is much improved.

Two years afterwards, this lady reported herself sound, and upon enquiry whether she had experienced any return of her complaint, she answered, "very trifling."

CASE OF PSORIASIS DIFFUSA IN AN ELDERLY LADY, YIELDING
PERMANENTLY TO ARSENIC.

Miss D——, a lady advanced in years, had been for a very long period troubled occasionally with general pruritus. At length a scaly eruption appeared, presenting the character of Psoriasis diffusa, in its milder forms, but thrown out in large irregular patches over almost the whole surface of the body. There was no fever, or heat of skin: the margins of the patches were not red nor elevated: the system appeared to be in good general health, considering the age of the patient, and the flakes of scale were more delicate than is usual in Psoriasis, and yet not so scurfy and powdery as in Pityriasis. The disease, in fact, occupied a middle station between the two. And this is the case with half of the skin diseases I have seen: they do not come strictly under the definitions of nosologists: so that if I would exemplify any one of these definitions by the selection of a well-marked case, I am obliged to pass by one, two, three, or more, as not exactly defined. And this applies especially to the squamosæ, very few of which justify the Willanean arrangement. This lady came to Herne Bay in the year 1839 for the purpose of sea-bathing. She first consulted me,

Feb. 24th, 1839. The eruption, though faint and desquamating, is full upon the arms legs and head, and irregularly straggling over the whole trunk. The patient has been taking sarsaparilla for some time, as she thinks, with some benefit to her health, she having been reduced in strength from restless nights: pulse weak. Continue the sarsaparilla, and take five minims of Fowler's solution thrice a-day, and the simple vapour bath thrice a week.

March 20th.—The patient has found great comfort from the vapour bath, and thinks that it has promoted the desquamation of the scales. The skin is rapidly improving. Continue.

25th.—The eruption is more troublesome, the pulse is quicker than natural and the skin hot. Take a saline draught every five hours, and a dose of aperient pills at bed-time. Continue the drops and vapour bath.

27th.—Much better, no fever, no pruritus: conjunctiva sore. Continue the arsenic in doses of four minims. In this way the patient went on gradually improving for three months.

June 20th.—She has taken the arsenic steadily till now, considers herself well, and proposes to return home to-morrow. There is scarcely any appearance of the disease left: and she was advised to persevere in the arsenic (under the watchful care of a medical friend,) for several weeks. Eight years have now elapsed since this lady was under treatment, and I have recently received a grateful message from her, assuring me that she continues perfectly well to this day.

CASE OF PSORIASIS INVETERATA IN THE LEGS, PERFECTLY CURED
BY ARSENIC.

This species of Psoriasis may be of very partial extent, but it is not the less inveterate or difficult to subdue on that account.

Mr. G——, a gentleman of spare habit, fair complexion, irritable temperament and active disposition, was attacked with a scaly disease about three years since, soon after becoming a frequent resident at the sea-side. The disease first attacked the left leg, which got nearly well, and then the right leg became affected; and here the disease seemed disposed to become permanent.

Jan. 10th, 1846.—The right leg is surrounded with a patch of scaly cuticle extending all round the limb, nearly from the knee to the ankle. It is red, heated, and attended with severe pruritus. The skin is cracked, fissured, and covered with rhagades, which are red and raw, and frequently bleed under the infliction of the patient's nails. Five minims of Fowler's solution to be taken thrice a-day with the meals.

17th.—The leg is no better. The tongue is foul, the pulse quicker than natural, and the patient seems heated, and urgently requests that he may have a cooling lotion for his leg. I recommended leeches to be applied instead, and a dose of calomel and colocynth, followed up by a senna draught; the diet to be reduced and the arsenic continued.

27th.—He has a strong objection to leeches, and has used a saturnine lotion instead, which materially increased the irritation. But the action of the purgative (which was violent,) and the reduced diet have cooled the system ; the leg is somewhat better. Continue the arsenic.

Feb. 3rd.—Some return of the pruritus. Pulse quick. Repeat the pills and draught, and continue the arsenic.

14th.—Very much better. Conjunctiva slightly inflamed. Reduce the dose to four minims.

23rd.—Slight return of pruritus from error in diet. Repeat the pills and draught. Persevere with the arsenic.

March 23rd.—Much better, cooler and more free from pruritus. The leg looks nearly well ; nine-tenths of the morbid surface being now covered with smooth, healthy cuticle. Conjunctiva inflamed.

April 6th.—The patient has taken his medicine very irregularly, and the disease is again advancing : but its character is not inflammatory. Take five minims of Fowler's solution thrice a-day punctually.

May 3rd.—The arsenic has been taken regularly, and the disease appears to be quite well. The patient persevered in the medicine till about the end of July ; and up to the present time continues perfectly well.

In this case it happened more than once, that whenever the patient became careless with his medicine, the disease returned. It was necessary to interdict all stimulants for a few weeks, but he has long returned with impunity to his usual generous diet.

The following case is one of so extraordinary a nature, that at first I was not only at a loss to know to what order and genus to assign it, but I found it difficult to form a true idea of its nature. I never saw the appearance before, nor have I met with a description of it in any author. But its habitudes being precisely those of the squamosæ, and its sequela being Psoriasis guttata, I insert it here. It consisted primarily of an inflamed condition of portions of the cutis, under which it secreted a morbid cuticle. But there were neither true scales nor scurf, neither vesicles nor pustules, neither

papulæ, bullæ, nor tubercles. The appearance of the disease was not unlike the growth of large warty excrescences of various sizes, from that of a pea to that of a split walnut shell. But upon examination these tumours were found to consist of nothing more than layers of morbid cuticle, raised in a convex or hemispherical form, and surrounded by an inflamed base of a dull red colour, the tumours being of a dirty dark-brown colour, resembling oak-bark. They were firm and tenacious for a time, but were afterwards thrown off in a mass. The secretion was less adherent and more readily deciduous than that of the tuberculosæ, nor was there any ulceration nor purulent secretion. The details of the case were as follows :—

CASE OF PSEUDO-SQUAMOUS DISEASE OF PECULIAR CHARACTER
SUBDUED BY ARSENIC, AND SUBSEQUENTLY ASSUMING THE
FORM OF PSORIASIS GUTTATA.

Nov. 23.—Mrs. S., aged 65, has had for many months an eruption of hard, hemispherical tumours of the character above described, on the inside of the right leg, chiefly about the ankle, but extending also above the knee; and one or two on the right leg and other parts of the body. They are not very numerous, nor closely clustered. Each one appears to run a definite course, and then falling off is succeeded by another, either in the same place or on an adjacent spot. They are sore and itchy, and not to be detached without violence, until they are matured. Her health has been frequently deranged during the last twelvemonth. She has had a severe attack of sub-acute bronchitis, and some cerebral disturbance more recently, attended with disorder of the digestive organs. She is now in tolerably good health: secretions and pulse normal. So plainly do the analogies of cutaneous affections, when divested of artificial relations, suggest correct therapeutical indications, that I had no sooner examined this disease and satisfied myself that it was not syphilitic, than I felt sure that arsenic would subdue it. Five minims of Fowler's solution were therefore directed to be taken thrice a-day with the meals.

Dec. 3rd.—There is no improvement at present. The patient

complains of pain in the head, and the bowels are constipated. A dose of cathartic pills and a senna draught ordered. Continue the arsenic.

5th.—The aperient has acted most freely: the head-ache is gone. The disease remains about in the same state, but the parts affected are less sore, and the surrounding skin is less inflamed. The patient complains of debility, and the pulse is feeble. Take a dose of compound tincture of bark twice a-day: continue the arsenic.

17th.—The larger incrustations have desquamated, leaving a sound skin: all pain and irritation are gone. The conjunctiva is inflamed: there is a degree of febrile action, and the bowels are constipated. Take a dose of compound decoction of aloes twice a day, and continue the arsenic in doses of three minims.

30th.—The right leg is nearly well, but a few spots of doubtful character have appeared in the neck. Continue the medicines.

Feb. 14th, 1847.—The original disease has disappeared, but a well-marked eruption of *Psoriasis guttata* has shown itself over a large portion of the body; and of this disease there is now little room to doubt, the first attack was a modified and unusually aggravated form. The case is still under treatment.

The utility of bleeding and arsenic in cases of *Lepra* and *Psoriasis* attended with increased vascular action, is generally admitted by modern writers on the skin: and no other satisfactory mode of treatment has yet been matured. In Dr. Green's "Compendium of Diseases of the Skin," two severe cases of *Lepra* are related for the purpose of showing the efficiency of the hot air, vapour, and sulphur-fume baths. It is, however, worthy of observation, that both patients were treated first by bleeding, then by arsenic; and though medicated baths were used, there is nothing in the notes of either case which would lead an unbiassed mind to the conclusion, that they afforded any essential assistance in the cure. It is quite clear, that in both cases they aggravated the disease until the circulation was quieted by depletion: and when they were afterwards borne with impunity, "little progress had been made in the cure," until a second bleeding was had

recourse to. And even after this, there was no very satisfactory advance, until the arsenical course had been persisted in for a sufficient time to affect the general system. These observations apply with equal force to Dr. Green's cases of *Psoriasis*, of which also he relates two. The first appears to have recovered under bleeding and arsenic, the medicated bathing having previously been tried in vain: the second case, (that of a lady,) improved very strikingly under bleeding and purgatives, but Dr. Green candidly expresses his doubts as to the permanency of the cure, although the patient had taken thirty-six sulphur-fume baths. But then, *she took no arsenic*. These cases are really full of instruction, and are well worthy of study. The profession is indebted to Dr. Green, not only for the spirit and enterprise he has shown in his contrivances for carrying out the French mode of treatment by vapour, hot air, and sulphur-fume baths, but for a much higher boon to the interests of science,—the accuracy and truthfulness which adorn the narration of his numerous cases.

PITYRIASIS.

The third genus under the order Squamæ, is described by Willan as consisting of "irregular patches of thin slight scales which are repeatedly produced and separated, but which never form crusts, nor are attended with fissures or excoriations." Rayer, however, observes, that under certain circumstances, both fissures and excoriations are apt to occur in this, as well as in other forms of squamous disease. The descriptions which different authors give of the pathology of this disease, are equally contradictory and confused, and this may be regarded as one of the necessary evils of superfluous subdivisions. I am disposed to regard Pityriasis simply as a variety of Psoriasis, occurring only in persons in whom the organization of the dermis is unusually delicate, and the epidermis proportionably thin and friable. Hence the disease is comparatively rare, and the scales instead of being firm and large, are thrown off in the form of a mealy or furfuraceous desquamation; nor have I the least hesitation in pronouncing the disease in its more severe forms, to be as amenable to

medical treatment as the more inveterate cases of *Lepra* and *Psoriasis*. The following cases will show that under proper restrictions the disease yields most readily to arsenic.

CASE OF GENERAL PITYRIASIS, OCCURRING AS A SEQUELA OF
INFLUENZA, CURED BY ARSENIC.

Miss M., aged 30, a female of delicate health, irritable bowels, and subject to nephritic ailments, had an attack of influenza in January 1846, which left her very weak for months afterwards, and affected with a "sinking sensation" at the precordia.

July 20th, 1846.—An eruption of Pityriasis has recently made its appearance rather suddenly, extending over the whole surface of the body, the face and hands alone excepted. It is developed in small patches, irregularly and indistinctly circumscribed, of a pale reddish-brown colour, slightly rough, and desquamating perpetually in the form of fine floury scales or scurf, itching very much, particularly at night. She has recently suffered from anxiety and fatigue incident to family affliction, and complains of pain across the shoulders, and extreme lassitude and depression. The pulse is weak and frequent, the tongue foul, and the appetite has failed for the last three weeks. The bowels are relaxed, the urine high-coloured but without sediment, the catamenia regular but scanty. A grain of blue pill, with three of compound rhubarb, were ordered to be taken every night, and an effervescing mixture with compound tincture of cardamoms every fourth hour. Under this treatment, which was continued for two or three weeks, her general health was materially improved.

August 10th.—The bowels are more quiet, the appetite is restored, the patient feels stronger and in better spirits, the tongue is clean, and the pulse natural: but the eruption is rather increased than diminished. Five minims of the solution of arsenite of potass were ordered to be taken thrice a-day with the meals, and no other medicine whatever.

22nd.—She has taken the arsenic only twelve days. The conjunctiva is slightly affected; the eruption has wholly disappeared, leaving the cuticle sound and smooth. She now left her home for

two or three weeks, and finding herself well, discontinued the medicine of her own accord. The eruption has not returned, her bowels have become less irritable than formerly, and her general health excellent.

CASE OF PITYRIASIS AURIUM OF THREE MONTHS' DURATION,
CURED BY ARSENIC.

A. B., aged 17, a servant girl, has been troubled with a scaly eruption behind both ears for three months. The skin is inflamed and irritable, and desquamates in thin powdery flakes. Her general health is good, and the catamenia regular, but the bowels are costive.

July 3rd, 1846.—A dose of cathartic pills at night and an aperient draught in the morning. Ordered a low diet.

4th.—The medicine has acted well, but the ears are no better. Six leeches to the left ear, and a drachm of sulphate of magnesia with half a grain of tartarized antimony thrice a-day. The parts in contact to be smeared with weak calomel ointment.

8th.—Less burning and itching in the affected parts, but no visible improvement. Five minims of Fowler's solution thrice a-day with the meals, and an occasional aperient. This treatment was persevered in for a month, and a visible improvement was observed after the first week.

Aug. 10th.—Quite well.

The slighter forms of Pityriasis, occasionally appearing on the neck and bosom of young persons of delicate skin, as well as the dandriff of infants, usually disappear spontaneously, and are scarcely entitled to be called diseases. I have also considerable doubts whether the disease called

ICHTHYOSIS,

which Willan has designated as the fourth genus in the order Squamæ, ought properly to be considered a morbid affection or only a peculiar structure: but having never had an opportunity of examining it, I shall say nothing further on the subject, my object being rather to give a faithful record of my own experience, than to reprint the writings of other observers.

Before dismissing the order Squamæ, I think it necessary to warn the young practitioner, that a large portion of squamous diseases which he will meet with in practice, are decidedly of syphilitic origin; and I am inclined to suspect, that all the cases which will not yield to arsenic properly administered, belong to this category. I am the more anxious to note this distinction, because the scaly forms of syphilis occur at all ages, and in patients in whom the existence of the disease would not be readily suspected. The non-mercurial treatment of the primary forms of syphilis, which has become the fashion of the last twenty-five years, has multiplied the cases of hereditary syphilis to an extent of which few practitioners appear to be aware. These cases more frequently present affections of the skin, than of any other tissue: and in persons of a swarthy or olive complexion, it is sometimes exceedingly difficult to make a satisfactory diagnosis. As mercury is the only medicine to be relied on in the syphilitic squamosæ, in all doubtful cases the administration of a few consecutive doses of calomel will soon demonstrate the nature of the disease. If this do not act promptly on the skin, and more especially if it be found to aggravate the disease, I should conclude that it is not syphilitic, and in that case substitute arsenic for mercury. But if a sound skin appears upon the desquamation of the scaly patches, we have only to push the mercurial treatment, (not in the timid fashion of the day,) and the disease will rapidly disappear.

I am aware I am treading on controverted ground, and it is far from my intention to pursue the subject in this place, especially as I hope on a future occasion to inquire more fully into the circumstances which have led to the conflict of opinion unhappily prevailing in the profession, and presenting at present but little prospect of any satisfactory adjustment.

ORDER III.—EXANTHEMATA.

“EXANTHEMA, (rash.) *Superficial red patches variously figured, and diffused irregularly over the body; leaving interstices of a natural colour, and terminating in cuticular exfoliations.*”

Of the six genera in this order, four, viz., *Rubeola*, *Scarlatina*, *Roseola*, and *Erythema*, are essentially ephemeral, and connected with some obvious functional disorder which requires attention in the treatment. They are all acute in their character, and of limited duration. There remain therefore, for our consideration, only two genera, viz. *Urticaria* and *Purpura*.

URTICARIA, (or nettle rash.)

“Not contagious. A round, oval, or longitudinal elevation of the cuticle, usually denominated wheals, which have a white top often surrounded by diffuse redness.” It is usually preceded by pain, oppression, or a sense of weight in the precordia, and with hurried respiration. It often results from eating indigestible articles. Shell fish, particularly mussels, will occasion it in some persons, and many kinds of fish in others. It is sometimes severe in character, and accompanied by alarming constitutional disturbance. This is the acute form, which requires an emetic followed by purgatives.

There is likewise a chronic form of *Urticaria*, in which, whenever the skin is warm, it tingles unpleasantly; and isolated white elevations, like the wheals produced by the stinging-nettle, surrounded by a finely shaded blush, (the form of which is generally destroyed by the finger nails of the patient,) are to be seen on every part of the body covered by the clothes, and occasionally in

the neck, face, and other exposed parts, where the skin is thin. These wheals will appear and disappear three or four times in a day, and although the patient is free from the disorder at times, its frequent recurrence may become a source of annoyance for months or years together, in spite of medical treatment, which is too generally administered with reference to the stomach alone. Disorder of the digestive organs is seldom the cause of this affection. It appears rather to result from the same hidden cause which originates chronic skin diseases of other character, and like them, will yield to arsenical treatment when other means fail. The following cases illustrate this.

