

**Descriptive catalogue of the Dermatological Collection (models and casts)
: contained in the museum of the Royal College of Surgeons of England / by
H. Radcliffe Crocker, with the assistance of J.H. Targett.**

Contributors

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Crocker, H. Radcliffe 1845-1909.
Targett, James H.

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Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

TRO
RAMC
Coll.
/ROY



22101957593



~~Phaetor~~
Wax.

184. *Myalura*.

177. *Chama* left side chest

178. *Chama* left side.

Major, 14. C. French
R. A. M. C.
111 Queen's Gate
London, S.W.

DESCRIPTIVE CATALOGUE

OF THE

DERMATOLOGICAL COLLECTION

(MODELS AND CASTS) //

CONTAINED IN

THE MUSEUM

OF THE

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THIRD EDITION.

BY

H. RADCLIFFE CROCKER, M.D.,

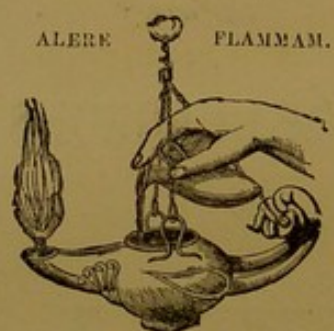
WITH THE ASSISTANCE OF

J. H. TARGETT, M.S.

LONDON :

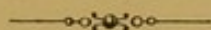
TAYLOR AND FRANCIS, RED LION COURT, FLEET STREET, E.C.

1895.

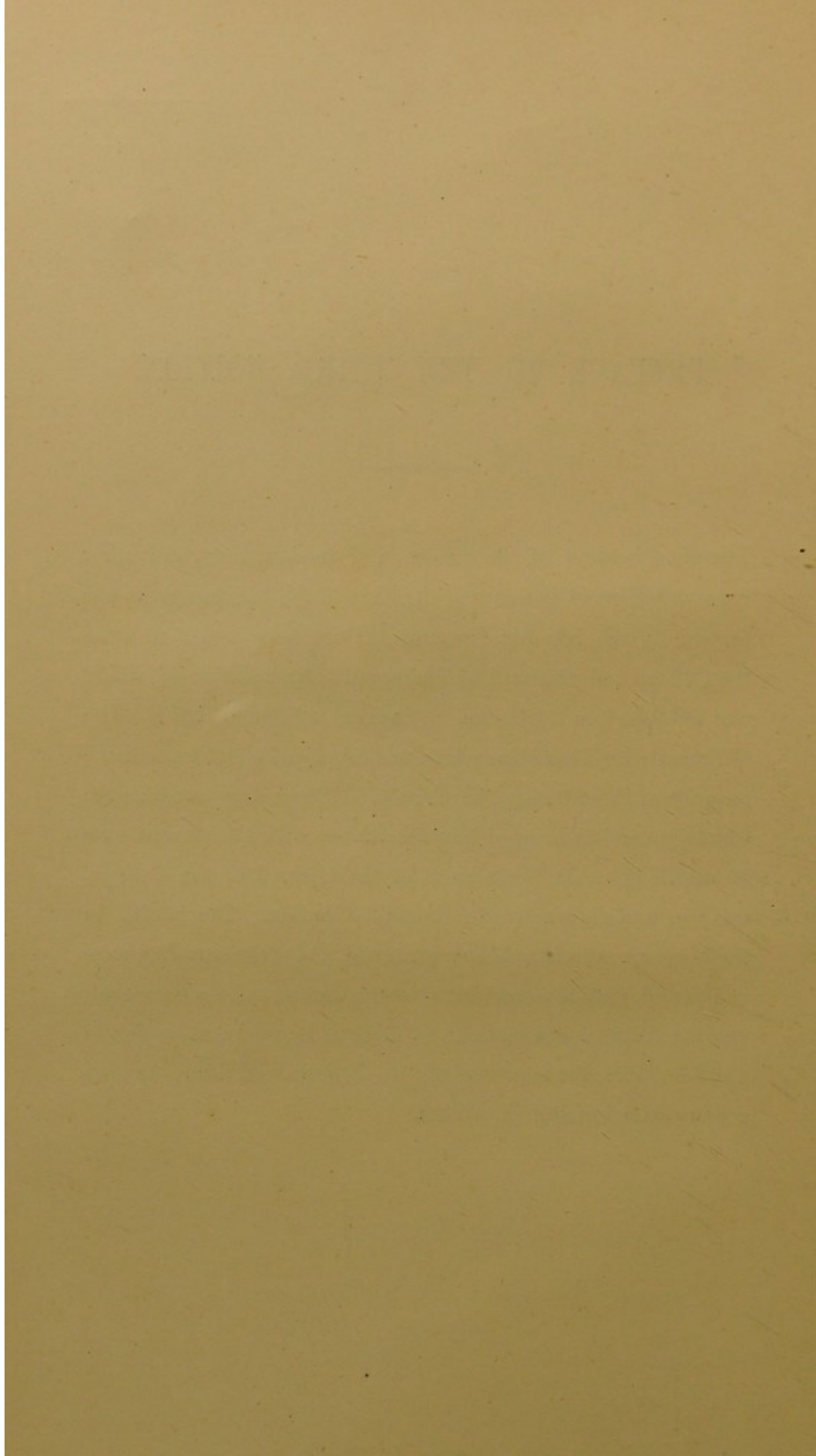


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RED LION COURT, FLEET STREET.

PREFACE TO THE THIRD EDITION.