CASES OF CHRONIC URTICARIA YIELDING TO ARSENICAL TREATMENT.

CASE 1. Mrs. D——, a middle-aged lady, in the autumn of 1845, became subject to attacks of chronic Urticaria, without being able to assign any cause for the disease. Having endured it for many weeks she requested my advice,

Nov. 5th, 1845.—Several times in the day an eruption of white wheals, elevated and surrounded by a faint blush, appear in succession in various parts of the body. The general health is good, and the tongue clean. A dose of calomel with colocynth are ordered at bed-time, and an aperient draught on the following morning. A refrigerating lotion was directed to be used to such portions of the skin as were particularly troublesome.

Dec. 20th.—Temporary relief only having been obtained from this treatment, the patient is desirous for some plan being adopted with a view to her permanent cure. Five minims of Fowler's solution of arsenic were ordered to be taken with her meals thrice a-day: but the medicine was taken irregularly, and without any decided benefit.

July 18th, 1846.—The disease, which had been less troublesome in the winter, has returned and become most annoying, depriving the patient of her rest, and impairing her strength and spirits. A short course of aperient medicines having been first administered, the arsenic was again prescribed, and taken regu-

larly, in the usual dose for a month, by which time the disease had entirely vanished, and has not since returned.

CASE 2. Miss N——, aged 28, a lady enjoying a moderate share of health, while on a visit to the sea-side had a sudden attack of nettle-rash in its acute form, preceded by some disorder of the digestive organs, and a sense of constriction at the precordia.

May 21st, 1846.—The whole surface of the body is covered by the well known wheals of Urticaria, and the patient suffers much from the irritation and stinging sensation commonly experienced in this disease. There is slight fever, nausea, and head-ache. A dose of aperient pills was ordered immediately, an effervescing saline every fifth hour, and a cooling lotion to be used sparingly.

26th.—The disease shews no disposition to yield. The pulse is full, and the system heated and irritable. Ten ounces of blood were taken from the arm, and the medicines continued.

27th.—The febrile action has subsided, but the skin is scarcely relieved. Four minims of Fowler's solution thrice a-day.

29th.—No fever; skin no better, some degree of dyspepsia, acid eructations. To each dose of the arsenic was added six minims of liquor potassæ, and a dram of compound tincture of cardamoms.

June 2nd.—The eruption is rapidly disappearing, and the irritation has subsided. Stomach more comfortable. Take the alkaline draughts twice a-day, and the arsenic thrice, as before.

9th.—Quite well.

PURPURA.

Purpura.—"An efflorescence consisting of small, distinct, purple specks and patches, attended with general debility, but not always with fever: not contagious." Such is Willan's definition of purpura; and, taken literally, it would exclude from the category under review, every case of this disease: since I exclude cases "necessarily connected with debility." But it is now well known, that general debility is by no means a necessary character-

istic of Purpura. And there is reason to apprehend that the mistaken views of pathology prevailing in Willan's time thus interwoven with a definition written for posterity, has very often, even in the present day, misled the practitioner, and induced a very improper treatment of the disease. It is on this account only, (and not because I have any peculiar or original views on the subject,) that I take the fair opportunity now offered of making a few remarks on the disease, with a view of protesting against the empirical treatment resulting from a preconceived assumption of debility as the cause. Of the cases which have come under my own observation, certainly not one in four was associated with debility. In cities and crowded neighbourhoods, as well as in low and unhealthy spots, the reverse proportion will prevail; but it is all-important, in determining the treatment, to ascertain accurately the state of the circulation, and the general condition of the digestive and respiratory apparatus, instead of assuming, without proof, the existence of an asthenic condition of the system. It is most erroneously stated by Bateman, that the Purpura hemorrhagica is "always accompanied with extreme debility and depression of spirits;" for he subsequently speaks of cases in which it was accompanied by inflammatory symptoms, and was relieved by artificial or spontaneous discharges of blood; and he decidedly disapproves of Willan's indiscriminate treatment of the disease by mineral acids and tonics. There are in fact few diseases, the pathology of which is so obscure, and none which require more discrimination and decision on the part of the practitioner.

The disease consists in a loss of tone in the extreme vessels, which discharge by extravasation a portion of their contents. This may occur in the skin only (as in *Purpura simplex*,) or it may likewise occur contemporaneously in the exhalents which open into cavities, (*Purpura hemorrhagica*,) in which case the stomach, intestines, lungs, throat, bladder, uterus, nose, or gums, or all of them together, may discharge blood; or it may occur in these organs alone, the skin altogether escaping. Under these circumstances it is no longer a cutaneous affection, but it

is the same disease, and must be treated on precisely similar principles.

The *Purpura simplex* is not generally a formidable disease, but it is always attended with some degree of danger. A sudden effusion of blood may take place into the lungs or other vital organ, when it is least expected; and therefore, however trifling the disease may appear in the first instance, it should never be neglected. The treatment of this simple form of purpura must be regulated on the principles already laid down for the management of other affections of the skin. Every palpable deviation from health must be rectified by whatever measures may be indicated, and if the purple spots be the only apparent lesion, and there be no features of general debility on the one hand, nor increased vascular action on the other, the disease proving obstinate, nothing will be found better calculated to correct the deranged condition of the capillaries, and to restore their deficient tone, than small and repeated doses of arsenic, gradually reduced as occasion may require. Most generally, however, *Purpura simplex* occurs with manifest complications, and disappears when they are properly treated.

The *Purpura hemorrhagica* is always highly dangerous, and sometimes runs its fatal course in four or five days. If the following distinctions were more generally regarded, there is reason to hope that many lives would be saved which are annually sacrificed to this destructive malady. The cases of *Purpura hemorrhagica* usually met with may be ranged under three very distinct varieties, each requiring very different treatment.

1. *Purpura hemorrhagica* sometimes occurs as a consequence of insufficient diet, and associated with discharges of blood from the lungs. The pulse is weak, and the surface pallid; and the patient, generally harassed with needless apprehensions of consumption or inflammation, is reluctant to have recourse to a generous diet. The tincture of muriate of iron and mild aloetic purgatives are the best medicines, and generally the only ones required. But these will avail little without a generous diet, and a moderate quantity of port wine. If the bowels be neglected, stimulants and animal food forbidden, and if the patient be treated

for disease of the lungs, he will sink under the attack, and either die of phthisis eventually, (if predisposed to it,) or of general exhaustion. Three cases of this kind have recently come under my notice. Two of them were sacrificed to mistaken treatment, the strength of the patient having been in each instance exhausted by abstinence; and the third, although the hemoptysis was alarming, recovered under aloetic purgatives, tincture of muriate of iron, port wine, and beef. The patient had not tasted animal food (under advice,) for many months previously, although his health had been good. The low diet was ordered with a view to prevent inflammation, from which he had previously suffered; a most absurd and fallacious expedient. During one recent attack of hemoptysis, when the pulse became unusually firm, and the respiration oppressed, a few ounces of blood taken from the arm exhibited the buffy coat; but when we consider that the buffy appearance is the result of slow coagulation, and that the blood always coagulates slowly in purpura, we shall surely hesitate before we take the buffy coat as a proof of inflammation, or an indication for a repetition of the bleeding, when the state of the pulse does not warrant it.

2. The hemorrhagic form of purpura far more frequently occurs from hepatic congestion, than from any other cause, and then, if treated on the tonic system, may be expected to prove fatal. The symptoms of this disease are well marked. In addition to an eruption of livid specks or patches (which are not necessarily present,) there is hemorrhage either from the mouth and gums, nose, stomach, lungs, conjunctiva, fauces, bladder, bowels, uterus or labia; or from several of these organs at once. The bowels are constipated, and the evacuations are dark-coloured, or pitchy black. There is pain or oppression, more or less severe in the epigastric region, and in some cases, uneasiness in the head, chest, or back. When the disease has existed some time, the patient becomes generally emaciated, and the lower extremities œdematous. It is occasionally complicated with jaundice and enlarged liver.

If a patient presenting these symptoms be treated by tonics,

and mineral acids, or by stimulants and turtle soup, he will most assuredly die. Timely, and active, and repeated doses of calomel combined with jalap or some other active purgative, promptly and frequently exhibited to such an extent, as effectually to unload the bowels, and relieve them of the solid masses of pitch-like fæces usually present, will give the patient the only chance of recovery. Cases abundantly demonstrative of these positions, and exhibited in a tabular form, will be found in Mr. Plumb's excellent treatise on diseases of the skin, a book which ought to be in the hands of every practitioner. The chapter on purpura is invaluable, and supersedes the necessity of illustrating the above views by other cases.

3. It still remains a problem how to treat cases of purpura with hemorrhage, where there neither is, nor has been hepatic congestion, nor other derangement of the digestive organs, nor yet any previous deficiency in the quantity or quality of the food. Rayer relates five cases of this kind, all treated with tonics, acids, and generous diet; and some of them by oil of turpentine. Only one of the five recovered. Such a melancholy result should suggest the necessity of some new principle of treatment. If the pulse be full and firm, some relief will be experienced from the abstraction of a few ounces of blood; but the amendment will be only temporary in a majority of these cases, and in them the spontaneous hemorrhage would soon accomplish as much good as the lancet. The grand agent in the treatment of all such attacks of purpura hemorrhagica, is *vomiting produced by artificial means*. It was a maxim of that celebrated, and highly practical surgeon, the late Dr. Kerr of Northampton, that *emetics are useful in all hemorrhages which do not proceed from the head*. A case of purpura thus treated with a most happy result is related by Mr. R. P. Player of Malmsbury, in the Medical Gazette, (Vol. xii. p. 608.) The subject was a young woman who had severe hemorrhage from the fauces, numerous petechiæ marked with intervening vibices, a brown tongue, and a weak pulse. Carbonate of ammonia was given with no advantage whatever. Subsequently, half a grain of tartarized antimony was administered every quarter of an hour,

till vomiting was produced, which speedily arrested the hemorrhage and cured the petechiæ and vibices. Many other cases are on record in which hemorrhage from various organs has been suppressed by vomiting. The oil of turpentine may be subsequently administered with advantage in some cases.

A fourth division of Purpura hemorrhagica might be here introduced comprising cases of low or long-continued fever in which with the petechiæ, hemorrhage occurs. But the nature of these cases which are familiar to every practitioner, is decided by various circumstances which must regulate the treatment, and the details of which are out of my province.

ORDER IV.—BULLÆ.

The diseases comprehended in this order involve so much constitutional disturbance that they are scarcely entitled to rank among the affections under review. They are invariably accompanied by certain morbid conditions of the system otherwise indicated;—febrile in *Erysipelas*, cachectic and generally syphilitic in *Pemphigus*, *Pompholyx*, and *Rupia*; which latter Willan has classed among the Vesiculæ.

ORDER V.—PUSTULÆ.

This order contains five genera; of which *Porrigio*, *Variola*, and *Scabies* are contagious, and do not fall under our notice. *Impetigo* and *Ecthyma* being chronic and non-contagious, will now engage our attention.

IMPETIGO

“is characterized,” says Willan, “by the appearance of *psudracia*,” (small pustules running together and producing scabs.) “It is not accompanied by fever, nor contagious, nor communicable by inoculation, occurring chiefly in the extremities.”

By the expression “not accompanied by fever,” Willan simply intended to distinguish the disease from eruptive fevers, such as small-pox. In the acute cases of impetigo, and even in its common forms occasionally, the affection is highly inflammatory and attended with Pyrexia. When the incrustations are ex-

tensively formed, it is not always easy to distinguish it from Eczema, Lichen agrius or Psoriasis ; but this is of little consequence in practice. All these diseases have, or may have precisely the same pathological relations, and must be treated on the principles already laid down ; bleeding and purgatives being required for the acute or inflammatory stage ; arsenic in decreasing doses for the chronic stage. The disease is very liable to assume an asthenic form, and then small doses of the sulphate of magnesia dissolved in the infusion of roses, proves an excellent medicine to commence with ; to be followed up by arsenic, with or without bitter tonics, after the bowels have been freely relieved, the skin being frequently cleansed by the tepid bath. The success of arsenic as a remedy for chronic Impetigo is strongly attested by writers on the skin. Rayet says, "I have seen a small number of very old and inveterate cases of Impetigo which have only yielded to antimonial and arsenical medicines." And Dr. Green, after detailing three successful cases treated by the sulphur fume bath,—which appears to have been more successful in the pustular than in other forms of eruption,—adds, "the Fowler's solution frequently proves a powerful adjuvant in these inveterate cases."

This disease frequently affects more than one member of a family, and is common in children. The following cases will give a familiar view of the common course of this afflictive and disfiguring disease in its chronic form, and will show the power which arsenic exercises over it.

TWO CASES OF IMPETIGO IN ONE FAMILY ASSUMING AN INVETERATE FORM, BOTH CHECKED BY ARSENIC.

Miss and Master R., two children of the ages of eight and nine respectively, had been, from an early age, subject to severe attacks of Impetigo extending over the whole surface of the body, and leaving hideous scars. The patients were sent to Herne Bay during the summer of 1846 for the benefits of the sea-side. I saw the boy first,

Sept. 13th, 1846.—The child had a pale surface and was

universally covered with scars, which in some places appeared like the effects of burns or scalds, in others like the vestiges of confluent small-pox. The face and head were deeply involved, the hair was thin and scanty, the head was here and there quite bald, and as the eye-lashes and eye-brows were wanting, it was difficult to imagine that the child had not been severely burned:—such are the ravages of Impetigo. The patient had been free from disease during the few weeks he had resided at the sea-side; but it was now re-appearing in the head in all its former virulence, extending rapidly, and threatening to spread (as it had done previously more than once,) over the whole body. The general health was not very materially affected; but the appetite had lost its edge, the pulse was weak, and the tongue exhibited a dull-red central streak, expressive of debility. A generous diet and frequent exercise in the open air were strictly enjoined: a mixture with infusion of roses and compound tincture of bark was ordered to be taken twice a-day, five minims of Fowler's solution of arsenic thrice a-day with the meals, and a gentle aperient occasionally.

Nov. 6th.—The above plan has been pursued for nearly eight weeks. He is much better in health and stronger, and has regained his appetite and spirits. The cutaneous disease, instead of pursuing its usual course, having made advances for two or three weeks, has now nearly disappeared, leaving no new scars. He was removed from the Bay on the following day and I have not heard of him since.

His sister came under my care on the 21st of October. Her case was very similar, but less severe. It was similarly treated with a like result.

This is the asthenic form of the disease. A case of Impetigo of an opposite type, treated successfully, first by bleeding and purgatives, and subsequently by arsenic, will be detailed hereafter, under the cognomen "Eczema impetiginodes," which would more happily have been designated "Impetigo eczematodes," but no such name was to be found in Willan. There was certainly a limpid fluid visible in the primary pustules when the cuticle first

rose; nor do I remember to have had an opportunity of observing the initial of the disease without this transparent appearance, although the lapse of a few hours renders it opaque. I therefore suspect that the disease is uniformly vesicular from the first; and this suspicion is confirmed, if not ripened into certainty by the observations of Mr. Plumbe, who does not hesitate to describe Impetigo as a vesicular disease.

This disorder occasionally occurs among the poor, (sometimes associated with ecthyma) as a result of impure air or insufficient food and clothing: and infants imperfectly nourished at the breast are subject to it. The *crusta lactea* is one of its forms, and will generally yield to preparations of iron. Local causes will occasionally excite the disease; but under whatsoever circumstances it exists, it does not deserve to be abandoned as incurable.

ECTHYMA

differs from Impetigo, so far as relates to its local diagnostic character, chiefly in the size of the pustules, which are much larger than those of Impetigo. They are said never to contain colourless serum; and they are always distinctly, and often distantly separated from each other. The pustules are denominated by Willan, "phlyzacia," (one of the many unnecessary terms invented by that ingenious man for the purpose of rendering his definitions concise; but more calculated to confuse the student, than to facilitate the study.)

In a large majority of instances, Ecthyma is met with rather as an accidental accompaniment or sequela to other diseases than as an idiopathic ailment. It often follows small-pox, (which the eruption very much resembles,) measles, scarlatina, and other cutaneous affections; it usually complicates inveterate scabies, and occasionally syphiloid diseases. It is very commonly indicative of debility, but not invariably nor necessarily. It occasionally tends to ulceration, especially when it attacks the poor and ill-fed; and to this class of society the common form, *Ecthyma Vulgare*, especially belongs.

The treatment of Ecthyma is resolvable into general principles,

and must be directed first, to the removal of its causes or complications. This done, it will generally disappear spontaneously. But it sometimes appears (like Impetigo) in connexion with apparently good health, as a constitutional ailment, affecting several branches of a family in early childhood and disappearing in adolescence. Under these circumstances I have found arsenic cautiously administered, of very great service in checking the tendency to pustulation, and I have known it in two instances, to destroy apparently, all tendency to disease. I abstain from relating these cases, as they were too complicated to prove anything. The following will show how difficult it sometimes is, and how important to distinguish between the common and the syphilitic Ecthyma.

CASE OF ECTHYMA APPEARING AS A SEQUELA TO SYPHILIS, BUT NOT SYPHILITIC IN ITS NATURE, YIELDING TO TONICS AND GENEROUS DIET.

Mr. L., aged 20, a young man of healthy constitution, had an eruption of pustules on the left shoulder, and left side of the neck, showing the character of Ecthyma. Their colour was dull, and rather inclining to a livid hue. The reddish-brown or characteristic copper colour was wanting. Yet it might have been easily mistaken for syphilis, the primary form of which he had contracted six months previously, which was followed by an inflamed inguinal gland six weeks afterwards. This eruption made its first appearance four months after he had considered himself perfectly cured. After six weeks' treatment without amendment, he consulted three or four surgeons successively, and when he afterwards called upon me he reported their opinions to be about equally divided: and I confess the history of the case and the shade of the eruption appeared to me a little contradictory. But finding his pulse weak, and learning upon inquiry that he had been living for some time on a reduced diet, and had lost flesh, I recommended a full and generous diet, prescribed tincture of bark with aromatic confection, and in less than a week he was quite well, and has had no relapse.

I have never met with a case of Ecthyma attended with generally increased vascular action, or even with plethora ; but there are such cases on record, and they must be treated on the anti-phlogistic system, notwithstanding their close resemblance in their external appearance to diseases usually expressive of debility and exhaustion.

ORDER VI.—VESICULÆ.

“VESICULA (Vesicle), *A small, orbicular elevation of the cuticle, containing lymph, which is sometimes clear and colourless, but often opaque, whitish, or pearl-coloured. It is succeeded either by scurf, or by a laminated scab.*”

To this order Willan has allotted seven genera, viz., *Varicella*, *Vaccinea*, *Herpes*, *Rupia*, *Miliaria*, *Eczema*, and *Aphtha*.

Varicella and *Vaccinea* are diseases of limited duration, as well as mild in the character. *Rupia* properly belongs to the order Bullæ, and has already been disposed of. *Miliaria* is probably a disorder of mismanagement, and is, in fact, disappearing before the march of improvement. *Aphtha* is a disease of the alimentary canal; and *Herpes*, besides being essentially acute and ephemeral, is generally complicated with some obvious disorder of the general health, and requires corresponding treatment. When the health is not materially deranged, it may safely be left to the *vis mediatrix naturæ*.

Eczema, the remaining genus in this order, both in its acute and chronic form, is occasionally a disease of magnitude, and is often obstinate as well as severe and tormenting. Dr. Willan appears to have been singularly unfortunate in his description of this disease. He distinguishes it from *Herpes* as an eruption of vesicles, with little or no inflammation round their base; and yet the most important variety (*Eczema rubrum*) is described as attended with local inflammation and general vascular excitement. Such are the inconveniences of nosology.

The disease which now claims our attention consists of an irregular eruption of vesicles, generally surrounded by an inflamed base, and attended by excessive pruritus. The vesicles are evolved and burst with great rapidity, and may easily escape detec-

tion. They pour out an irritating fluid, which excoriates the already inflamed skin. The cutis, deprived of the cuticle by desquamation, appears beset with numerous pores, from which exudes a sero-sanguinolent fluid. This dries into scabs, or laminated incrustations, which take their colour from the discharge, being at first of a greenish-yellow, afterwards becoming yellow and brown, if the discharge becomes purulent; or reddish and dark-brown, if the ichor is tinged with blood. Meanwhile, fresh eruptions appear, and go through similar stages: chaps and fissures succeed, and the subcutaneous cellular tissue often becomes involved in the inflammatory process. Intense pruritus and severe smarting pains attend the evolution of the disease, which in some cases runs a course of unlimited duration. The disease is frequently complicated with Impetigo, (*Eczema Impetiginodes*,) and is occasionally attended with disordered functions. More generally, however, there is no specific ailment, or tangible disorder, to which attention can be directed in the treatment, excepting only an inflammatory diathesis, which generally prevails in the outset, and must be promptly treated. The disease attacks certain portions of the body more frequently than the whole. The following cases will illustrate its inflammatory character in the acute stage, and its appropriate treatment in the chronic. In the first case, the vesicles were distinct in the first instance, but rapidly generated into pustules, and the discharge became sero-purulent. In the second case, the vesicles were not distinctly perceived, but the general history of the case entitles it to be classed among the *Eczematæ*.

CASE OF ECZEMA IMPETIGINODES, OF SEVERE CHARACTER, YIELDING TO ACTIVE DEPLETION, AND ULTIMATELY CURED BY ARSENIC.

Mr. Y., a studious gentleman, about twenty-five years of age, of nervous temperament and sedentary habits, but of robust muscular frame, has been more than once attacked by a most annoying cutaneous affection, which on one occasion extended nearly over the whole surface of the body.

March 29th, 1841.—The integuments of the throat, neck, and chin, are covered with a vesicular eruption of acute character, seated on an inflamed ground, and tending rapidly to purulent incrustation. The skin is hot and dry, pulse 100, weak; and there is pruritus of a distressing description, in the affected parts. The patient was put on low diet, a dose of compound colocynth pill, combined with blue pill, was prescribed to be taken at night, and a saline aperient in the morning. By pursuing this plan of treatment for a week, the activity of the disease was arrested, and the chronic form which succeeded yielded in a fortnight to a course of arsenic.

Having enjoyed good health through the subsequent eighteen months, he at length became nervous, and perhaps hypochondriacal. Complaining to a friend, of lassitude and debility, he was advised to take a course of quinine, with Huxham's tincture, and to refresh himself daily with four or five glasses of port wine, a beverage to which he had hitherto been habitually unaccustomed. Having acted upon this advice for five or six weeks, the time arrived for him to pay the penalty.

Sept. 20th, 1842.—He has had a very sudden and severe return of his old malady; the vesicles have broken out on the right side of the neck, chin, ear, cheek, and temple, extending every day, after the fashion of erysipelas, until one eye is closed, and the other swollen. Pulse 120; prostration and anxiety; skin hot and dry. The vesications are not so large as in erysipelas, and there is more tingling and pruritus than in that disease. In other respects there is little difference. An active mercurial cathartic was administered, low diet ordered, and a refrigerating lotion. In the evening, his bowels had been fully relieved, without any mitigation of the disorder. Effervescing draughts, with tartar emetic, half a grain every four hours.

21st.—No better; headach; slight delirium; pulse 120, moderately full. Venesection to fourteen ounces. The cathartic to be repeated, and the salines continued. The refrigerating lotion to be abandoned.

22nd.—No better. Pulse 120; purulent incrustation exten-

sively apparent. Increase the dose of tartarized antimony ; repeat the cathartic.

23rd.—No better ; restless night ; delirium ; an eruption of vesicles extending to the other side of the face. Venesection to sixteen ounces. A draught composed of sulphate of magnesia and infusion of senna every fourth hour.

24th.—Better. Bowels freely purged ; blood buffed. A saline draught every fourth hour.

25th.—Some increase of the vesicles. Two cathartic pills at night, and a laxative draught in the morning.

26th.—Better ; a purgative draught every fourth hour. From this time, by persisting in the same kind of treatment, the patient gradually improved.

Oct. 1st.—Skin better ; dyspepsia ; debility. An alkaline draught thrice a-day, and an improved diet.

16th.—Violent headach ; quick pulse ; hot skin ; delirium. Apply a blistering-plaster to the back of the neck, and take a grain of tartarized antimony every fourth hour.

17th.—Better ; continue the medicine.

18th.—Better ; take the antimony every eighth hour.

24th.—Better in all respects, but the skin is still irritable, and new vesicles appear occasionally, with less activity of circulation. Five minims of Fowler's solution were now exhibited thrice a-day. This medicine was persisted in for three weeks, at the termination of which period the patient was quite well.

Dec. 15th—He continues quite well, and has not, to the knowledge of the writer, had any return of the disease.

The analogy of this case to erysipelas is a striking feature, and suggests comprehensive views of cutaneous pathology.

CASE OF CHRONIC ECZEMA, ACUTE IN ITS ORIGIN, SUCCESSFULLY
TREATED BY BLEEDING, PURGATIVES, AND ARSENIC.

[The particulars of this case were communicated to me by an intelligent and valued friend, Mr. Darvill, of Walworth, to whose judicious and vigilant care its successful termination is attributable.]

Mr. D——, a gentleman of stout proportions, pale complexion, nervous temperament, and convivial habits, had been subject to occasional attacks of a cutaneous disease for many years, and reports that his mother was similarly affected. About Midsummer, 1842, having then been nearly free from the disorder for two or three years, he felt a tingling in his legs, which forewarned him of an approaching attack. In a short time the whole surface of the legs, from the knees to the ankles and insteps, and afterwards a considerable portion of the upper extremities, including the elbow joints, and the forearm as far as the wrists, became covered with an eruption of an eczematous character. The whole of the diseased parts were acutely inflamed. The vesicular character was not distinctly seen, the original eruption presenting rather the character of papulæ, containing no visible fluid. These spots increased in size, and becoming scaly or scurfy at the top, ran one into another, and speedily the surface became a continuous mass of squamous incrustation. Slight cracks, degenerating into gaping rhagades, soon appeared, exuding a serous discharge. In the legs the discharge was abundant and sero-sanguinolent. At first, the scales were of a yellowish-green shade, not so white as the scales of psoriasis, or so yellow as to indicate a purulent character. At length they became of a reddish-brown, more or less dark and dirty in appearance. The curious in cutaneous diagnosis might dispute whether this disease was Eczema, Psoriasis, or Lichen agrius. It is not uncommon, in these chameleon-like disorders, to find papulæ, vesicles, pustules, and squamæ, in the same individual at the same time. In this case, although it was difficult to detect the vesicular character of the primary eruption, the acutely inflammatory type, the red and swollen appearance of the surrounding integuments, the peculiar nature of the discharge, and the *tout ensemble* which the diseased surface presented to the eye, all suggested the idea of Eczema rubrum. The pain and irritation was so great as to prevent sleep, and the patient was perpetually thrusting his limbs out of bed to escape from the tormenting heat.

June 27th, 1842.—The treatment was commenced by bleeding

to syncope, which was effected by the abstraction of about twenty ounces of blood from the arm; leeching the affected parts every other day; and administering purgatives of calomel, jalap, &c., with low diet. The inflammatory symptoms were very obstinate, not being reduced before the 15th of July.

July 15th.—The irritation and heat having in a great degree subsided, and the pulse being tranquil, five minims of Fowler's solution were given thrice a-day, mingled with the food; and this treatment was persisted in till about the latter end of November. About this time the disease began to disappear, and very soon afterwards the conjunctiva became slightly affected.

Dec. 26th.—Conjunctiva more inflamed; disease gradually vanishing. Dose of arsenic reduced to three minims of the solution thrice a-day.

Jan. 12th, 1843.—“Finding the eyes not improved,” says Mr. Darvill, “I discontinued its use for a fortnight. It was then resumed, and persisted in till the beginning of April, when the skin had recovered its natural appearance. In this case there was a great tendency, throughout its whole course, to inflammatory action; but the pulse remaining quiet, it was kept under by the simple saturnine lotion.”

In answer to inquiries, Mr. Darvill says, “I perceived an improvement in the disease about a fortnight before I saw any affection of the conjunctiva; but it may have existed in a slight degree, as I did not look for it with any view to its connexion with the decline of the disease.” He adds, “I think I have several times seen the disease decline at the time of the arsenical effect becoming visible, (in the eyes,) but not having any notes to confirm it, it is testimony of little value.”

The arsenic was continued in small doses for some weeks, and the disease did not return.

The preceding cases will suffice to demonstrate the sufficiency of arsenical treatment in the constitutional varieties of Eczema, when the activity of the disease has been previously arrested by antiphlogistic measures. The powers of arsenic in eczematous affections have been highly extolled by writers of the largest ex-

perience. Rayer testifies that "the preparations of arsenic are occasionally the *only* medicines which can be successfully administered in rebellious Eczema of the scrotum, pudenda, verge of the anus, &c.;" and Dr. Green expresses himself in terms at least equally strong.

In former times, when mercury was more indiscriminately administered than at present, the occurrence of Eczema in an acute form was a common sequence of a severe mercurial course; and the same disease occasionally occurs at present, (Eczema mercuriale.) The writer has seen, more than once, a similar eruption excited under large doses of cubebs: and it is well known that the oil of copaiba, when applied externally, will produce a vesicular eruption of a similar character; and the same effect occasionally follows its internal administration. Croton oil, applied externally, is another familiar instance. These forms of Eczema, as also those produced by the rays of the sun and other local irritants, will commonly subside spontaneously, shortly after the cause which excited them has ceased to act. Other local affections of an eczematous character, exhibiting a variety of phases, and appearing in positions too numerous to specify, will generally yield to common treatment, and, like all other cutaneous disorders, require arsenic only when there remains nothing, locally or constitutionally, to be rectified by ordinary means.

ORDER VII.—TUBERCULA.

“TUBERCULUM (Tubercle.) *A small, hard superficial tumour, circumscribed and permanent, or separating partially.*” This order comprises nine genera, six of which—viz., *Phyma*, (boils,) *Verruca*, (warts,) *Molluscum*, (a very rare disease,) *Vitiligo*, *Elephantiasis*, and *Frambæsia*, (diseases of foreign climes)—require no further notice. The three remaining genera—namely, *Acne*, *Sycosis*, and *Lupus*, deserve a separate consideration.

ACNE.

Acne is a disease of the sebaceous glands, consisting of a process of sluggish inflammation in these organs, tending slowly to suppuration. It commences with clusters of small elevations, or pimples, with conoidal summits, which, having slowly completed their suppurative course, discharge their contents, die away, and give place to others. Willan speaks of four varieties—*Acne simplex*, *Acne punctata*, *Acne indurata*, and *Acne rosacea*. The first three more correctly describe the different stages of *Acne simplex* than different species. The latter (*Acne rosacea*) has a distinct character.

Acne simplex commences with small elevations in the cutis, of a red colour, on an inflamed base, which slowly secrete a purulent matter. Clusters of these pimples, with conoidal acuminate summits, varying in colour, red, yellow, or black, are often seen disfiguring the face of young persons at the age of puberty. The disease is generally confined to the face, neck, and shoulders, and is most common on the forehead and chin. The eruption, if left to itself, gets better and worse, but generally lasts from two to seven years, commonly disappearing at mature age, but occasionally continuing for several years beyond. Nor has it always

been found an easy task to arrest the progress of the unwelcome visitor. Lotions of a stimulating kind, such as weak solution of the bichloride of mercury, appear serviceable for a time, but rarely or never prove of permanent benefit.

The perils attending the usual mode of administering arsenic have hitherto presented a sufficient objection to its use in a disease attended with no danger and little inconvenience. But a long experience of the absolute safety of decreasing doses, and of the power of the medicine over cutaneous affections generally, suggested to my mind, a short time ago, the propriety of testing its efficacy in *Acne simplex*. The few opportunities of trial which have since presented themselves, have inclined me to the opinion that *Acne* may always be cut short by persevering in small doses for a few months, provided the system be otherwise in health. The following cases will afford a sample of the general results:—

CASE OF ACNE SIMPLEX ON THE FACE, CURED BY ARSENIC.

A. B——, a pretty servant-girl, aged nineteen, has been for the last three or four years disfigured by an eruption of *Acne simplex*, in its various stages, on the forehead, chin, upper lips, and cheeks. Her general health is excellent. Arsenic was prescribed for her on the 30th of September, 1845.

Oct. 21st, 1845.—She has taken five minims of the liquor potassæ arsenitis thrice a-day with her meals, steadily, for three weeks, and her face is now quite clear of pimples, excepting one or two, which have not had time to run their usual course. No fresh elevations have appeared for a week. The conjunctiva is not affected.

CASE OF ACNE INDURATA ON THE SHOULDERS, CURED BY ARSENIC.

Miss N——, aged twenty-one, has an extensive eruption of solid elevations, surmounted by black points and pustules, answering to the appearance described by Willan as marking the variety called *Acne indurata*, on the skin covering the deltoid muscle in each arm, and extending partially across the back.

The pustules are occasionally sore, and irritated by the dress, and are always unsightly. The disease has existed nearly seven years. She is in good health. The face is clear, and the complexion healthy.

Nov. 25th, 1844.—The eruption is copious on both shoulders. Five minims of the solution of arsenic were prescribed to be taken three times a-day with the meals, with an occasional purgative, her bowels being constipated. This was persevered in for three months, without inconvenience on the one hand, or visible improvement on the other.