THE chief portion of the collection of models, casts, and other representations of Diseases of the Skin in the Museum cases was formed by the late Sir Erasmus Wilson, who presented it to the College and prepared a Catalogue the first edition of which was published in 1870, and the second edition in 1875. The additions which have since been made to the Collection, and the progress of Dermatology, have rendered it necessary to revise the Catalogue and to bring it into accordance with the present state of knowledge. At the request of the Council of the College, this was undertaken by Dr. Radcliffe Crocker. The models in the Museum cases have been rearranged, and erroneous diagnoses and pathological accounts have in many instances been corrected; but the original descriptions of clinical appearances as far as possible have been preserved, as Erasmus Wilson was an acknowledged master in this art.



INTRODUCTION.

THE Models and other specimens in the Cases are arranged according to the following classification, beginning at the south-west end of the large gallery, which contains the following four Classes, a few anomalous specimens and a few representations of the Exanthemata. There is also one case (No. 30) of surface-lesions of the tongue, chiefly due to Syphilis.

Class I. EXUDATIONES.

Cases 1 to 14. Models Nos. 1 to 96.

Class II. HYPERTROPHIÆ.

Cases 15 to 18. Models Nos. 97 to 135.

Class III. ATROPHIÆ.

Cases 18 and 19. Models Nos. 136 to 142.

Class IV. NEOPLASMATA.

Cases 19 to 40. Models Nos. 143 to 315.

This Class is subdivided into :—

(a) Degenerative Nodules. Case 19. Models Nos. 143 to 151.

(b) Infiltrations. Cases 20 to 32. Models Nos. 152 to 261.

(c) Benign New Growths. Cases 33 to 35. Models Nos. 262 to 286.

(d) Malignant New Growths. Cases 36 to 40. Models Nos. 289 to 315.

Case 41 contains a few unclassified models; Case 42 a few models of the Exanthemata. The rest of the Models are placed in the smaller gallery, commencing at the south-east end.

Class V. MORBI APPENDICIUM.

Cases 43 to 47. Models Nos. 332 to 386.

(a) Sweat, of which there are only 3 microscopic slides.

(b) Sebaceous. Cases 43 and 44. Models Nos. 332 to 352.

(c) Hair. Cases 45 and 46. Models Nos. 353 to 381.

(d) Nails. Only 5 specimens in Case 47.

Class VI. MORBI PARASITICI.

Cases 47 to 50. Models 387 to 420.

(a) Vegetable or Fungous Diseases. Cases 47 to 49. Models 387 to 409.

(b) Animal. Case 50. Models Nos. 410 to 420.

In the rest of the Cases, again commencing at the south-east end, and passing along to the left, are a series of Chromolithographs, nearly all of which are from Wilson's 'Portraits of Diseases of the Skin.' As they are chiefly reproductions from the original drawings, which are in the large gallery, they have not been recatalogued, but the description from the old Catalogue by Wilson himself has been pasted on them.

In Class I. the Inflammations are exemplified :—The Erythemata ; Urticaria ; Prurigo ; Pellagra ; Eczema ; Impetigo contagiosa and its variety Ecthyma ; Herpes Zoster ; Pemphigus ; Psoriasis ; Pityriasis rubra ; Lichen planus ; Traumatic affections and Medicinal eruptions.

In Class II. the Hypertrophies are exemplified :—Ichthyosis simplex et hystrix ; Cornua ; Scleroderma circumscriptum ; Elephantiasis ; Rhinophyma ; Moles.

In Class III. Atrophies. The only illustrations of the Class are deficiency of pigment, and the congenital constriction of a limb resembling Ainhum.

In Class IV. the Neoplasms are—

- (a) The Degenerative Nodules—Molluscum contagiosum ; Xanthoma.
- (b) Infiltrating Neoplasms, Lupus, and other forms of Tuberculosis of the Skin ; Lupus erythematosus ; Syphilis ; Lepra.
- (c) Benign New Growths—Keloid ; Fibroma ; Dermatitis ; Lymphangiectodes.
- (d) Malignant New Growths—Rodent Ulcer ; Epithelioma ; Mycosis Fungoides ; Sarcoma.

In Class V., Diseases of the Appendages of the Skin, are—

- (a) Sweat affections—only Hyperidrosis.
- (b) Sebaceous affections — Seborrhœa ; Cysts ; Seborrhœic Dermatitis ; Acne vulgaris ; Acne rosacea.

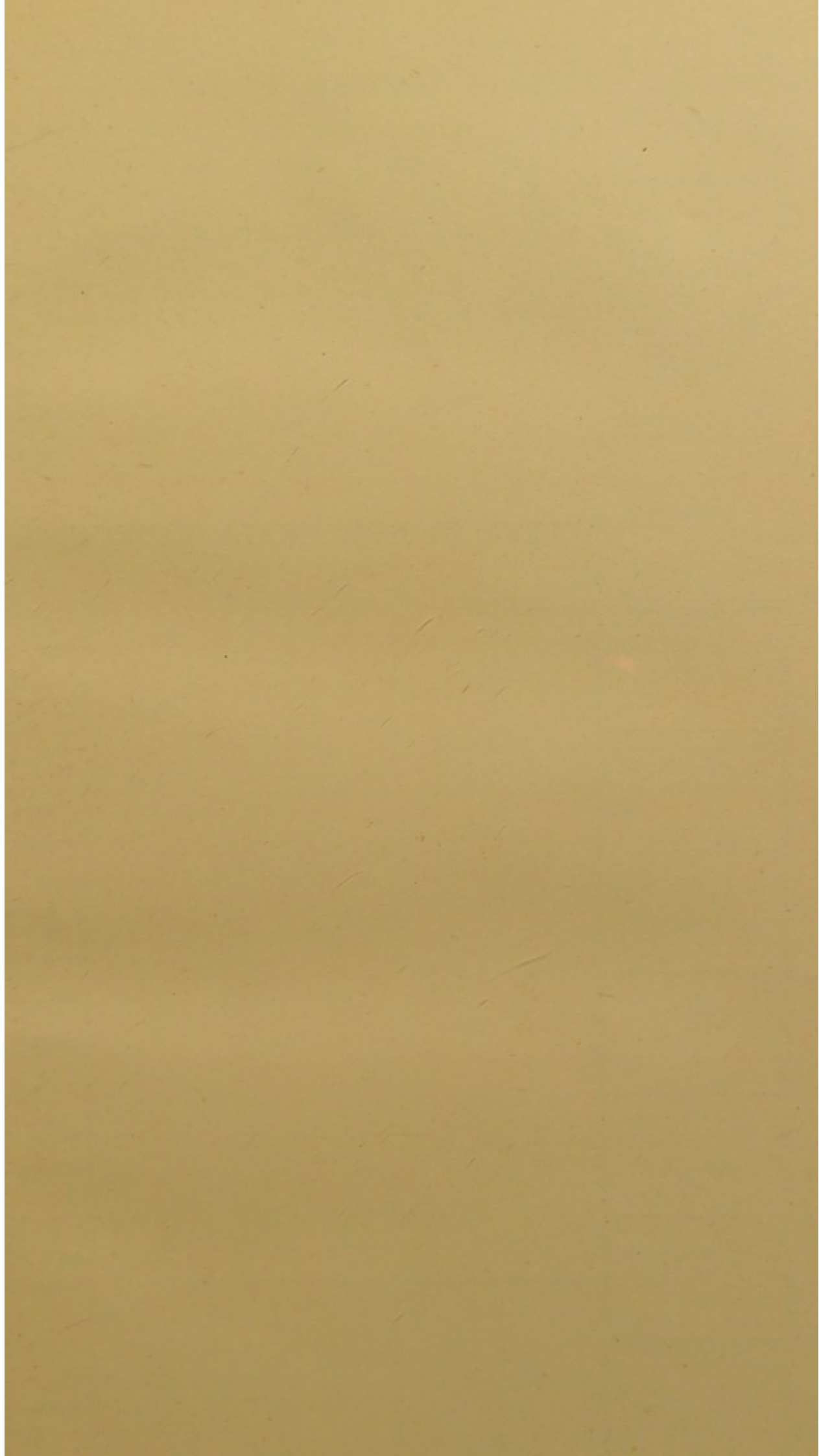
- (c) Diseases of the Hair-follicles—Trophic affections;
Neuropathic plica, Sycosis; Folliculitis keloid;
Colour anomalies; Lichen pilaris seu spinulosus.
- (d) Diseases of the Nails—Hypertrophy and Atrophy.

Class VI. Parasitic Diseases—

- (a) Due to Vegetable Parasites belonging to Fungi—
Favus; Tinea Tonsurans et circinata; Tinea
versicolor.
- (b) Animal Parasites—Scabies; Pediculi.

The numbers referring to the Paris Collection are from the Catalogue of the Museum of the Hôpital de St. Louis prior to its revision in 1889.

Large numbers of the plaster casts are either duplicates or show very little of the distinctive features of the disease they were supposed to represent. These have not been recatalogued, but the original descriptions from the old Catalogue have been pasted on them.



GALLERY OF NEW SMALL MUSEUM.

					50. Scabies.	49. Tinea circinata.
						48. Favus and Tinea circinata.
						47. Diseases of the Nails and Favus.
						46. Diseases of the Hair
						45. Diseases of the Hair
						44. Sebaceous Diseases.
						43. Sebaceous Diseases.

GALLERY OF WESTERN MUSEUM.

Syphilides.	26.	25.	24.	23.	22.	21.
Syphilides.	Syphilides.	Syphilides.	Syphilides.	Syphilides.	Lupus erythematosus.	Tuberculosis cutis.
Syphilides.						20.
ailis and other diseases of the surface of the tongue.						Lupus vulgaris and Scrofuloderma.
Lepra.						19.
Lepra.						Molluscum contagiosum and Xanthoma.
Keloid.						18.
Fibroma.						Rhinophyma and Pigment-anomalies.
oma pendulum.						17.
arcinoma cutis.						Elephantiasis.
cosis fungoides.						16.
cosis fungoides.						Verrucae, Cornua, and Scleroderma circumscriptum.
cosis fungoides.						15.
Varia.						Ichthyosis.
Anomalous.	1.	2.	3.	4.	5.	14.
ariola, ancient and modern.	Erythema.	Erythema iris and Urticaria.	Pellagra and Eczema.	Eczema.	Eczema.	Local irritation and Drug-eruptions.
						13.
						Lichen planus.
						12.
						Pityriasis rubra.
						11.
						Psoriasis.
						10.
						Psoriasis.
						9.
						Pemphigus.
						8.
						Herpes zoster.
						7.
						Pustular eczema and Impetigo contagiosa.
						6.
						Eczema palmare and plantare.

Entrance
from
Staircase.



DESCRIPTIVE CATALOGUE

OF THE

DERMATOLOGICAL SPECIMENS.

CLASS I.—EXUDATIONES—INFLAMMATIONS.

(Nos. 1 to 96.)