March 10th, 1845.—She has now taken the medicine for three months and a fortnight; and a great improvement is visible during the last fortnight. No new pustules have formed, and the old ones look indolent and fading. The conjunctiva is inflamed. The arsenic to be continued in reduced doses, and a lotion of bichloride of mercury applied sparingly.

May 6th.—She continues to improve. The pimples are small, and appear to partake more of the character of enlarged papillæ than of pustules.

July 2nd.—Quite well; the shoulders are as smooth as other parts of the surface.

The appearance of Acne in young females has been supposed to indicate some abnormal condition of the uterine secretion. My experience has not tended to confirm this opinion. In both of the cases above detailed, the menstruation was perfect and regular throughout, and the first appearance of the discharge seemed to have no influence over the eruption.

CASE OF ACNE PUNCTATA SUBDUED BY ARSENIC.

Miss S——, a young lady of nineteen, in good general health, had been affected with an eruption of Acne punctata in the face and forehead for about eighteen months. She consulted me,

Sept. 11th, 1846.—The pustules are in every stage of advancement and decline, some red and swollen, others with yellow heads, and some dying away, showing black central points. Five minims

of Fowler's solution were administered thrice a-day after the meals.

28th.—There is a decided improvement in the appearance of the face; the eyes are slightly affected. Continue the arsenic in doses of four minims.

The patient returned to London at this date, and her medical attendant kindly undertook to persevere with the medicine. About six weeks subsequently he wrote to me, informing me that "Miss S. is persevering most diligently with the liquor potassæ arsenitis, and is still deriving benefit."

I have most distinctly stated that where organic disease is present, or where the general health is impaired from causes wholly independent of the cutaneous disease, no advantage can be expected from arsenic, unless the health can be previously rectified. The following case illustrates this.

CASE OF ACNE PUNCTATA IN A YOUNG GIRL RESISTING THE AGENCY OF ARSENIC, FROM LATENT PULMONARY DISEASE, WHICH PROVED FATAL.

Miss D——, aged 18, has never menstruated, nor suffered any obvious inconvenience from that circumstance; has had impaired health during the past winter and spring, but is now apparently in good health.

Oct. 20th, 1845.—Pulse and tongue natural, appetite good, bowels regular: but there is an ugly eruption of Acne punctata, presenting a number of dirty-looking acuminate points, more or less inflamed around the base, extending over the forehead, lips, chin, nose, and cheeks. It has existed upwards of three years. She is juvenile in appearance, and is scarcely a subject for the preparations of iron or other emmenagogues. Take of Fowler's solution one dram, distilled water seven drachms, mix. Take forty minims thrice a-day with the food. Apply a lotion of bichloride of mercury to the face.

Nov. 20th.—She has persevered for a month, but there is no improvement. No conjunctivitis. Take fifty minims for a dose, and discontinue the lotion, which only inflames the skin.

29th.—No improvement. Continue the arsenic, and the lotion much diluted.

Dec. 2nd.—She complains of a slight degree of weakness in the eyes. Conjunctiva slightly reddened on the fleshy reflection: eruption less indolent, spots reduced in number.

6th.—Eruption much better. Conjunctiva no worse. Persist in the arsenic.

11th.—Eruption still fading: conjunctiva inflamed. Take thirty drops instead of fifty. Continue the lotion.

I now lost sight of my patient, but early in the spring, symptoms of phthisis supervened, which carried her off in the autumn, the eruption appearing and disappearing several times, but as distinct as ever for a few weeks previous to her dissolution.

Observant practitioners have noticed that Acne is not unfrequently complicated with disease of the lungs. This is the only case in which I have met with this complication.

ACNE ROSACEA.

Acne rosacea is an inveterate form of Acne simplex, but it differs much from that disease in some particulars. Instead of appearing at the age of adolescence, it belongs rather to the decline of life, commencing at the middle period; and instead of spontaneously disappearing after a time, it usually gets worse and worse, unless checked by medical treatment, till death. The locality of Acne rosacea is also peculiar. Instead of appearing in the forehead and chin, its seat and centre is almost invariably the point, or, more rarely, the alæ of the nose, from which it radiates laterally, gradually extending over the cheeks, and affecting the adjacent skin in all directions. The point of the nose first becomes redder than natural, especially after meals, or on exposure to cold or heat; the veins of the part become visible, then pustules form, and slowly progressing through their stages, leave the skin permanently thicker than natural, and puckered with small cicatrices. In its advanced stages, the disease sometimes disfigures the face to a frightful extent; and being, in a few cases, the penalty of dram-drinking, it becomes particularly afflictive to

the temperate, in whom, however, it is at least as common. Like other forms of acne, it attacks both sexes, and occasionally occurs as a degeneration of *Acne indurata* of long standing. But the subjects of *Acne simplex* are more generally exempt from *Acne rosacea*.

The treatment of *Acne rosacea* has been hitherto unsatisfactory in its general results. Rayer says, the disease "almost always returns after medicines are abandoned, with a rapidity and regularity that induce despair."* This is strong language, and from a man of Rayer's experience, most discouraging. Indeed, so general is the impression that it is incurable, that patients rarely seek medical advice for this disease, and still more rarely do regular practitioners undertake the cure in a methodical or persevering manner. Certainly, among the numerous and ill-defined varieties of this disease there are two, the recovery of which cannot be reasonably expected. 1. The disease is in some cases hereditary, and, perhaps, likewise congenital. Early in life the nose is slightly affected by the disease, and by degrees becomes incurably hypertrophied and deformed. The writer has more than once known it complicated with an irritable condition of the rectum and with chronic hæmorrhoidal affections, the irritation oscillating from one extremity of the intestinal tube to the other. These disorders can be *alleviated* by medical treatment, but there is something originally wrong, which probably can never be rectified. 2. The *Acne rosacea* of the drunkard, connected frequently with visceral disease, is placed by the habits of the patient out of the control of medical art. With these two exceptions, the varieties of *Acne rosacea* present nothing which justifies an unfavourable prognosis, much less despair.

The following "very instructive case," as Dr. Chambers described it, furnishes a proof, which cannot be impugned, of the therapeutic powers of arsenic in this disease.

* Rayer's "Treatise on Diseases of the Skin," English translation, p. 476.

CASE OF ACNE ROSACEA IN A MIDDLE-AGED LADY CURED BY
ARSENIC.

Mrs. N——a lady of temperate habits, clear complexion, and good general health, had been complaining for some weeks of languor, lassitude, headach, hysterical globus, and chronic diarrhœa. These symptoms were treated variously, but with little success for a time. At length, on the right ala of the nose, a small number of acuminated pustules appeared, elevated upon an inflamed base, and having the genuine character of Acne, but more closely crowded together than they usually are in that disease. These soon became covered with a purulent incrustation: other pustules appeared in the neighbourhood, until at length the whole ala, with a contiguous portion of the cheek, became occupied by the disease, and presented an ugly and hypertrophied appearance. As a portion of the crust became separated, other pustules appeared underneath, and a second crust was formed, which, when detached, discovered other formations, on a larger base, and involving a deeper portion of the subcutaneous tissue. There was no pain or itching, and, except on approaching the fire, no sensation of heat. The crusts were surrounded by a small areola of a dull-red colour, rather inclined to a brown shade, but never exhibiting the livid colour of lupus, which disease it nevertheless, in some respects, resembled.

Dr. Chambers saw the case within two or three months of its commencement. He pronounced it Acne rosacea, gave a guarded prognosis, and prescribed arsenic, of which the first dose was taken on the 3rd of January, 1844, and continued, on the plan detailed in the preceding cases, for three months, by which time the disease had entirely vanished, and the hypertrophied cellular tissue was reduced to its normal condition. Any doubt which might have been entertained concerning the agency of the arsenic in the cure would have been dissipated by the ultimate history of the case. The patient now left her home "for a week"—was actually absent five weeks, neglected her medicine, and returned home with another tuberculous incrustation, which, commencing on the

original spot, had now spread more horizontally over the cheek, and seemed to take a more superficial hold of the integuments than the former attack.

May 10th.—The arsenic was now resumed, and taken steadily, till the middle of July. Before the end of May, however, the disease had again disappeared. The medicine was persisted in for two months subsequently, with a view to prevent a return; notwithstanding which precaution, the disease was only kept at bay for twelve months, not radically cured; for in the following July (1845,) the old enemy reappeared, evidently, however, in a milder form than heretofore; for now the arsenic put him to flight in ten days, and was steadily persevered in for two months afterwards. At present, there appears no probability of a relapse. A considerable indentation, like a bad variolous scar, was left by the first attack; the latter attacks left no scar.

The diarrhœa, headaches, and hysterical affections, retired as soon as the arsenic had hold of the system; and the patient has enjoyed excellent health since the termination of the first course. The conjunctiva became affected, as usual, synchronously with the subsidence of diseased action, both local and constitutional. No external application was used, nor any potent internal medicine, after the first exhibition of the arsenic.

The reader's attention is particularly solicited to three observations suggested by this interesting case:—1. The decline of the disease, on three distinct occasions, under the steady use of arsenic alone, independent of external applications, changes in diet, or other circumstances of regimen; its repeated relapses after neglecting the medicine for a few weeks, and its (probably) final disappearance, after such a protracted course of reduced doses as seemed to destroy the very tendency to morbid action: these circumstances demonstrate the absolute control which this wonderful medicine exercises over tubercular diseases of the skin, and holds out a strong encouragement for its lengthened trial in cases of longer standing. 2. The morbid condition of the nervous system, and the extreme irritability of the intestinal canal, in circumstances which would generally be held inter-

dictory of the use of arsenic, were, in this case, not less clearly relieved by the arsenic, than the cutaneous affection itself. 3. The resemblance of this case to Lupus, both in the locality primarily affected, and in some similarity of general appearance and history not easily described, seems to suggest, if not establish, some relation between this disease and certain forms of *Acne rosacea*; and if it throws no light on their cause and origin, it indicates a morbid condition of the general system, susceptible of successful treatment by a similar alterative plan. The writer has further the satisfaction to state that he has had an opportunity of carrying out this indication with the most entire success, in cases of *Lupus exedens*, of many years' standing, the particulars of which will hereafter be presented to the reader.

The two varieties of *Acne* which have now been discussed belong properly, or principally, to two distinct and distant periods of life, respectively, viz., *Acne simplex* to puberty; *Acne rosacea*, to the meridian or decline of life. There is a third species, pertaining to the intermediate years, and seldom met with, either in the morning or the evening of human life. And whereas the principal seat of *Acne simplex* is the forehead, and of *Acne rosacea*, the nose, the variety now under review occupies only those parts of the face which in the male subject are covered by the beard. It is known by the name of

SYCOSIS, OR MENTAGRA.

This disease has all the characters of *Acne*. It is described as confined to the male sex; but the affection is, in fact, more commonly met with in the female, being in the fair sex generally described as *Acne*. It is usually more severe in men, for obvious reasons. The irritation constantly inflicted by the razor, and often mistaken for the original cause, the augmented development of the hair follicles in men, which become implicated in the disease, and the incrustation resulting from the adherence of the discharge to the beard, which becomes an accidental source of inflammation,—all these circumstances contribute so much to the severity of the disease, that it often becomes truly formidable,

presenting a hideous mixture of pustules, tubercles, and incrustations. "Arrived at this stage," says Rayer, "Sycosis is always an obstinate disease, the cure of which is never obtained but with great difficulty." Compared with this, it is mild in the female, but, nevertheless, very annoying and disfiguring. The description already given of the rise and progress of *Acne simplex* applies accurately to Sycosis, excepting that the latter disease is confined to the chin, cheeks, upper lip, and submaxillary region, and the evolution of the pustules is usually attended with a feeling of heat and tension in the parts they are to occupy. The writer has not been able to meet with any recorded case in which arsenic has been administered in this disease. Indeed, it is generally regarded as originating in external causes; the cure has therefore been attempted by local means alone, of which the most essential is the plucking out of every single hair of the beard in the affected parts. This is surely a mistake. The cause of Sycosis is always constitutional, although its aggravations may be dependent upon local sources. Arsenic rightly administered will rectify the constitutional disorder; and if, at the same time, the local disease be treated with that attention to cleanliness and external management recommended by all writers on the skin, the disease will prove as tractable as the other varieties of *Acne*. The following cases illustrate the sufficiency of arsenic alone when the disease occurs in the female:—

CASE OF SYCOSIS IN A LADY, COMPLICATED WITH NEURALGIA;
BOTH AFFECTIONS CURED BY ARSENIC.

Miss S——, aged twenty-five, (or upwards,) a brunette, of naturally clear complexion, had suffered from frequent attacks, of neuralgia in the facial nerves. Early in the summer of 1844, she experienced a return of her old malady, which destroyed her rest, except when procured by opiates. The chin and lower parts of the face generally became affected with a sense of heat, tension, and pruritus, which sensations were in a day or two succeeded by an eruption of small red points, tending to suppuration somewhat more rapidly than usually occurs in *Acne simplex*, but yet present-

ing an appearance exactly similar to that disease, the dark points appearing here and there, and the sub-cutaneous integuments being very sore, and more or less involved in the inflammatory process. The forehead and the nose wholly escaped the disease.

June 21st, 1844.—The eruption has existed about three months, and has continued by successive crops to this time, gradually getting more troublesome. The patient is weak and thin, and is suffering from extraneous causes of anxiety; but the general health is otherwise good, and there is no interruption of any natural function. She this day consulted the writer on account of the neuralgic affection. No external application was used, but the following medicine was prescribed—viz., Fowler's solution, one drachm; distilled water, seven drachms; mix. Forty minims to be taken thrice a-day in the beverage usually taken at meals.

June 30th.—The pain has left her. She sleeps well, and is looking better. The eruption is fading, and the skin is paler and less occupied by red points. Slight conjunctivitis. The dose of arsenic was reduced to four, and afterwards to three minims of Fowler's solution.

August 1st.—The eruption has quite disappeared. She has had no relapse of the neuralgic pain, and is in perfect health.

CASE OF SYCOSIS IN A FEMALE, COMPLICATED WITH DYSPEPSIA;
BOTH DISEASES YIELDING TO ARSENICAL TREATMENT.

Miss T——, aged twenty-seven. The eruption in this case was so exactly similar to the one just described, (except that it was confined to the point of the chin,) as to render further delineation unnecessary. The dyspepsia was treated with aperients and alkaline tonics for a fortnight, and a diluted solution of bichloride of mercury applied to the face, without any amendment becoming apparent in the eruption, and with but little improvement in the dyspeptic symptoms.

The arsenical treatment was commenced on the 11th of August, 1845, and in little more than a week the stomach had resumed its healthy tone, and the skin was nearly well; but she

neglected the medicine, and before the following Christmas, both complaints returned, and have again yielded to arsenic.

Both of these patients were of mature age, and had been free from the cutaneous affection at the age of puberty. The skin of the forehead was sound, and the disease was somewhat more acute in its character than *Acne simplex*. It commenced too early in life for *Acne rosacea*; besides which, the nose escaped entirely. The disease was therefore *Mentagra*, or, more probably *Acne menti*. In both cases, the disease, with its respective complications, yielded readily to arsenic. Not a doubt can be entertained of the constitutional origin of this disease; and calm reflection on the primary characters of *Sycosis* in the male sex, will lead the observer not only to identify the disease with *Acne*, but to perceive the necessity of prescribing an alterative course in connection with local applications. The writer regrets that he has not as yet had an opportunity of giving this kind of treatment a trial in that aggravated form of the disease which is peculiar to men, but he cannot entertain a doubt as to the issue.

LUPUS.

LUPUS is the next genus in the order *Tubercula*; and is characterized by Willan as including, "*Noli me tangere*, affecting the nose and lips, and *other slow tubercular affections*, especially about the face, commonly ending in ragged ulceration of the cheeks, forehead, eyelids, and lips; and sometimes occurring in other parts of the body, where they gradually destroy the skin, and muscular parts, to a considerable depth."

This disease has many names, and the cognomen *Lupus* is applied by authors to two or three different diseases, or varieties. Bateman describes but one form of *Lupus*, Rayer two, and Bielt three. Of these, Rayer's division is the best, and his description of the disease is more happy than Willan's, and so graphical and correct, that I shall quote it verbatim.

"*Lupus* is a chronic cutaneous inflammation, which usually appears in the shape of external tubercles of different sizes singly or in clusters, of a livid colour, and indolent character, followed

either by ichorous and phagedenic ulcers, which become covered with brownish, and usually very adherent scabs,—*Lupus exedens*; or by extensive changes in the structure of the skin, but without preliminary or consecutive ulceration,—*Lupus non exedens*." (This latter form of the disease, which usually appears in elevated patches, Bielt places in his third division under the name of *Lupus with hypertrophy*.)

LUPUS EXEDENS.

Lupus exedens, or *noli me tangere*, is a frightful disease, difficult of cure, and when cured leaving behind it more or less of deformity. As its name implies, it is an ulcerating disease of the phagedenic kind, showing no tendency to healing, or to the restoration of the affected parts. It most frequently ulcerates deeply without spreading rapidly in a lateral direction: in other cases, it spreads superficially, just destroying the cutis, leaving the subcutaneous tissue untouched, but extending its ravages laterally in all directions. The origin of the disease is always obscure. It seldom comes under the eye of the surgeon until it has existed for a considerable time, and by its slow insidious advances has destroyed for ever some portion of the integuments. And in fact such is the deceptive mode of its approach, that the surgeon is almost as liable as the patient to mistake it in the first instance for a trifling and ephemeral disease. Whenever a young female complains of a sore spot within the ala of the nose, or on the septum, or appears with an adherent scab of ever so small dimensions, situated on the top or side of the nose, or on the lip, surrounded by a base of a livid colour;—a close examination should be instituted. If the disease should prove to be *Lupus*, it will not only be found difficult of cure if it be allowed to take a protracted course, but a few months' delay will be productive of more or less deformity, and the beauty of the patient will be irrecoverably lost. It therefore behoves every practitioner to study well the characteristics of the disease. It consists of a chronic cutaneous inflammation of a peculiar character, at once indolent and irritable, but often for a time devoid of pain; of

a livid colour, commencing generally in a small portion of the ala of the nose or the circumference of the nostril, and speedily tending to phagedenic ulceration. The ulcers are covered by dirty-looking adherent scabs, which, on desquamation, discover a surface moistened by a glutinous exudation, soon drying into a new scab; and this, on its separation, disclosing deeper excavations, until not only the subcutaneous tissues, but eventually the cartilaginous structure of the nose is eaten into. The disease commonly extends to the upper lip, and the gums of the upper jaw. The whole of the nose, upper lip, gums, and incisors of the upper jaw, and even portions of the bone, have been known to be sacrificed to the ruthless invader. The lower eye-lid and the commissures of the lips are sometimes respectively the seat of *Lupus exedens*, the ravages of which produce suffering and deformity not less deplorable than *Lupus* of the nose.

The causes of this horrible disease are utterly unknown. Its subjects are commonly young and previously healthy women, from the age of sixteen to thirty. The diagnosis is not difficult; but through the too general neglect of the study of cutaneous pathology, and the consequent ignorance of the symptoms of well-defined and specific diseases, the repulsive malady has very often been most inexcusably confounded with syphilis, and the disease has been aggravated by mercurial salivation. In syphilis there can always be traced, at least, a concatenation of secondary symptoms previously developed, and the disease usually commences from within; the cartilages suffering first; and the ulceration, when it appears, has a character of its own, quickly appreciated by the experienced eye. In *Lupus*, on the contrary, the disease appears in persons who have generally enjoyed good health, and in whom neither primary nor secondary symptoms have ever appeared: it first appears in the skin, which is not copper-coloured, but livid. The prognosis is generally as melancholy as the disease is horrible. The writer has sought in vain, both in books and hospitals, for a single case in which its ravages have been actually and permanently arrested; although, here and there, allusions to cures are found in books. Precepts

for its treatment are sufficiently plentiful; but demonstration of their utility is lacking.

The following case will show, however, that the disease may not only be arrested and reproduced at pleasure, during a certain time, but permanently and radically cured:—

CASE OF LUPUS EXEDENS OF NINE YEARS' STANDING, CURED BY
ARSENIC.

Mrs. S——, aged thirty-two, the wife of an agricultural labourer, had been the subject of Lupus exedens for nine years, when she first requested my advice. The disease had probably been mistaken for syphilis, for she had twice been salivated, (of course without benefit,) and had submitted to escharotic applications, and a variety of treatment, both in hospital and private practice, without the slightest advantage. She had been under the care of Mr. Earle, in St. Bartholomew's Hospital, for twenty-two weeks, and reports that she was treated with sarsaparilla and caustic. The wounds of the nose were once healed by external applications, when the roof of the mouth and gums were attacked, and she lost four teeth as the penalty for submitting to *local* treatment.

Jan 5th, 1837.—The tip, both alæ, and a part of the septum of the nose, are already eaten away. A portion of the upper lip and of the gums of the upper jaw have disappeared, and the four incisors of the upper jaw have been sacrificed to the voracious enemy. The remaining portion of the extremity of the nose, the upper lip, frænum, and gums, are in a state of ulceration, and the parts exposed to the air are covered with a dirty, dark-looking incrustation, the edges of which are of a dull livid colour. The breath is offensive, indicating deep-seated mischief; she has a nasal tone of voice, and there is reason to suspect the existence of a greater extent of disease than is obvious to the eye. She complains of severe burning pain in the seat of the disease, and is "troubled to get any rest." She is emaciated and weak, but otherwise in good health. The parts were ordered to be dressed with a pledget of pure fresh spermaceti cerate, thinly spread upon

fine lint, simply to protect them from the oxygen of the atmosphere, and from sudden changes of temperature, no other application being used. Five minims of the liquor arsenicalis were ordered to be taken with the meals, thrice a-day, which dose was persisted in with exact regularity for three months, when the conjunctiva became affected. The dose was then and afterwards reduced as occasion required. This plan was uninterruptedly pursued for two whole years, the disease, meanwhile, advancing as heretofore, but she at length experienced some alleviation of the pain. The action of arsenic is slow but sure.

Jan. 30th, 1839.—She has now lost all pain, has regained her flesh, spirits, and good looks, and has undisturbed rest, but there is no appreciable improvement in the ulcerated surfaces. The disease has committed visible ravages since the commencement of the arsenical treatment, but the patient fancies it has been “at a stand-still” for the last few weeks.

Jan. 12th, 1840.—She has now steadily persevered in the arsenic *for three years*. The conjunctiva has been more inflamed “latterly,” but the skin of the nose, lips, and gums, is perfectly whole and sound. No traces of ulceration or scaliness are visible, but there are ugly cicatrices and scars, with great loss of substance, and the contaminated breath suggests the idea of disorganized cartilaginous structure.

March 2nd.—There is no visible trace of existing disease in the nose, lips, or gums, but the breath is still offensive. She thinks she has taken cold, and complains of pain in the chest, dyspnœa, and hard dry cough. There is a croupy hoarseness, as well as a nasal intonation in her voice. Pulse 96, firm; skin hot and dry. Fourteen ounces of blood were taken from the arm; aperients, salines, and low diet; discontinue the arsenic.

April 10th.—Quite well, with the exception of foul breath, and nasal tone of voice. No medicine prescribed.

Aug. 3rd.—She has taken no arsenic for five months. There is a slight return of ulceration in the right side of the nostril, but the livid appearance of the skin, and the foul unhealthy character of the ulcer, are not so obvious as before. A small

tuberculous elevation also appeared on the left cheek near the nose, which healed after being touched with lunar caustic. The arsenic was now resumed in small doses, and continued regularly for a month.

Sept. 5th.—The skin is again healed, and has a normal surface.

Jan. 1841.—She has continued in excellent health for four months, and taken the arsenic till this time. It was now considered safe to dispense with it altogether.

July.—She has taken no arsenic for the last six months. Slight return of ulceration in the nose. Resume the arsenic in doses of two minims of Fowler's solution three times a-day. The ulcerated portion of skin healed in ten days, and the arsenic was ordered to be taken for six months longer, which order was faithfully obeyed.

Jan. 1844.—She has now abandoned the arsenic for nearly two years. There is no return of the disease, but the breath is still offensive.

Jan. 1847.—She remains well ; much less fœtor in the breath.

After this patient had taken the arsenic about twelve months, a brown, dirty, and mottled appearance of the skin was observable, first, on the legs and thighs, then, at the end of the second year, on the trunk of the body, and ultimately on the arms and neck, the face only escaping. This disappeared gradually, without desquamation, after the medicine was abandoned.

In this extraordinary and highly satisfactory case, the controlling power of the arsenic is so perfectly demonstrated by repeated experiments,—the disease uniformly advancing when the medicine was withheld, and as uniformly receding under its influence, until the very tendency to diseased action was absolutely destroyed under its continued use,—that no comment can add any force to the facts. The concurrent testimony of writers on the skin to the improvement of the ulcers of Lupus under the topical use of arsenic, is worthy of notice, in connexion with this case. The object for which arsenical applications are recommended is to check the destructive process of the ulceration by

exciting a new action on the surface. Is it not more probable that the temporary benefit derived from the dressing is attributable to the absorption of arsenic? Mr. Plumbe seems to be aware of the influence of the internal use of arsenic in Lupus, but he does not tell us that he ever succeeded in curing the disease by it. The cause of his failure is unconsciously confessed in the following sentence: "It is proper to *increase the dose gradually*, till some manifestation of tendency to disorder of the stomach and bowels occurs, when it should be *entirely withheld*, and purgatives, with opium, substituted, till such symptoms have subsided."* I have marked in italics certain words in the preceding extract, to indicate the rock on which practitioners generally split in the administration of this medicine. I have administered arsenic in hundreds of cases, but have scarcely ever observed the slightest tendency to disorder of the stomach or bowels, because I have invariably reduced the dose before it has done any mischief; and probably mixing the medicine with the food has protected the stomach and bowels from injury. It is strange that some writers advise it to be taken on an empty stomach. It may not be unadvisable to repeat, that the curative properties of arsenic will always be found to reside in doses too small to be mischievous.

I have elsewhere stated, that the cutaneous affections under review, appear to partake of a pathological character common to each other: and that for all therapeutical purposes they may be taken for one and the same disease. This opinion is fortified by the fact that it is not an unusual occurrence for one, two, or three of these diseases to attack a patient either simultaneously or in rapid succession; in which case they will all yield to arsenical treatment judiciously carried out. I have related a case† in which Lepra, Psoriasis, and Prurigo occurred in the same patient, the former of these in the first instance, the two latter simultaneously, all yielding successively to similar treatment. In the following case, Lupus and Lepra were present at one and the same time, and both yielded promptly to arsenic.

* Plumbe on Diseases of the Skin. 3rd edition, page 55.

† Page 39.

CASE OF INCIPIENT LUPUS COMPLICATED WITH LEPROA VULGARIS,
BOTH YIELDING SIMULTANEOUSLY TO ARSENICAL TREATMENT.

Mrs. N., aged 29, reports that at her birth and subsequently to it, her mother was afflicted with a scaly disease. Mrs. N. observed the first appearance of the disease in her own person in the elbows and knees about six years before she applied for my advice; since which time the disorder has occasionally got much better, sometimes nearly well, but has subsequently returned. Two years ago it appeared severely during pregnancy, and was temporarily checked by tar pills; but it returned during the process of lactation.

June 26th, 1846.—Tongue pallid: pulse 60, weak. The patient is low and nervous. There is an extensive eruption of leprous patches on the hands, elbows, knees, and legs. A large patch is apparent on the right leg and ankle, and a smaller on the left. There is a slight fissure on the edge of the right ala of the nose, as if a little notch had been cut out, and a soreness on the inner surface. This has existed two years, occasionally inflamed, the skin of a dull red colour, sometimes ulcerated and covered with an adherent tuberculous scab. The nostril is preternaturally dry, and the patient complains of a sense of fulness and “stuffiness.” Leeches have been applied occasionally without benefit. From the appearance of the notch and the livid shade of the sore, I judged this to be the commencement of a destructive ulceration of the nature of *Lupus exedens*, a disease uniformly insidious and slow. I stated this opinion to her medical attendant, whose view of the case coincided with my own: I also assured him that under careful management it would yield to the protracted administration of arsenic in small doses. Upon this I was informed that she had frequently taken arsenic, but that it always produced such a depression of spirits, such a sinking sensation at the precordia, and such restless nights, that the effects of the medicine being more intolerable than pain, it had always been abandoned before any manifest improvement had resulted from its use. And to prove to my satisfaction that these effects were real and not ima-

ginary, I was further assured that a celebrated physician having on one occasion prescribed this medicine, the patient complained to him in a few days of this sinking sensation, and protested that she never could bear arsenic. The doctor very judiciously prescribed the same medicine for her in a disguised form; but in a few days she complained to him that she had such dreadful sinkings and depression that *she should have supposed that she was still taking arsenic*. The doctor now expressed his conviction that the arsenic was the cause of her sufferings, and accordingly abandoned it. She subsequently tried it in doses of *four minims daily* for six months; but even in this dose it appeared to produce great depression; and as no beneficial influence appeared to be exerted over the disease, it was again abandoned.

Now there is no symptom more common in all the forms of cutaneous disease than this sense of oppression at the precordia. Accordingly I enquired whether she had not suffered from this affection occasionally before she took any arsenic. She confessed that she had, and sometimes severely. I now prescribed for her five minims of Fowler's solution three times a-day with the meals, and a grain and a half of quinine twice a-day between meal-times.

June 29th.—She has taken the arsenic regularly for three days, at the rate of *fifteen minims daily*, without being aware of it: and does not complain at all of the sinking or depression.

July 11th.—She has experienced a return of the depression, and has omitted the drops for a day or two, having discovered their composition. She gets no rest at night, a common occurrence with her at the sea side. The skin is dry and warmer than natural. Ordered a saline diaphoretic and anodyne draught, which did not suit her very well. Continue the arsenic.

15th.—She has persevered with the arsenic: depression less troublesome; conjunctiva rather tender; leprous patches fading; nose red and sore; general health improved; rests better at night.

Sept. 14th.—She has now taken the arsenic regularly for nearly three months, the dose having been slightly reduced of late. She

feels the depression occasionally, but not so severely as formerly ; generally sleeps badly at night. *Lepra wholly vanished : the nose quite well*, not even tender ; conjunctivæ sore. She returns home this day, intending to continue the arsenic in small doses for months to come.

The above case is to my mind most satisfactory. It confirms the doctrine already laid down, viz., that there is some common cause in operation in the production of these diseases, which, together with its effects, may be destroyed by the steady administration of arsenic : it demonstrates that some of the supposed objections to the use of this remedy are supplied by the imagination of the patient, and that the impression may be easily and unconsciously transferred to the mind of the practitioner ; and it proves that in its early stages, Lupus may be promptly and effectually subdued before it has produced the deplorable mutilation of the features which sooner or later mark its destructive ravages. The inquiry which is next suggested by these cases is—is there any stage of Lupus exedens, (in which the powers of life are not actually sinking,) which is beyond the reach of this extraordinary medicine ? Without presuming to hazard an opinion in reply to this question, I may be permitted to say, that the evidence supplied by the following most encouraging case, justifies the hope that the day may yet arrive when the most malignant and destructive diseases to which our frail nature is subject, shall be found susceptible of arrest and recovery, under the advancing improvement of medical science.

CASE OF LUPUS EXEDENS OF NEARLY TWENTY-FOUR YEARS' DURATION, ARRESTED BY ARSENIC IN SIX WEEKS ; RELAPSING ON THE DISCONTINUANCE OF THE MEDICINE, AND AGAIN RECEDING UNDER ITS RESUMPTION.

Miss F., a young lady of somewhat delicate organization, but originally healthy constitution, perceived on the 16th of March, 1823, being then in her sixteenth year, a soreness in the left nostril, which upon examination was found to arise from a small tubercular incrustation, on the left side and within the nostril. An

eminent surgeon being consulted, pronounced it a trifling affection, and applied lunar caustic, and subsequently some preparation of arsenic, with only temporary success. The disease advanced by slow and almost imperceptible degrees along the inner surface of the nostril for about two years. It then attacked the outside of the nose, and a tubercle became visible on the left ala. The disease soon afterwards appeared on the septum, then on the tip of the nose, subsequently and consecutively on the right ala, within and without, on the lower part of the nose, on the right and left cheek, the upper lip and the right eye, until its ravages, unchecked by arsenical and other alterative remedies internally and externally administered, after twenty-four years of indolent and tardy but never-ceasing advance, have undermined the health of the patient as well as produced deplorable deformity. She has likewise been occasionally afflicted with a papular eruption attended with severe pruritus. This has appeared in various places, whenever the system has been exhausted by any cause.

July 21st, 1846.—With the cordial concurrence of her medical friends, who were in despair of affording her relief, she placed herself under my care. The tip of the nose is swollen, partially eaten away, and almost covered with a dirty-looking adherent incrustation which extends to the cheeks on either side, and to the upper lip, which is also swollen. The fleshy portion of the septum has entirely disappeared, and the interior of the nares is excavated in all directions: half of the left ala is gone; the tip of the nose has fallen in for want of support, the alæ are both pared quite thin, and the whole external surface is of a livid colour, assuming a deeper hue on exposure to heat or cold or any exciting cause. The cartilaginous and osseous portions of the septum have happily escaped, but the nose is stuffed with a glutinous adherent incrustation, which prevents the admission of air in the act of inspiration. The outer canthus of the right eye has been affected for twenty years; it is permanently red and painful; the vessels of the conjunctiva are dilated, presenting an appearance resembling ecchymosis; and the eye-lashes are partially inverted, creating constant irritation. The left eye is sound. The whole of the

diseased parts are exceedingly painful, and have been so for years, especially during the winter season, when she is obliged to confine herself to the house as the disease has been invariably aggravated and rendered intolerably painful by exposure to the cold air. The general health is materially impaired, and although the vascular functions are performed with tolerable regularity, the nervous system has suffered severely. She complains of oppression at the precordia, palpitation of the heart under the most trifling excitement, tremors, debility, restless nights, depression of spirits amounting to settled but resigned despair, and a dread of society, most foreign to her naturally cheerful and even sprightly disposition. She has an irritable, frequent, hæmorrhagic pulse, a clean tongue, and a pallid surface. She is much reduced in flesh and strength; but her appetite is not destroyed. Take of Fowler's solution of arsenic one drachm, distilled water seven drachms: mix. Let forty minims be taken three times a-day immediately after a meal.