1. ERYTHEMA PAPULOSUM. Water-colour study of *Erythema papulosum*; the papulæ are aggregated in clusters round the convexity of the elbow. *Bagg.*
2. Water-colour study of the same affection in a similar position, together with a clustered patch of eruption on the forearm. *Bagg.*
3. Wax cast of the back of the hand of the same patient, showing *Erythema papulosum* in the stage of decline.
4. Model of the left knee, showing a diffused patch of erythema (*Erythema papulosum diffusum*), of a bright scarlet colour, very slightly prominent, bounded by a well-defined border, and fringed by a few scattered papulæ of *Erythema papulosum* of a brighter tint than the patch, some of the fading papulæ having a purplish hue. The eruption appeared suddenly, and was accompanied with a tingling pruritus. In twenty-four hours the redness disappeared, leaving a pale orange-yellow stain, like that of a bruise, and this stain or ecchymosis dispersed after a few days.

The patient was a woman, aged 24, who had suffered a painful confinement with retention of the placenta. To this succeeded a tumour in the pelvis, accompanied with pain in the abdomen, loins, and left groin, as well as uterine hæmorrhage, dyspepsia, loss of appetite, and constipation. For these symptoms she kept her bed in hospital; at the end of nearly three months, and when in course of recovery, constipation returned with headache and feverishness. These symptoms were followed by the erythema seen in the model, which appeared upon her knees, ankles, forearms, and anterior aspects of the upper arms.

The eruption was probably due to absorption of a toxine.

Baretta.

5. ERYTHEMA TUBEROSUM. Cast of the lower part of the leg of a young woman, aged 22, a maid-servant; the size of the spots ranges between one line and one inch, the more common size being one third of an inch. They were more remarkable for depth of implantation in the skin than for prominence. Indeed, the prominence of the nodules was so slight that they are difficult to define on the cast, although they were very apparent to the touch, and also distinguishable by their redness. The follicles situated on the nodular spots were enlarged and prominent, and these are seen on the cast.
6. ERYTHEMA NODOSUM. Wax cast of the lower part of the leg of a woman 45 years of age, showing a patch of *Erythema nodosum* which encircles the leg like a bracelet. The eruption, as is usual, was accompanied with much pain.
7. ERYTHEMA AB IGNE. This is a water-colour study of the pigmentation which is left by the reteform erythema produced by repeated exposure of the legs to artificial heat. It is most frequently seen in women who toast their legs at the fire, but may also occur in men and others whose occupation necessitates similar exposure to heat, such as engine-drivers, stokers, cooks, &c. The colour at first is a deep red, but ultimately assumes the tint depicted, and cannot be altered by pressure.

There is no history beyond the fact that the patient was a woman aged 23, and that the condition had existed for six

months. The drawing is reproduced in Erasmus Wilson's 'Portraits of Diseases of the Skin,' and is there designated *Melanopathia syphilitica*, but the affection is not a specific one.

8. **ERYTHEMA CIRCINATUM.** Model of the abdomen, on which are scattered between thirty and forty red patches, circular in figure and having an average diameter of half or three quarters of an inch. A few are spread out into rings of upwards of an inch in breadth, and these are composed of a broad belt with an area of the natural colour of the skin. Here and there some of the rings have become fused by the circumference, giving rise to gyrated figures. Pathologically, the eruption is a patch of superficial hyperæmia with congested and prominent follicles.

The model is numbered 14 S. R. in the Paris collection, and is named by Vidal "Herpès circiné non-parasitaire." In the old Catalogue, on account of the prominence of the follicles, it was called "Erythema lichenosum," but this is a mere accident of position.

Baretta.

9. **ERYTHEMA CIRCINATUM.** Water-colour drawing representing the right leg of a boy 12 years of age; he enjoyed average health, but was subject, "spring and fall," to an eruption similar to the one delineated in the drawing. The present eruption occurred in the spring of the year, and showed itself immediately after a long walk during a holiday in the country. It began with soreness, and tingling and smarting, which were compared to the stinging of nettles. The spots appeared concurrently with these sensations; they were of a bright rose-red colour, somewhat pale in the centre, but after a hot bath became deeply purple. They then spread by the circumference and formed rings, the area of the ring having a reddish-yellow tint, and the border being slightly prominent. The eruption was at its height on the fourth day, but the drawing was not made until the fifth, when retrogression had commenced. In its decline the seat of the rings was indicated by bruise-like stains.

One of the series of "Portraits of Diseases of the Skin."

10. ERYTHEMA IRIS. Model of the back of the hand with part of the forearm, exhibiting a cluster of patches and papulæ of *Erythema iris*. The papulæ range in breadth between one and two lines, and the patches, which are circular in figure, present a diameter of something less than half an inch to an inch and a quarter. It is obvious that the circular patches are the consequence of centrifugal growth of the papulæ; the area of the patch subsides and becomes pale, while the margin, which is prominent and papulated, is evidently constituted of a circle of papulæ in close juxtaposition which have more or less completely blended. Here and there the outline of the larger rings is irregular from proliferation of the marginal papules; and the greater number of the rings are remarkable for retaining the central papule, which resembles the boss in the centre of a shield. Some of these rings exhibit clearly the family likeness to *Erythema iris*, so that the model is not one of *Erythema papulosum*, as stated in the previous Catalogue. A somewhat similar form is met with occasionally among the syphilitic papular eruptions (see Models Nos. 184 and 185).

Lailler, selecting the period of retrocession for naming this eruption, terms it "*Erythema marginatum*." It is numbered 245 in the Saint-Louis collection.

Baretta.