Aug. 21st.—She has taken the medicine steadily for a month, has once complained of nausea which subsided in two days, and of several evanescent affections of the nervous system, all supposed to be the effect of the medicine, but subsiding spontaneously under its continued use. She has likewise an attack of catarrh which is not allowed to interfere with the course. The eyes are both inflamed, but whether from cold or from the medicine, does not appear very evident. The external appearance of the disease is certainly improved, and the patient complains of less pain.

Sept. 1st.—She has now taken the medicine nearly six weeks. The catarrh has left her: *the right eye is better*; the conjunctiva of the left eye inflamed considerably. The disease is much better: the internal nares nearly healed, the external surface no longer inflamed: several of the crusts have fallen off, exposing a healthy cuticular surface: but she still complains of debility and exhaustion.

15th.—Conjunctivæ of both eyes inflamed and painful. The disease has been vanishing most rapidly for the last fortnight, and to all appearance, *the morbid action has now entirely ceased.*

With the exception of a single spot on the tip of the nose, all the crusts have exfoliated, leaving a delicate but healthy cuticle. The right eye, though inflamed, looks more natural than it did. The patient is gaining flesh, feels much stronger, and is in high spirits. Reduce the dose of drops from forty to thirty minims, and take the quinine once a-day only.

18th.—Conjunctiva more inflamed and painful. Reduce the dose to twenty-five minims.

28th.—Conjunctiva much better, but a small tubercle appears on the inside of the nose. Take thirty-five minims for a dose.

Oct. 14th.—Much the same. Take forty minims for a dose.

19th.—The inside of the nose is quite well again. Persevere with the full dose of the arsenic.

Nov. 26th.—Too anxious to bring the case to a speedy determination, I have pushed the full dose of arsenic to this time, in spite of the severe conjunctivitis, and contrary to my customary and avowed practice: but instead of gaining time it is impossible to calculate how much has been lost. The eyes are very much inflamed, and there is a copious fluid discharge from the nose, but without catarrh. A fresh tuberculous incrustation of small dimensions has now appeared on the edge of the nose. Believing that the system was somewhat overlaiden with arsenic, I suspended its use altogether, and applied lunar caustic to the fresh tubercle, having first removed the adherent incrustation. I did this in the hope that the local affections might have originated from the arsenicalization of the system. In this opinion I was confirmed by the appearance of a very faint form of Pityriasis over the trunk of the body, which I have observed in several cases to be a secondary action of arsenic. The skin appears of a dirt-brown colour, but the scales are visible through a lens.

Dec. 21st.—It is doubtful whether the caustic has been of any service, but the disease does not advance. The left eye is much better. Resume the drops in doses of thirty minims.

25th.—The patient is very weak and exhausted, having suffered of late from copious leucorrhœa. Take an ounce of the compound mixture of iron twice a-day. Continue the arsenic, and improve the diet.

31st.—Conjunctiva troublesome: she complains of palpitation of the heart and restless nights. Reduce the dose to twenty minims.

Jan. 3rd, 1847.—The disease is scarcely discernible, but the patient does not feel well or strong. Eyes very troublesome. Reduce the dose to fifteen minims and continue the chalybeate with a full diet: wine and porter.

10th.—A sudden change has taken place. The leucorrhœa is much checked, but there are symptoms of plethora and slight fever. The nose is swollen and the little tubercle has suppurated. Discontinue the iron and arsenic, and substitute a dose of sulphate of magnesia twice a-day dissolved in infusion of roses. Reduce the diet.

11th.—Very much better in all respects. The tubercle which had suppurated appears inclined to heal. Continue the rose mixture. The patient has found no harm, but rather benefit from cold air.

26th.—The course of arsenic has been very much interrupted for the last two months. The conjunctiva is nearly well, and the patient has evidently escaped from the influence of the medicine. The result is very striking. The nose is red, swollen, and sore, within and without; several new tubercles are developed, and there is a sense of heat in the parts. Aperients and reduced diet.

Feb. 3.—Much better but weak. Tubercles taking their usual course. Resume the arsenic in doses of thirty minims, and take two glasses of port wine daily.

18th.—The conjunctiva is again sore, and the disease is again yielding. The interior is much better, the redness and heat are nearly gone; and the right eye which had been so long the seat of the disease, is very much better: the eyelids not so much inverted and the irritation relieved. The patient is suffering from weakness. Resume the iron mixture, and continue the arsenic.

This case is still under treatment. Though the salutary influence of the arsenic has been marred by various causes, it has once

or twice, and for weeks together, placed the patient in a better state of health than she had experienced for twenty years. She has constantly taken exercise in the open air, in all weathers, during the whole of this very severe winter, not only without injury, but with decided benefit to her health, and with a refreshing, cooling effect on the nose and face. In the present unsettled state of her health, relapses may be expected: and a habit of morbid action which has been established in the system for nearly a quarter of a century, must needs require a long time for its permanent subjugation. That it should have been effectually arrested in the short space of six weeks, is one of the most extraordinary results of medical treatment which has ever come under my observation; nor can I fully account for it. But viewed in connexion with the efficiency of arsenic in other cases of Lupus, it does not permit me to entertain any misgivings as to the final result.

I have now tried the internal administration of arsenic in four cases of Lupus exedens. Three of them I have already related; with the details of the fourth I scarcely need weary the reader. It was a recent case; the arsenical course was commenced within twelve or fourteen months of the first appearance of the disease, and in three months afterwards, every vestige of its former existence was obliterated, with the exception of a slight scar. This treatment has therefore been decidedly successful in four cases, and has not failed in one. A fifth case has just come under my care in the person of a medical practitioner, the issue of which I have resolved to publish, be it favourable or otherwise. This gentleman had taken arsenic repeatedly but always found it produce diarrhœa. At my suggestion he now takes it only after a full meal, and it agrees with him perfectly well.

LUPUS NON EXEDENS.

This form of Lupus is exceedingly rare in this country. I have met with no notice of it in any British writer, and I believe few of our countrymen have ever seen it, or would be able to recognize it if they were to meet with it. I have at present a solitary case

under treatment which has been mistaken for Nævus. I have yet to learn whether the pathology of this disease entitles it to rank among the disorders under discussion, although I am inclined to suspect from analogy, that it does. The subject is fully discussed by Rayer, whose therapeutical records of the disease are anything but encouraging.

ORDER VIII.—MACULÆ.

MACULA, (*spot*,) a permanent discoloration of some portion of the skin, often with a change of its texture.

To this order Willan has allotted two genera, viz. 1. *Ephelis*, Freckles; and 2. *Nævus*. Congenital excrescences and discoloration of the skin, commonly known by the name of mother's marks; spots, &c.

In the definitions and divisions of this order, Willan has been singularly unfortunate. The discoloration of freckles is not in many cases, "permanent," but ephemeral; and *Nævus* is not always "congenital," nor necessarily "permanent," as I shall take occasion to demonstrate.

To escape these inconsistencies, Mr. Erasmus Wilson has ranged *Nævus* with *Purpura* under the general head, "disorders of the vascular tissue of the dermis," describing the former as depending on "hypertrophy of the vascular tissue of the dermis," and the latter, on morbid alteration of the capillary vessels; thus giving *Nævus* "a position among disorders of the cutaneous textures," and describing *Purpura* as "a disease of the entire vascular system." In this attempt at improvement in nosology, Mr. Wilson is scarcely more happy than his predecessor, for he seems to feel the impropriety of grouping together two diseases, of which one is a dangerous disease of the whole vascular system, the other a mere local enlargement of a few small vessels, commonly congenital and permanent, and very frequently of no sort of moment. It is my impression, however, that there is more of congeniality in these two diseases than Mr. Wilson himself is

disposed to allow. Taking into account the pathological history of Nævus from its origin, I am disposed to think that it is something more than mere hypertrophy of vessels; and that it is not merely a disorder of the cutaneous textures, but of the whole system.

NÆVUS.

Nævus has always been regarded as a local affection, and treated, (where treatment has been necessary,) by local appliances. The nature and etiology of the disease have as yet received no explanation; and its very usual commencement in utero, as well as its very generally passive condition during the whole life of the individual, have led many to regard it rather as a local vascular malformation, than as a disease. Between disease and deformity, there is a wide gulph; and the question should not be dismissed without thoughtful consideration. Congenital diseases deserve on many accounts more attention than is usually allotted to them; and the universal opinion, not of the vulgar only, (as we are prone to suppose,) but of probably the whole sex, that "mother's marks" are actually the results of certain "longings" on the part of the mother, entitles the subject under review to a more careful research than has yet been bestowed upon it. Its practical bearings also are highly important, the more so that they appear to have been misunderstood, the remedies having been hitherto directed (with a zeal which would have done honour to a former age,) to its local treatment only.

I shall endeavour to show that Nævus, whether congenital or otherwise, is always a constitutional affection, that it originally consists of a morbid action which, when congenital, generally ceases spontaneously at birth; but may at any time be renewed: or if non-congenital, may be originated whenever the state of the system becomes favourable to its development; and that then it can only be controlled by remedies which act on the general system. The following case embodies and illustrates my views.

CASE OF NÆVUS ARANEUS CURED BY THE INTERNAL EXHIBITION
OF ARSENIC.

Sarah G——, aged 6, was born without any appearance of Nævus; and has had excellent health from her birth. About a year ago a spot appeared on the cheek, nearly an inch below the left eye, of a faint purple tint, which gradually increased in size, until it became evident to the naked eye that from a central spot radiated a congeries of enlarged blood-vessels, the whole occupying a space about one sixth of an inch in diameter. Her grandmother is reported to have been similarly visited very early in life, and the disease is said to have advanced until in old age it produced frightful deformity, drawing downwards the lower eye-lid, so that the eye could not be shut, and contracting into puckers the integuments of the cheek. A female cousin of the child is represented to be also suffering under a disease in the same locality, supposed to partake of the same nature. Under these circumstances, the parents of the child are anxious to know if anything can be done to arrest the growth of a disease which seems to threaten ultimate deformity or something worse.

Jan. 22nd, 1846.—The spot exactly answers to the description of Nævus araneus as portrayed by Willan, Bateman, Rayer, and other authors, and is accurately delineated in the plates of Willan and Rayer. There is a central red spot from which enlarged blood-vessels radiate tortuously, something like the legs of a spider. I touched the spot freely with lunar caustic, and upon the separation of the eschar, no change was perceptible in the vessels. I then applied nitric acid rather freely, not only to the spot, but beyond its extreme circumference. This appeared to destroy the disease: but it soon returned.

March 21st.—The spot has reappeared just as at the first. The nitric acid was applied a second time.

25th.—The original spot appears to be again partially destroyed, but a smaller spot is now observable on the right cheek, immediately under the lower eye-lid. It has exactly the character of the former. It now occurred to me that for this second local

affection, as well as, doubtless, for the first, there must be some constitutional cause: and although the child appeared otherwise in excellent health, I determined to try the effect of alterative treatment, and to discontinue the local applications. Five minims of Fowler's solution of arsenic were ordered to be taken thrice a-day.

April 1st.—Slight fever; white furred tongue, and other symptoms of gastric irritation now appeared. Ordered a cathartic dose; a saline effervescing medicine at intervals, and the arsenic to be suspended.

11th.—The patient has recovered her general health. Ordered to resume the arsenic.

June 11th.—The arsenic has been taken steadily for two months, and the conjunctiva is slightly inflamed. Both the spots have entirely disappeared. To the lesser and more recent one, no external application has ever been used. Reduce the dose of arsenic.

July 13th.—There has been no return of the nævi; but the patient has had a scaly eruption behind both ears, of an inflammatory nature, which has yielded to purgatives and salines; the arsenic being steadily persevered in.

Sept. 21st.—Both the nævi have so entirely disappeared that it is difficult to pronounce upon their former locality. The squamous disease is quite gone, and the patient is in perfect health.

I should have supposed that the gastric irritation which occurred on the 1st of April, (six days after the commencement of the arsenical course) was the effect of the mineral, but that it never returned when the use of the arsenic was resumed in the original dose, which dose was not reduced until the lapse of two months; when the conjunctiva became affected.

Vascular nævi, which according to Dupuytren are composed of erectile tissue, may either be stationary and harmless, or they may gradually increase in size until they ulcerate, or even assume a fungoid character, and prove fatal from hemorrhage. It is the opinion of all surgeons, that to prevent the possibility of such a termination, they ought to be destroyed as soon as the tendency

to grow becomes obvious: but the most eligible mode of stopping their growth has become a question on which there is a great variety of opinion. The nitric acid is supposed to be competent to the destruction of small superficial nævi; but as has been shown, it is not to be depended upon as a permanent cure. Excision is equally fallible, as the disease will be liable to recur either in the same or another locality; and this is true of all growing nævi whether large or small. Whether the vascular tissue be broken up by means of a cataract needle, as recommended by Dr. Marshall Hall; whether the stimulus of vaccination be applied, whether the supply of blood be partially cut off by tying the artery which feeds the nævus, or whether it be destroyed by powerful escharotics;—or in short whether anything whatever be done *locally*, and locally only, the nævus will very probably return in some locality or other unless attention be paid to the constitutional origin of the disease. In the case above related the disease existed in the mildest and most minute form, consistent with actual growth. It appeared to have been utterly destroyed by escharotics, but yet returned again and again, and at length asserted its true nature by choosing a second locality, and was ultimately cured by internal treatment alone; the disposition to morbid action, (that potent, secret, unknown, but prolific source of local disease) being destroyed by the salutary action of arsenic. Nævus then is a constitutional affection, and requires constitutional treatment.

But what is the pathology of the disease as it occurs in utero? There is but one rational mode of explaining it. There must be something in the maternal system which is the cause of faulty vascular development in the fœtus; since when the new being assumes a separate existence, the morbid action is generally rectified, and nothing remains, but the malconformation of certain vessels not susceptible of rectification, even under healthy action. Should the morbid condition of the mother be so communicated to the child that it cannot be thrown off by the energies of organic and independent life, the nævus grows just as it does when it originates in a child not congenitally marked, as in the above case.

The etiology of the disease in its congenital form is a very curious question, and not altogether without practical interest. The existence of fastidious tastes, appetites and antipathies at certain periods of utero-gestation is a fact. It is not affectation, for it is known to occur in animals: and it is reasonable that it should be gratified. It is an instinct of nature; and to disobey or resist its dictates is not only wanton cruelty, but it may, or must inflict some injury upon either the mother or the child. From time immemorial all women have believed that the child is the sufferer, and that those vascular formations called mother's marks are the results either of certain disappointed longings, or the rude intrusion of some object of strong aversion. The supposed correspondence of the size and shape and colour of the maculæ to the same qualities in the desired article of diet, or object of antipathy, may be, and probably is, unfounded and absurd. But if the various local diseases in the skin treated of in the preceding pages originate, as I suspect they do, either in some vitiation of the blood or disorder of the nervous system, it is easy to imagine that some foetal disorder of a similar nature may result indirectly from the incidental causes above alluded to.

SECTION III.

GENERAL OBSERVATIONS ON THE PRECEDING CASES.

IN reflecting upon the extensive and almost uniform success which has attended the methodical use of arsenic in the treatment of a great variety of cutaneous disorders apparently so unlike each other, one is naturally led to inquire—how does the medicine act? and what points of coincidence are apparent in this motley group, which might have been supposed *a priori*, to indicate uniformity of treatment? To these questions, full of interest as they are, I do not feel myself in a position to reply. My object has been to solicit the attention of the profession to a series of facts, rather than to risk their value on the hazard of a speculative theory. I am even inclined to doubt the truth of the hypothesis with which I set out; viz., that eruptive diseases are the results of some impurity or imperfection, or other morbid condition of the blood analogous to its condition in chlorosis; and that as the health is generally restored in that disease as soon as the proper quantity of iron can be introduced into the circulation; so if by slow degrees, and without unduly exciting the nervous or circulatory

system, a sufficient quantity of arsenic could be conveyed into the blood, I thought it probable that its morbid condition might be rectified, and the disease, under whatever outward form it might be manifested, would then cease to exist. It was with the intention of testing the truth of this theory that I have persevered so steadily in the continued use of the medicine in such doses as should do no mischief. In the first instance the results seem to countenance the truth of the theory, but more extensive observation has not only engendered doubts on this point, but directed my attention to the nervous system as the *fons et origo mali*. When arsenic is so administered as not to irritate the mucous membranes, it certainly appears to act primarily on the medullary centres. One thing only is certain, viz., that there must be, in all these cases, something constitutionally wrong, which arsenic has power to rectify. In several of these disorders, there is no manifest deviation from health, functional or structural, in any organ save the skin. It may therefore be inferred as a corollary from these results, that local diseases may, and often do, indicate a cachectic or faulty state of the general system, where there is neither any apparent deviation from healthy vascular action, nor any palpable abnormal tone in the nervous system. Beyond this, in the present state of our knowledge it is difficult to carry our speculations. It is hazardous to deduce pathological conclusions from therapeutical facts, especially from those which are limited to a confined range.