11. ERYTHEMA or HERPES IRIS. Model of the back of the hand, showing the vesicular form of *Erythema iris*. This eruption was termed "*herpes*" *iris* by Bateman, because in his first-described case the vesicular border was composed of a ring of separate vesicles; but, unlike herpes, it has no regular course, nor is it of direct neuropathic origin. The serous nature of the exudation has likewise suggested the term "*Hydroa*," by which the eruption is distinguished in the Saint-Louis collection. The eruption on the model is represented in every stage of development, from slightly prominent spots little more than a line in breadth to circular patches nearly three quarters of an inch wide. In the smallest spots there is redness only; then follows a white vesicular centre with red margin; after that the cuticular dome in the centre subsides, while around it an annular

vesicle is produced, and this is encircled by a red margin. Sometimes the central vesicle collapses incompletely, leaving a disk of white cuticle partly separated from the rete mucosum. In this case three rings may be distinguished encircling a central white disk; the colour of the first ring is a brown-red, then comes one which is white, prominent, and vesicular, and thirdly there is a red halo. Upwards of fifty patches in various stages are scattered over the surface of the hand, and in four places the vesicles have become abraded and a brown exudation-crust has been produced. Comparison with No. 10 will show that the lesions are essentially of the same construction, but in this form there is a ring of fluid instead of only a raised red border.

This model is numbered 190 in the Paris collection.

Baretta.

12. Coloured lithograph of *Erythema iris* of the same type as the model No. 11. In No. 10 there is erythema alone, while in the present case, a bulla of greater or less magnitude occupied the centre of each spot. The eruption in this case was general and successive: each separate ring is frequently the production of a single day, so that when the action has proceeded for some time, as in the large patch of concentric rings represented at the upper part of the thigh, it would be possible, by counting the rings, to determine the day of appearance of the first spot and the number of days that the patch had existed. In this particular patch there are seven white rings, representing seven days, and seven circles of fading red between them, the outermost white ring being bounded by a narrow areola of pale crimson. In another patch, measuring only half an inch in diameter, there were counted nine different tints of colour, which, from the centre to the circumference, were red-brown, white, deep red, lighter red, deep red, pale red, deep red, yellowish white, and crimson blush. The dark line in the centre of the spots indicates in some a commencing desiccation of the bulla, and in others its rupture,

13. **URTICARIA.** Model of the outer aspect of a left thigh, exhibiting a well-marked example of nettlerash. The wheals, some isolated and some confluent, range in breadth between one line and six, have a prominence of nearly one line, and are developed on an erythematous base. The confluent wheals form an irregular patch (*Urticaria conferta*) of about six inches in longest diameter, around which are congregated numerous isolated nodules. A small group of the latter on the outer hamstring is especially worthy of notice, and very characteristic of the ordinary physiognomy of the disease. The eruption would seem to have been excited by a breakfast of fish (conger-eel); in the evening, at six o'clock, the urticaria made its appearance on the upper and lower extremities, without gastric or constitutional disturbance of any kind, but with intense local burning, itching, and pricking. The attack was repeated morning and evening for seven days, and then ceased. The eruption was confined to the limbs, and was immediately exasperated by contact with the air. When a line was traced on the neighbouring unaffected skin it speedily reddened, and the circumjacent integument became pale; in a short time the paleness ceased, but the linear redness became deeper and the line itself broader, so as to constitute a linear wheal.

The patient was under the care of Lailler, who prescribed quinine twice in the day. The model is numbered 237 in the Paris collection.

Baretta.

14. **URTICARIA.** Model of the forearm, showing large circular wheals of nettlerash, each bordered by a narrow halo of redness. The largest of the wheals measures nearly an inch in diameter, and in several situations three or four are blended by their circumference.

Baretta.

15. Wax cast of the outer side of the leg of a little girl, aged $3\frac{1}{2}$ years, showing the papulæ of *Urticaria papulosa*, formerly called *Lichen urticatus*.

16. Wax model of the arm of a woman aged 24. At the time

the model was taken (Oct. 1891) the affection had lasted for a year, and it consisted of pea- to bean-sized convex red nodules which were of firm consistence and rough to the touch, like flat warts. They had developed in small numbers at a time, but as each one persisted they had become somewhat numerous all over the limbs, especially on the extensor aspect. The patient believed that none of them had ever gone away; they itched severely both during and after development. An early lesion on the back of the hand was of a brighter red, and rather more acutely conical than the rest, and in the centre was a horny dot suggesting that the nodule was formed round a follicle. The urticarial nature of the affection was suggested by the fact that on scratching while being examined, a pea-sized wheal appeared. Her general health was good.

Presented by Morratt Baker, Esq.

17. Photograph of the same case to show the distribution of the nodules.
18. PRURIGO. Model of the foot and part of the leg, illustrating *Prurigo*, as evinced by the numerous scratches made by the finger-nails for the relief of itching. Similar scratches are also seen in No. 42. The integument is marked with prominences ranging in size from little more than one line to nearly half an inch in diameter. These round flat nodules, very little elevated, consist of indurated integument, and are more perceptible to the touch than to the eye, the largest of the nodules being situated on the dorsum of the foot. The skin has the dry, rigid, and discoloured appearance which is common in prurigo. Guibout seems to have regarded this affection as a kind of indigenous leprosy, and terms it, in accordance with that view, "*Elephantiasis nostras avec lichen hypertrophique*." An illustration of the "*Lichen hypertrophique*" of Hardy may be seen in No. 125.

In the absence of the history of the development and duration of the eruption, it is not possible to decide definitely as to whether this was a true Prurigo. The papules are larger than those usually seen in Hebra's Prurigo.

Baretta,

19. ERYTHEMA PELLAGROSUM. Model of the back of the left hand. The erythema forms a circumscribed circular patch extending from the middle of the first phalanx of the index finger, middle finger, and thumb to above the wrist in one direction, and from near the ulnar border of the hand to the radial border in the opposite direction. The redness is nearly uniform over the whole area, and the latter is bounded by a red margin which is patchy from point to point, indicating the presence of new centres of hyperæmia.