But the field of practical experiment is always open. It may ultimately be proved that arsenic, though apparently all-sufficient, is not absolutely essential to the cure of these diseases. There are other alteratives, possibly of equal power, if not as yet of equal promise, which perhaps have never been tried methodically nor with sufficient care and nicety to test their value. To this end it is necessary to try a medicine *alone*, rejecting the aid of external applications, and (where circumstances will justify it) artificial diet. Until this is done on a wide scale, we can scarcely hope to advance our knowledge of the materia medica, since we must always be working in the dark, mistaking shadow for sub-

stance, and sequences for consequences. Our very natural and laudable desire to use the best appliances of our art for the benefit of individual patients, too often tempts us to multiply our adjuvants, and thus leads us to a course of conduct which, on the first appearance of difficulty, finds us at fault. Of how small a proportion of the cases which we treat in our daily practice, can it be said that from their issue any established principles are demonstrably confirmed, still less any new and solid instruction derived! And this is even more true of the cases treated on sound and judicious principles, than of those encountered by bold or careless practice. We think we have already learned the virtues and properties and adequate doses of our remedies; but we often cannot tell how they help or hinder, or neutralize each other's operation. If we would really become acquainted with the value of a remedy, we must use it as we would an instrument, determined to try its power and temper, and to operate with it,—not “heroically,” nor regardless of danger, but mingling discreet vigilance with a resolute determination not to abandon it, till we know what it will do, unaided and alone.

It is now many years since I resolved to try what could be accomplished by arsenic in the treatment of the more unmanageable disorders of the skin, and the result has filled me with astonishment and delight. Whenever I have had a fair trial and a fitting case, I can truly say that for many years arsenic has never once failed me. In the few cases which have not done well, either there was irreparable organic disease existing, or else the irregular habits or whims of the patient, or some accidental interruption to the course, sufficiently accounted for the failure. It is possible that in *some* cases related as cured, relapses may have occurred unknown to me. I can only relate facts as far as they have come to my knowledge, and leave others to draw their conclusions. In the majority of the cases, I have ascertained that the patient has for a greater or lesser period, after the termination of the course, enjoyed immunity from the disease which had tortured him for years.

Of other alteratives, as respects their efficiency in cutaneous

disease, I know but little except from report. Of their very general *inefficiency* I had painful experience in the early part of my practice. I have long abjured medicated baths, and external applications generally; and excepting where the antiphlogistic regimen was required, *I have placed no restriction whatever upon the diet of my patients.* I never could understand the principles on which the dietetic system of treating disease, is founded. If the appetite is not depraved by gross intemperance, I look upon it to be the only safe indication of the proper quality and quantity of food required in a given case, both in health and disease. I do not say it may never prove false: and I will promise never to trust it, if any man will supply me with a more intelligent or more philosophical guide. Neither local treatment nor diet therefore, (with the above exception,) have had any influence in determining the results of my experiments. But in order to submit the agency of arsenic to a still more severe test, I have in almost every protracted case, interrupted the course again and again, and have found to my unspeakable satisfaction that in every case unshackled by complications, I could as readily check the disease, and allow it to advance at pleasure, as the engineer can control the progress of his locomotive. The power of the medicine in these cases is therefore established beyond the reach of doubt or cavil. And its safety is not less demonstrable. By discovering the efficacy of its continued use in small and *decreasing* doses, and thus securing for the medicine an innocuous operation, I trust I have removed the only valid objection to its use, namely, its dangerous properties. And now, with the exception of its name, and the horrors associated with the idea of a poison, one can scarcely conceive a remedy less objectionable than arsenic. Sarsaparilla, besides being nearly useless, is expensive; the preparations of cantharides irritate the urinary organs; iodine, besides that it is "no respecter of tissues," is a nauseous medicine, and few patients could be prevailed upon to take it, were it safe to do so, for a lengthened period. But none of these objections apply to arsenic. A medicine which, besides being almost or quite certain in its operation, is safe, cheap, tasteless,

and elegant,—which may be taken at meal-times through a whole life if necessary, without creating disgust or nausea,—which interferes (in curative doses) with no healthy function,—which gives no pain, and inflicts no inconvenience,—has surely recommendations which are not easily surpassed.

In addition to the sources of possible failure, to which allusion has already been made, it may be necessary to add that unless care be taken to ensure the purity of the medicine, an adulterated article may be unconsciously used. One would have supposed that a medicine so cheap as arsenic would scarcely present a temptation to adulteration, and that its well-known poisonous properties would at least secure a careful and accurate preparation of its formulæ. Yet it is a fact, that the arsenious acid, (oxide of arsenic,) when sold in powder, is very commonly adulterated with sulphate of lime. It has come to my knowledge that it was formerly very common for wholesale druggists, when employed in the preparation of Fowler's solution, to meet with a precipitate of white powder, which was supposed to be the residuum of arsenic left over and above the point of saturation; and the practice was to pour off and bottle the clear liquor and throw away the residuum. As the solution is not in fact saturated, this supposed residuum must have been the sulphate of lime which remained, being insoluble in the solution of carbonate of potass. The preparation was therefore deficient in strength in a degree proportioned to the weight of this precipitate. That hundreds of gallons have been thus prepared and afterwards compounded and dispensed to patients as the genuine medicine of Dr. Fowler, I have not the slightest doubt. This may serve in some measure to account for the magnitude of the doses said to have been administered with impunity by some practitioners. Whether, or to what extent, this practice prevails at present is a question on which it is impossible to speculate: but it is more easy to believe that an adulterated article has been used than that such enormous doses as are reported to have been administered, can be borne with impunity. The solution used in all the cases above reported was procured from Apothecaries' Hall, where, at least, we have

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a two-fold security for its purity: there can be no motive for adulteration; and the chemical manipulations are in the hands of men too familiar with the science to commit such a gross blunder as that above alluded to. I have likewise tested the strength of the solution.

May I be permitted to add that in prescribing so delicate a medicine in a country where there is no sort of security for the purity of drugs or chemical preparations vended in the shops, it would surely be no degradation for the surgeon or physician to supply the patient himself with the solution previously tested, then properly diluted; and to direct him to measure (not drop) his dose in a graduated minim measure. This is the only method which will enable the practitioner to report a case satisfactorily.

It is scarcely necessary to inform the reader that the cases on which so much stress is laid, were for the most part treated by the sea side, and in an atmosphere of uncommon purity. Lest too much allowance may be made for the influence of a pure marine atmosphere and the change of air, I think it needful to add, 1. That in many of these cases, the disease was aggravated by the change of residence, from the interior to the coast, and continued getting worse until taken under treatment. 2. That although the pustular diseases of the skin are frequently checked in a degree, and for a time, by the sea air; yet papulous, and especially squamous and exanthematous diseases are invariably increased in severity, if they do not actually derive their origin, which now and then happens, from the influence of the sea side. 3. Of the most important and decisive cases which are recorded in the preceding pages, three or four were treated in inland situations, at a considerable distance from the sea, and two of them in the suburbs of London. These facts, well weighed, reduce the probable influence of the sea air over the recovery of the cases to a very small and inconsiderable fraction,—too small indeed to have any weight in the general question of treatment. If this be not satisfactory, the question is one to be decided by experiment. It would be instructive to learn what could be done for these “refractory” diseases, by the most judicious treatment, by the

sea-side, or elsewhere, *without arsenic*. Judging from the records of the past, I suspect these statistics would reveal but a meagre proportion of successful cases.

Having pointed out an eligible method of bringing to a happy termination these annoying and loathsome maladies, I might consider my task as done. But I feel that there is yet an ulterior and very momentous question to be decided, before these results can be contemplated with entire satisfaction.

There prevails in the profession, as well as among the public at large, a *suspicion*, (to say the least,) that some of these diseases cannot be *safely* cured: that morbid affections of the skin, though severely afflictive, sometimes exercise a salutary influence upon the system at large, acting as wholesome and natural drains, or safety valves to the vascular apparatus; and thus by their timely or continuous action, preventing the accession of still more serious forms of disease, probably involving the vital organs, and sometimes even endangering life.

It is impossible to do justice to the merits of this really important and somewhat knotty question in the limits allotted to this little work: but a cursory review of the general bearings of the question upon *medical practice*, will not only form a fitting conclusion, but will serve to elucidate and expound more fully the principles on which, as it appears to me, our practice in skin diseases, and local diseases generally, should be invariably founded.

SECTION IV.

ARE LOCAL DISEASES EVER SALUTARY TO THE SYSTEM AT LARGE,
AND ARE THERE ANY CASES WHICH CANNOT BE CURED WITH-
OUT RISKING THE GENERAL HEALTH ?

“ The best advice,” observes M. Rayer, “ which can often be given to patients advanced in life, and of infirm constitution, is, not to attempt the radical cure of such an infirmity as chronic Eczema, if the disease be at all endurable. The removal of these natural drains of the system is often followed by serious symptoms of a different kind.” Mr. Erasmus Wilson coincides in this opinion, and both authors even propose to restore the eruption by counter-irritation after it has been cured, to prevent injury to the health, where there is reason to believe that it would result from the drying up of eruptive discharges of long standing.

In turning from these respectable authorities to examine the opinions of so experienced an observer as Mr. Plumbe, one is struck with the remarkable circumstance, that although the latter author has allotted a distinct section of his work to a class of “ diseases exerting a probably salutary influence on the system,” yet this division (comprehending porrigo favosa, strophulus, lichen, prurigo, urticaria, herpes, and furunculus) *does not include*

eczema, the privileged disease of Rayer and Wilson, to which the former author also adds lichen.

These views, though not exactly in accordance one with another, do, nevertheless, strongly countenance the theory that *certain local diseases are salutary to the system at large, and cannot therefore be cured without risk*. Opinions closely coinciding with this hypothesis are to be found in the writings of many respectable authorities in medicine, and probably hold a controlling influence over the views of practical men, to an extent of which they are not fully aware. Many surgeons hesitate to undertake the cure of chronic ulcerations of the lower extremities, attended by profuse discharges of long standing, under some vague apprehension of serious consequences.

If there be any foundation whatever for these grave forebodings, it is highly desirable that the profession should be furnished with a definite diagnosis of every salutary, protective, and critical disorder, or at least of the circumstances under which it becomes endowed with these singular prerogatives. For assuredly our attention has not as yet been directed to any very distinct beacons, whereby to forwarn us whenever the too busy exercise of our calling is likely to prove disastrous to our patients and confounding to ourselves. On the other hand, if these apprehensions be not founded in truth, and cannot be justified by an appeal to facts, it is high time that so sorry a bugbear should be stripped of its terrors.

It will suffice for the practical purposes of this inquiry to confine our attention as much as possible to the question,—Is it in any case dangerous to accomplish the radical cure of local disease.

The subject has wide and extensive bearings. If it be unsafe to cure *some* diseases, because they are occasionally liable to repulsion, revulsion, or translation, the cure of *all* diseases to which the human frame is subject, whether acute or chronic, local or constitutional, may fairly be challenged; for what disorder can be named, which has never been known, under medical treatment, to disappear and give place to another?

Local maladies are often succeeded by fever, and the decline of fever is yet more frequently followed by local affections. Gout, and asthma, epilepsy and insanity, hæmorrhoidal affections and hemiplegia, are occasionally observed to give place, not only to each other, but to every disorder from which we have learned to distinguish them. And as we never can tell whether the ghost of the departed distemper shall appear in a form more terrible, or less so, than its defunct prototype, it is evident, that without a tolerable acquaintance with the prevailing phenomena of morbid metastasis, no physician or surgeon can prosecute his duties with well-founded satisfaction or confidence.

That profound thinker, John Hunter, was fully aware of the existence of the "principle" of revulsion and metastasis; and he reckons the proper understanding of its nature and effects to be "as useful a part of the healing art as any, and even more so; for it is probably the least known, as being the least intelligible, and therefore the more use may be derived from its investigation." (Hunter on the Blood, vol. ii. p. 134, 1812-ed.) Whatever intricacies may be connected with the pathological analysis of this question, (and it is not denied that there are difficulties in the subject,) its practical bearings involve nothing that is either recondite or mysterious. Yet even these appear to be little understood; else the evils to which our attention is directed would not only have been by this time more clearly appreciated, but more easily avoided. Notwithstanding the revolution effected in the treatment of local diseases by the writings of the late Mr. Abernethy and others of his school, there is perceptible, even in the present day, a prevailing want of system in the general management of these disorders. Cases of metastasis through mismanagement, although comparatively rare, are far too numerous to be passed over as anomalies; and it will now be attempted to show, that to mismanagement alone are attributed a large share, if not the whole, of the unfortunate contingencies presented by the records of surgery, as incident to the treatment of local diseases.

Let us examine the facts. Patients, in whom inflammation of the lower extremities, with œdema of long standing, had been in-

discreetly treated with cold lotions and bandages, have been for the first time seized with epilepsy. Others, suffering for years from ulcerated legs, have been seized, upon the healing of the ulcers, with sickness and vomiting, headach and giddiness, or fatal disease of the heart. In two cases related by Dr. Parry, the immersion of a gouty foot in cold water, which produced instant relief from pain, and a proportional abatement of the inflammation, was, in a few hours followed by hemiplegia. And the cure of cutaneous diseases has been known to issue in different forms of dyspepsia, asthma, and dropsy. It is granted that, in most or all of these unhappy cases, it would have been far better not to have attempted the cure, than to have exposed the patient to so calamitous an alternative. *But, was the alternative necessary ?*

It will be admitted by every one instructed in medicine, that *some* of these cases were treated indiscreetly, and probably might have been safely cured by a more enlightened and systematic procedure. I claim the same construction for *all* the cases, and for all similar cases whatsoever. We are too generally satisfied with having effected the cure of obstinate disorders, without having studied the art of curing them safely ; and when length of days and multiplied misfortunes begin to crowd the memory with the spectres of unfortunate cases, we shrink, like M. Rayer, from the consequences of our own success, and advise our juniors rather to refrain from attempting the cure of such infirmities, than to run the risks so sadly realized in our own experience.

Further, it will be granted, that *some* of these cases were not actually cured. I contend that *none* of them were cured. "As disease is a wrong action of the living parts, the restoration to health must first consist in stopping the diseased dispositions and actions, and then in a retrograde motion towards health." (Hunter.) But in these cases, and in all others of a similar nature, the "wrong action" of the living parts is not righted, but only diverted ; the "restoration to health" does not occur at all, for neither the first condition occurs—namely, "stopping the diseased dispositions or actions ;" nor the second, "a retrograde motion towards health." On the contrary, there is nothing stopped at all,

but the local action; the morbid dispositions continue to exist, though diverted, and the retrograde action is directed towards disease, and not "towards health." That kind of treatment which only changes the locality of morbid action from one part of the body to another, and thus merely *translates* disease, can scarcely be called *curative*. The symptoms, under these circumstances, should be considered as modifications of one common action. The enemy is still lurking in the system, repulsed, but not subdued.

Yet, assuredly, it is the business of the surgeon to cure and eradicate diseases, not to set them playing at hide and seek with each other; whatever amount of amusement or of information he may derive from their freaks. And so long as local diseases are tampered with, or repelled by external applications, without a thought of the morbid condition of the general system, or treated on any principles which fall short of a full and comprehensive view of the whole case, so long we may expect to hear occasionally of serious or fatal cases of metastasis, and of translations of disease from external to internal organs, from the skin to the viscera, and from the extremities to the brain. A little reflection on the pathology of spontaneous eruptions will render almost self-evident the proposition, that whatever course of treatment will cure them radically, will also cure them safely. An imperfect course of mercury may not only heal a syphilitic sore, but dissipate the secondary maculæ; yet it will not protect the system from future disease. But such a course as radically cures the disease, by destroying the very disposition to it, puts the system into a condition at once sound and safe. In like manner, by hastily healing the skin in eczema or psoriasis, without radically curing the disease, we may expect either a return of the cutaneous affection, or, in rare cases, something still more serious. But it has been shown in the preceding papers, that by a gradual and protracted use of arsenical medicines, the very disposition to morbid action may be absolutely taken away, and that the patient will then remain, as in the former case, safe as well as sound. Not once in the whole course of my practice have I had occasion to regret the healing of

cutaneous eruptions, ulcers, or fistulæ, on the principles of treatment which I have adopted for the cure of local diseases. In so far as these principles are involved in the treatment of chronic cutaneous affections of constitutional origin, they have already been elaborated with sufficient minuteness. Their application to the multifarious forms of local disease, of whatever origin, which, under their guidance, may be safely as well as successfully treated, would exceed the limits as well as the design of this publication to discuss. But it will be found that a strict regard to the following rules will ensure safety as well as success in the treatment of those local maladies which, in the present state of our science, are susceptible of cure ; excepting, of course, specific and malignant diseases, and cases in which the constitution has been broken down and the vital powers irrevocably exhausted, from what cause soever.