The patient was a man 36 years of age, under the care of Lailier.

Baretta.

20. Coloured photograph of the back of the right hand, showing a circular patch of *Erythema pseudopellagrosum* with well-defined margin.

The patient had spent many years of his life in India; he was debilitated and dyspeptic, his complexion yellow, and countenance dejected. His engagements in India demanded an excessive use of the hand in writing, to which he added the occupation of an amateur artist. In consequence of the loss of power which resulted, he was thought to be the subject of "scrivener's" palsy. The erythema on the dorsum of the hand had been four years in existence; it began as a small circular patch, and increased gradually to its present extent. It was preceded by excessive sensibility of the skin with neuralgia, and upon this followed insensibility with loss of power of motion of the hand, and especially of the thumb. The disease is evidently dependent upon the neurosis, probably a peripheral neuritis.

21. ECZEMA. Common Eczema (*Eczema vulgare*). Model of the thigh and leg affected with Eczema which presents a plurality of lesions, therefore polymorphic or multiform. The forms represented are exuding, crusted, and papular. *Baretta.*

22. ECZEMA. Water-colour study of *Eczema*; the eruption is seated on the forearm, and exhibits exuding, crusted, pustular, and vesicular lesions. *Bagg.*

23. ECZEMA. Wax cast of a portion of the forearm of a man aged 35. The patch of eruption, originally papular and exuding, has passed into the encrusted stage. Along its

border may be seen numerous scattered papulæ, and in front of the chief patch are two small circumscribed patches orbicular in shape, and measuring, one, a quarter of an inch, the other an inch in diameter.

24. ECZEMA PAPULOSUM. Wax cast of part of the shin of a middle-aged man, showing a circumscribed patch of *Eczema papulosum*, coated with a thin yellowish-grey crust, and bounded at the margin by a diffuse blush of redness.

25. ECZEMA PAPULOSUM. Coloured lithograph of the right hand of an adult male. The eruption is diffused over the back of the hand, and there is evidence of considerable thickening of the skin, especially over the metacarpo-phalangeal joints of the ring and little fingers. Nos. 23-25 and 28-30 inclusive are examples of the *Lichen agrius* of Willan.

One of the series of "Portraits of Diseases of the Skin."

26. ECZEMA PUSTULOSUM. Drawing of the head of a young woman aged 27, exhibiting a well-marked example of eczema in its exuding and encrusted forms. The accumulation of the hair into conical bundles is a characteristic phenomenon of this form of *Eczema*. *Bagg.*

27. ECZEMA. Wax cast of the bend of the elbow of a woman aged 54, showing *Eczema* in its healing stage. The morbid surface is red and glossy, the cuticle thin, and the derma marked by deep grooves and prominent wrinkles, which indicate thickening of the skin from infiltration and congestion. A small cluster of red papulæ near the upper part of the cast represents the papular lesion of eczema.

28. ECZEMA PAPULOSUM. Wax cast of part of the forearm of a woman aged 34. The eruption consists of a number of elevated patches, ranging in breadth between a quarter of an inch and two inches, each of which is composed of an aggregation of papulæ upon an erythematous base.

29. ECZEMA PAPULOSUM. Water-colour study of the colour, figure, and composition of the eruption exhibited by the preceding case. *Bagg.*

30. Wax cast of the radial side of the wrist of a young man aged 19, presenting two patches of *Eczema papulosum*, one orbicular, the other irregular in outline.
31. ECZEMA SQUAMOSUM. Model of the outer aspect of the left leg, from the knee to the ankle, presenting two large circumscribed but irregular patches of redness surmounted by a fine furfuraceous desquamation. The patches are dry, the skin composing them is slightly prominent from induration of tissue, while the narrow margin which bounds their circumference is smooth and ruddier than the area. This form of disease is named by Bazin "*Psoriasis pityriasiforme*."
- Baretta.*
32. ECZEMA SQUAMOSUM. Model of the leg from the middle of the thigh to the ankle. On the thigh and knee is a broad patch of dry Eczema of a dull-red colour, fading at the circumference into the tint of the surrounding skin, and dappled over with irregular white patches of desquamating cuticle. Below the knee and on the calf of the leg are several circular patches of recent origin, measuring one half and three quarters of an inch in diameter. These circular patches are covered by a thin stratum of cuticle in process of desquamation. The morbid skin on the thigh is coarse, thick, and wrinkled—an evidence of the chronic nature of the disease. The term "*Psoriasis*" was bestowed on it by Bazin, under whose observation the patient was treated. The rest of the thigh and leg is dotted over with small conical pimples, occupying the mouth of the follicles, and each perforated by a hair—the *Lichen pilaris* of Willan. Attention may be drawn to the artistic manner in which the papulæ transfixed by hairs are represented. *Baretta.*
33. ECZEMA SQUAMOSUM, *var.* CIRCINATUM. Model of the thigh. The eruption consists of small rings, aggregated and scattered, with areæ of the normal colour of the integument. It is termed by Hardy "*Eczema sec fendillé, forme arrondie*." This is a form of dry Eczema, which is one of the varieties of what Unna calls "*Eczema seborrhoicum*," and is doubtless of parasitic origin. *Baretta.*

34. Model of the thigh and leg, showing a more highly developed form of the same eruption. A broad patch of *Eczema squamosum* occupies the whole surface of the thigh above, and diminishing in breadth as it descends, terminates just above the patella. On the knee are numerous scattered rings, and below the knee there is an irregular patch four inches in length by two inches in breadth, composed of an aggregation of circular spots, each having a diameter of about an inch. The patch on the thigh presents the usual evidences of chronicity in the thickening and induration of the integuments; it has a purplish hue, obviously dependent on torpor of the circulation, but is of a brighter tint near its border, and particularly below, where may be seen a number of circular spots resembling those of Nos. 33 and 35. The whole surface is roughened by white froth-like flakes of desquamating epidermis, which have for the most part a wave-like figure; below they are circular and embrace an area of a brighter red than the rest of the surface. On the knee the eruption is disposed in small annuli, some oval or oblong, and others circular in figure, the annulus presenting a brighter red than the denuded area, and being bounded by a narrow frill of detached cuticle. The circular patches below the knee are remarkable for the bright colour of their annulate border, as compared with the included area.

The eruption in this case is remarkable for its abruptly circumscribed boundary, while in No. 32 the boundary blends with the circumference.

Baretta.

35. ECZEMA SQUAMOSUM, *var.* ORBICULATUM. Model of the right side of the chest and shoulder. The eruption is dimorphic, presenting a duality of lesions—namely, an aggregation of small orbicular patches, together with a state of desquamation.

Baretta.

It is obvious that this is only a slight variation from Nos. 33 and 34. The axillæ and groins are favourite positions for seborrhœic forms of Dermatitis. Other forms in different positions are represented in the Series of the Diseases of the Sebaceous Glands (Nos. 343, 348, and 349).

36. Water-colour drawing representing the appearance of *Eczema squamosum* on the back of the left hand. The skin of the thumb and wrist is thickened, rough, and fissured, and a similar state of thickening and fission is seen on the knuckles. *Bagg.*
37. Drawing of *Eczema squamosum palmare* in the state which has received the name of *Eczema rimosum*. The deep cracks or rhagades are shown, as well as the polygonal plates and ragged borders of exfoliating epidermis, and the circular indentations of white opaque cuticle caused by small orbicular hyperæmiæ of the derma and consequent defective cell-nutrition. Upon the wrist is seen a circular patch of the eruption, which contrasts strongly with the state of disease in the palm of the hand, where the derma is more dense and the cuticle thicker; and a similar contrast is suggested by the simple exfoliation visible on the ball of the thumb. The rhagades are confined to the lines of flexion. *Bagg.*
38. ECZEMA MUCOSUM. Siliquous or pod-like horny crusts from the lips of a patient affected with *Eczema mucosum*. These are secretion-crusts and not exudation-crusts, there being no abrasion of the surface on which they are produced.
39. ECZEMA CHRONICUM. Models of the front and back of the hand, showing chronic Eczema with induration of the skin, fission, and hypertrophy of the epidermis. The fissures result from stretching of the indurated and brittle skin, and are chiefly met with in the lines of motion corresponding with the joints; the hypertrophy of the epidermis is the consequence of passive congestion of the skin.
- The model is numbered 196 in the Paris collection, and is named by Bazin "*Eczème cornée*," and by Hardy "*Eczème scarlatiniforme*."
- Baretta.*
40. ECZEMA CHRONICUM. Models of the front and back of the hand, showing dry Eczema with fission, hypertrophy of the epidermis, and desquamation. Hypertrophy of the epidermis

of the tips of the fingers has given rise, in the left hand, to displacement and thickening of the nails, or onychogryphosis. Both hands exhibit also another lesion, namely, a number of large papules, which are conical on the back of the hand and flattened in the palm. The effect of scratching these papules, as seen on the wrist of the right hand, shows them to be solid in structure and exudative after abrasion. On the back of the hand they become covered, like the rest of the inflamed surface, with a hypertrophied epidermic crust; but in the palm they are held down by the normally thick epidermis of that region, and exhibit neither exudation nor morbid cuticular growth.

This model, which is numbered 208 in the Paris collection, is named by Bazin (from the increment of morbid epidermis) "Ichthyose," and by Hardy (from the presence of the already described papulæ) "Lichen." Both of these lesions, however, may be regarded as the consequence of Eczema. The patient was a child, fourteen years old, and the disease was of four months' duration; the eruption began in the form of pruriginous papulæ, and ran on to its present condition in a fortnight. The nails of the left hand fell off and were replaced, and the case got well without other treatment than that by water-dressing and baths.

Baretta.

41. ECZEMA PALMARE, *var.* RIMOSUM. Model of the palmar surface of the hand, showing *Eczema* with hypertrophy of the epidermis and fission of the true skin. The parts principally affected are the palm, with its thenar and hypothenar eminences. The cuticle is thick, rough, discoloured, and split into deep fissures at several points—namely, in the hollow of the palm, on the metacarpo-phalangeal joint of the thumb, and upon the ulnar border of the hand.

The patient was a woman, aged 49, under the care of Lailier, who termed the disease "Eczema lichenoïde;" it had existed for eighteen months.

Baretta.

42. Model of the sole of the foot of the same patient. The epidermis of the heel is greatly thickened, and split vertically into polyhedral masses. The disease is coarser in its features on the foot than on the hand, but is otherwise identical in

its nature. In the hollow of the foot are four excoriated patches produced by scratching—an indication of the pruritic character of the affection. *Baretta.*

43. Portions of epidermis removed from the heel of a similar case, showing the fibrous character of the horny mass and the vertical direction and columnar arrangement of its fibres.
44. Model of the leg showing erythematous Eczema above and below the knee, and squamous Eczema with hypertrophy of the epidermis and deep fissures of the sole of the foot (*Eczema hypertrophicum epidermidis et Eczema rimosum*). The erythematous patches above and below the knee are circular and circumscribed, those below the knee being bounded by a well-defined and undulated red border. The most important features of the disease are seen in the sole of the foot:—the eczematous patch of considerable extent bounded by an inflamed border, the deep fissures exposing a raw base, the squamous condition of part of the surface, and the epidermic hypertrophy of the rest. The thickness and ruggedness of the fissured epidermis are very characteristic, while on the side of the foot is a small circumscribed patch of exuding Eczema.