I. Local disorders of local origin may be safely treated locally, if the general health be sound.

II. Local disorders of constitutional origin cannot be treated locally without risk.

III. Disorders of mixed origin, partly constitutional, partly local, require first general, afterwards local treatment.

I. Under the first rule are comprehended all diseases of the skin, of whatsoever form, which result from external injury or violence, from heat or cold, the rays of the sun, or the friction of the wind ; from pediculi, acari, ascarides, chigre, fleas, bugs, bees, wasps, ants, &c. ; also ulcerations or superficial abscesses, resulting from intertrigo, friction, pressure of the dress, &c., &c. So long as the health is good, it is generally safe and judicious to treat these simple local affections by topical applications alone. But it is important to bear in mind that local affections, thus excited, may, by long continuance, either contaminate or disturb the general system ; or, they may even come to be salutary sources of counter-irritation : in either of which alternatives, the state of the system must be rectified by proper remedies, in addition to topical appli-

cations. Indeed, it is probable that many of the unfortunate revulsions after local treatment have occurred in such cases as these. Issues and setons, and accidental ulcerations,—the discharges from which, having been copious and long protracted, are suddenly suppressed, to the injury of the health,—are familiar instances of this class; and various cutaneous eruptions, of irritable character and wide extent, healed at the expense of the lungs or digestive organs, are not less common. Thus it happens sometimes that such disorders as porrigo favosa, scabies, chronic eczema, impetigo, prurigo, and other diseases of dirty origin, excited and sustained by the presence of pediculi or acari, exposure to weather, or uncleanly habits, may chance to prove preservative to the general health, by the very extent of their irritation; relieving certain internal ailments, perhaps long forgotten, or keeping in check by diversion some disposition to morbid action which may have unconsciously sprung up in the system during the existence of the local disease, aggravating its character so long as the current of increased vascular action is determined towards the skin, but ready to attack some internal organ predisposed to disease when the skin is liberated from its sources of irritation. It is quite possible that circumstances of this kind (which must now and then occur among the poor recently admitted, on an improved diet, into hospitals, or workhouses) may have furnished cases of metastasis, and thus have given rise to the notion that these cutaneous affections are sometimes critical, and therefore better left alone. Now, if the rule of treating local diseases of this kind locally be too strictly adhered to, it is obvious, that by drying or soothing the skin, we may be instrumental in diverting or directing the morbid current towards the vital organs. To prevent this, it is only necessary, in all cases of protracted and extensive cutaneous disease, to assume the fact of some general lesion, and to combine with the topical treatment such a course of internal remedies as shall stimulate the secreting organs. Sulphur and antimony, separately or combined, are often found useful in these cases, the phases of which, however, are too various to admit of specification, and must be treated on general principles. The same remarks apply to the case of

ulcers of the legs, or fistula in ano, of long standing. The ulcer may have originated from the friction of a boot, or a kick on the shin, or the bursting of a varicose vein, and through neglect or mismanagement, may have degenerated into an extensive wound, discharging large quantities of sero-purulent fluid, which, if suddenly thrown back upon the system by such local treatment as shall heal the wound, may excite symptoms of congestion in some internal organ. All this may be easily prevented by medical management and appropriate diet. In the same manner, a fistula, as frequently happens, may have originated in a local cause. A spicula of fish-bone or the core of an apple—perforating the coats of the rectum under pressure of the sphincter, and constipation—may have lodged there and produced fistulous ulceration. The patient endures it for months or years, suffering only from occasional abscesses, and perhaps hæmorrhoidal discharges, and meanwhile getting relieved possibly of certain other complaints, head-ach, asthma, or cough, which had previously harassed him. Finding no apparent disease of the liver or lungs, the surgeon operates for the fistula; the operation succeeds, and the original malady returns, or in lieu of it, convulsions, vertigo, or dyspnoea. The surgeon is blamed for operating; but this was not the error. The mistake consisted in neglecting to inquire into the patient's previous state of health, and so failing to prescribe for the whole case. Operating surgeons are liable to forget this important pre-requisite. A lady had a steatomatous tumour on the left eyelid, which, having existed for a considerable period, began to grow with unusual rapidity. Consent was obtained, and the operation performed,—simple and easy work enough. It was prognosticated that it would heal in three or four days. But it happened that the lady was out of health at the time. Amenorrhœa had long existed, dyspeptic symptoms had prevailed, and the whole system was deranged. None of these affairs were inquired into by the surgeon, or obtruded upon his notice by the patient. The result was deplorable. The wound did not heal, but suppurative inflammation supervened, first in the cellular tissue, thence it extended to the conjunctiva, the membranes of the eye generally became in-

volved, and the retina did not escape. The irritation was communicated to the brain, and, for some time, the lady's life was despaired of. The eye sloughed away bodily, and the patient narrowly escaped with her life, and the loss of one eye. This was not a case of metastasis ; but it illustrates the principle, which ought never to be lost sight of by the surgeon—namely, that the treatment of a local disease, *per se*, is often fraught with danger, whether from metastasis or other sources. We must prescribe for the whole case, or perils await us on every hand.

II. Local diseases of constitutional origin cannot be treated locally without risk.

The case is widely different from the preceding, wherein a local disease comes before us, not as a result of local irritation, but purely as a constitutional affection, thrown upon the skin by some impulse from within. In the former case, local treatment is absolutely necessary, although, occasionally, it must be conjoined with attention to the general system ; but in this class of local disease, local treatment is dangerous, and may peril the internal organs. Everything must be accomplished by such remedies alone as will act upon the whole system. It is to diseases of this class that the term, *salutary*, is applied by writers on the skin, and the cure of them is said to be sometimes attended with risk. As the preceding papers treat almost exclusively of the management of such of those diseases as pertain to the skin, I am particularly anxious to direct attention to the circumstances under which the treatment of these peculiar affections may be considered, in any degree, unsafe. And here, the principle already laid down as a postulate, that whatever course of treatment will cure a disease radically, will also cure it safely, is especially applicable. But it has already been shown that these diseases cannot be cured radically by external applications ; and as the eruption is not the disease, but only the index of something wrong within, the dangers to which the fortress is exposed are not diminished, but positively increased, by removing the sentinel.

A candid examination of the facts before us will both illustrate

and establish this opinion. These facts are of two opposite classes, both, however, testifying to the same effect. In the cases already detailed, the entire treatment was conducted on the assumption of a constitutional affection. In the majority of instances, local treatment was not resorted to at all; in the rest, very sparingly, and always with a view to relieve and comfort the patient, never to repel the eruption. And in no one instance, among the hundreds that have been thus treated, has there been any subsequent metastasis. On the contrary, all the patients whose general health had suffered under the eruption have experienced a marked relief in that respect, since the skin has become sound. How widely different is the experience of M. Rayer: "The removal of these natural drains from the system is often followed by serious symptoms of a different kind." How are these contradictory results to be explained or reconciled? Nothing can be more plain. It was Rayer's plan to treat these diseases with topical applications from first to last, placing little reliance upon internal remedies, and always using them with extreme caution. Accordingly, his array of local remedies is truly formidable. Among the directions for the treatment of this very disease eczema (which he describes as sometimes salutary to the general system), the very first remedy he speaks of is "the simple emollient cold or tepid bath;" next, "the vapour bath and the steam douche." Then follow, in rapid succession, "the warm, sea, and alkaline bath; fomentations of linseed, marshmallow flowers, poppy-heads, and milk; decoction of althæa, with the addition of a little acetate of lead; sulphureous baths; the waters of the baths of Louÿsche; sulphureo-alkaline ointment; soothing washes; poultices of floury potatoes, ground rice, crumb of bread, &c.; slight escharotics; ablutions of nitrate of silver, diluted muriatic acid; ointments of red precipitate, of the lesser celandine, clematis, spurge, &c.; blisters; ointment of zinc; protochloride of mercury." All these external remedies are proposed, and some of them extolled, before one word is said about attention to the general system, or of the indications of constitutional treatment! Afterwards bleeding is mentioned, but with cautious reservations;

purgatives follow, but warily : dulcamara and arsenic are at length introduced, but their use is proposed with still greater caution. (Rayer, on the Skin, p. 302, *et seq.*) Who can wonder at the results—"insanity" in one case, "serious symptoms" in others, and relapses, or utter failure, in most of the inveterate cases? The testimony of Rayer is valuable. Respectable in point of authority, veracious in character, and minute in detail, it abundantly confirms the views which have been advanced; and instead of showing that eczema is sometimes a salutary disease, or that its cure should not, under certain circumstances, be attempted, it just serves to prove only that disappointments and dangers must ever attend the treatment of local disease of constitutional origin by topical remedies.

It is not necessary to inquire whether the term "salutary" is in any case strictly applicable to disease; it is enough that our countryman, Mr. Plumbe, does not hesitate to attempt the cure of what he terms salutary diseases, by attacking their proximate cause; and the success of such enlightened practice produces a corresponding effect upon his views on this subject, which are at once bold and sensible. "The accounts," he premises, "of the imminent peril of checking or repelling eruptions of the kind under consideration, (papulous,) given by different authors, require to be received with some degree of caution." (p. 237.) And he goes on to express an opinion, doubtless well founded, that the accession of other diseases upon the decline of these is rather a cause than an effect of their recession.

It is very doubtful whether it is ever wrong to attempt, on sound principles, the cure of any disease, whatsoever its nature or where-soever its seat. Rumours of dangers, loose and indefinite accounts of cases, and general impressions resulting from them, should never be allowed to influence the mind. It is a question of fact and of minute inquiry. The following case, related by the late Dr. Parry, is too loosely detailed to prove of any real value; but the high authority on which it is presented to us, and its apparent discordance with the views now contended for, entitle it to a more critical examination than the unquestioned facts of the case may

merit. "A man long affected with psoriasis, had tried, for several months, all the remedies which could be devised, but ineffectually. The liquor arsenicalis in a few days cured the eruption, but immediately produced ascites, with paucity of urine. These complaints were removed by the squill, but the eruption then returned. The same processes were twice repeated, with precisely the same effects." (Elements of Pathology and Therapeutics, p. 397.) No mention being made of external applications, or other remedies beside arsenic, it must be presumed that none were used. Still, the sudden cure, "in a few days," of a case of psoriasis of long standing, by arsenic, or any other internal remedy, is a very extraordinary event, and, in fact, so contrary to experience, as to engender the suspicion that there is some mistake or omission in the narrative. Admitting, however, for the sake of argument, that arsenic was the sole agent employed, it may be confidently asserted that it neither cured the disease, nor was administered discreetly. The disease returned again and again; it was, therefore, not radically cured, and is not a case in point. Still, it may be urged, that under the operation of arsenic, the cutaneous affection was repelled with serious symptoms. Let it be granted, for argument's sake, that it was. But then the medicine was not discreetly administered. If it really dissipated long existing psoriasis in the short space of a few days, the dose must have been very large; and, in very large doses, arsenic arrests the action of the kidneys, and occasionally produces dropsy; but it is only in large doses, such doses in fact, as should never, in any case, be administered for any purpose. This assertion is not made at random. Otto Tachenius, in relating the effects of accidentally inhaling the fumes of arsenic during his experiments in the sublimation of metals, says, "Sanguinem minxi, cum indicibili ardore." (Ottonis Trachenii Hippocrates Chemicus, cap. xxiv. p. 213, 1668.) Metzger relates a case of poisoning from arsenic in a young woman, who, among other symptoms, suffered from strangury. (Christison, p. 308.) Dr. Platner, of Pavia, speaks of suppression of urine as one of the symptoms of another case, fatal in five hours. (Ibid., p. 310.)

Dr. Astbury inferred, from an instance which fell under his notice, that it may bring on dropsy. (*Ibid.*, p. 317.) Hahnemann and others testify to the same effect. (*Ibid.*, p. 318.) The case in question, therefore, was one in which an overdose of arsenic produced paucity of urine, and dropsy, and this sudden invasion of morbid action became the cause, not the effect, of the recession of the cutaneous disease. The case supplies an argument against the employment of arsenic in excessively large doses, but proves nothing towards establishing the salutary nature of psoriasis, nor yet adduces even the shadow of an argument against its being radically cured by small and decreasing doses of arsenic.

III. Disorders of mixed origin, partly constitutional, partly local, require, first general, afterwards local treatment. There is no reason to suppose that any of these local affections are protective or salutary to the system at large; yet under improper treatment they have occasionally given place to affections of the vital organs. In this class may be also included local diseases of uncertain origin, which, with others of a more obviously blended character, may be treated safely by first rectifying any disorder of the general health which may complicate the local malady, or which may be inferred from its existence alone: and secondly, by such topical accessories as may be necessary to complete the cure. Pertaining to this class are a large proportion of old and obstinate ulcerations of the lower extremities, originating in a cachectic condition of the system, and yet, from long habitudes, indisposed to heal when the system is righted, without aid from poultices, bandages, or other local management. The mechanical treatment suggested by Whately, Baynton, Spender, and others, though founded on good surgical principles, and often successful, will yet not only occasionally fail, but is liable, when successful, to endanger the vital organs, unless adopted with this limitation—that the system must first be prepared for their operation. The constitutional tendency to morbid action must previously be duly corrected, and “a retrograde motion towards health,” as Hunter

expresses it, must be established before the mechanical management can be undertaken with both success and safety. Under such a system, judiciously and watchfully pursued, these different cases may generally be conducted to a most satisfactory termination. No surgeon who has a practical acquaintance with these principles of treatment, ever dreams of amputating a simply ulcerated leg, or fears for the result of healing it soundly.

These are the conditions on which I apprehend it to be safe and judicious to attempt the radical cure of local diseases, however protracted, complicated, or inveterate. And this opinion has been long confirmed by my uniform experience. As regards all the recorded cases of metastasis or conversion of disease under treatment, it will be found probably, without one single exception, that either the treatment is not fully detailed, in which case nothing whatever is proved; or the management of the case has not been conducted with a due regard to the principles propounded in the preceding pages. These disasters, therefore, not only exist as an opprobrium to the profession, but they reflect especial disgrace upon individual management. It must be admitted, there may be some excuse for this. The knowledge of chronic affections must always be pursued "under difficulties," which do not incumber the study of acute diseases. In the latter the patient is generally submissive and obedient under treatment, and the whole case, always of short duration, is brought under observation from its commencement to its close: whereas in chronic disease, the reverse of all this often occurs; and the surgeon, meeting with little that is either satisfactory or instructive, loses that interest in the case which is essential to method and perseverance.

It remains only to be observed that, as compared with the general results of chronic local affections, cases of metastasis or conversion are of exceedingly rare occurrence, even under careless treatment: so rare, indeed, that except for incidental and purely practical purposes, and independently of considerations suggested by a knowledge of the existence of widely-spread prejudice, the

subject would scarcely have been deemed entitled to formal or elaborate investigation. Moreover, there is reason to apprehend, with Mr. Plumbe, that in a majority of these cases, rare as they are, the cause is mistaken for the effect; and that the retrocession of the local action is merely the result of some previous change in the interior, wholly independent of the condition of the skin as a cause, yet incidentally restraining or suspending its abnormal tendencies.

In practice, however, we much more generally find—what might, indeed, have been expected from physiological considerations—namely, that where the skin is extensively diseased, the interruption of its functions, instead of proving salutary to the system at large, more or less disturbs the general health; that the suppression of its exhalations is either reflected upon the bowels, and diarrhœa complicates the skin disease—or upon some other organ which sympathizes with the skin; and that when the skin is restored, the general oppression is relieved, and the patient appears in improved health. Such has been my uniform experience. And this is equally true of cases of ulcers of the legs, and of anal fistulæ. The system is far more commonly worn down, under the influence of local irritation, than relieved by it on the principle of counteraction, and it naturally recovers its healthy tone on the removal of the exciting cause. The exceptions to this rule are probably exceedingly rare, but, being curiosities in their way, are sure to be recorded when they do occur; while the cases in which the rule holds good—namely, where the local disease distresses the general system—occur a thousand times as often, too often, indeed, to obtain especial notice, or perhaps as much of observation as their practical importance may merit.

Upon the whole, therefore, it appears that the fear of the metastasis of local disease, under enlightened treatment, if not a mere bugbear, has certainly little foundation in fact; and that in the rare cases where such a tendency may be supposed to exist, it may be counteracted by watchful and judicious management. It seems scarcely necessary to add, that medical practice ought to be

founded at least on rational deductions, and should never be diverted from its legitimate object by vague apprehensions, which in all probability will never be realized. "Semper in prælii iis maximum est periculum qui maxime timent." (Sallust, Bell. Cat.)

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