The patient was under the care of Hardy, who termed the affection "Eczema ancien."

Baretta.

45. ECZEMA ONYCHICUM (*Eczema unguium*). Model of the hand, showing a thickened and rugged state of the nails due to Eczema. There is some redness and roughness along the border of the wall of the nail, and the nail is thickened at the expense of its deeper stratum, which is formed from the matrix. This portion appears as a thick wedge, which lifts up the superficial layer of the nail and forces it backwards and upwards (onychogryphosis).

The patient was a pavior, 54 years of age, under the care of Bazin. The disease, which was painless, had been in existence for three years.

Baretta.

46. ECZEMA PUSTULOSUM. This is a water-colour drawing of a case of Pustular Eczema of the face, formerly called Impetigo. In the old Catalogue it is named Impetigo conferta. It is placed here for comparison with the next model.

The patient was a delicate youth, aged 17, who was brought up in the country, and being placed in an office in London fell into bad health. On one occasion when heated by exercise, he was exposed for some time to the cold; and while labouring under the consequences of a chill, the eruption appeared upon his face, at first as a small clustered spot (*Impetigo figurata*), but gradually increased until it occupied the extent shown in the drawing. About four months from its first outbreak, in the month of November, he fell into the water, and the eruption became much aggravated. At this time the "portrait" was taken; the entire face was somewhat swollen; the eyelids were almost closed by the swelling; and the skin was so stiff that the opening of the mouth or the movement of the jaws gave rise to bleeding. This is the form of eruption to which the Greeks gave the name "melitagra," from the dried-honey-like appearance of the crusts. The disease quickly gave way to appropriate treatment, and the patient was finally cured by a sea voyage.

The original study for one of the series of "Portraits of Diseases of the Skin."

47. Model of the face, exhibiting the crusts of *Impetigo contagiosa*. The eruption is generally scattered, hence its old name, *Impetigo sparsa*, but in the left maxillary region it is somewhat clustered, *Impetigo figurata*; both these terms are now obsolete. The flat pustules are each covered with a thick brownish-yellow crust. The freckles or *lentigines* upon the nose and neighbouring part of the cheeks are well represented.

The patient was a delicate lad, aged 16, of feeble lymphatic constitution. He was under the care of Lailler in the Saint-Louis Hospital, and was reported "cured" within a month of his admission.

Baretta.

48. ECTHYMA. Water-colour study of Ecthyma, illustrating the colour and form of the pustules and their several stages—incipient, mature, incrustated, ulcerative, and cicatricial stains. This is only a variety of *Impetigo contagiosa*, the areolar inflammation being due to friction. See Model 49.

In the lower part of the drawing is a study of *Tinea tonsurans*, showing papulæ formed by the prominence of the

follicles from which the stumps of broken hairs are seen issuing. The small polygonal islets into which the crust of the disease is apt to break are also represented. *Bagg.*

49. IMPETIGO CONTAGIOSA. Model of the right forearm, showing circumscribed patches of a pustular eruption, coated with a thick exudative crust. The patches are oval or circular in figure, and range in diameter from a quarter of an inch to nearly two inches. The crusts present a dirty yellow or dried-honey colour. They are uneven on the surface, and about two lines in thickness. Around their circumference is a red border in a state of desquamation, and near the margin of some of the patches a few minute vesico-pustules are seen. Some scattered vesico-pustules in progressive stages may also be detected on other parts of the arm. This eruption is often called "Ecthyma," when, as in this case, it occurs on a limb, and has more inflammation round the crusts than in parts like the face, where they are less exposed to friction.

The patient was under the care of Hillairet, by whom the eruption was termed "Eczema impetiginosum." The model is numbered 217 in the St.-Louis collection.

Baretta.

50. HERPES ZOSTER. Coloured lithograph, showing the typical form of Herpes, the particular example being *Herpes zoster*, or *Herpes intercostalis*. The eruption is seen in its characteristic progressive stages—namely, as nascent vesicles clustered on an erythematous base; as fully developed vesicles, discrete and confluent, transparent and opaque, colourless, yellowish in various degrees, or purplish; and, finally, as incipient scabs.

51. Model of *Herpes zoster* or *intercostalis* of the left side of the trunk, occupying about the fourth, fifth, and sixth intercostal spaces, and extending from the line of the posterior border of the scapula to the ensiform cartilage. The patches are continuous throughout the whole extent of the eruption, but a few isolated patches of small size and a

few scattered vesicles may be seen along the upper and lower boundaries of the patch. The nipple is completely surrounded. The illustration represents a severe example of the disease.

The patient was a man, 60 years of age; he remained in hospital for ten days and left much improved. He was under the care of Lailler, and was treated by the application of an alcoholic solution of perchloride of iron, one part in five.

Baretta.

52. HERPES BRACHIALIS. Wax cast of the arm of a boy seven years of age, showing Herpes in its various stages, but with less inflammation than is common in this disease. Above, over the lower part of the deltoid, may be seen an erythematous patch studded with incipient vesicles; near the bend of the elbow are several vesicles dried up into dark brown scabs; and on the forearm a cluster of nine or ten vesicles without any inflammatory areola is shown.

53. Water-colour study of *Pemphigus vulgaris*.

The patient was a strumous boy, seven years of age: when three years old he received a blow on the knee, the injury produced swelling, and four years later the limb was condemned to amputation. With occasional intermissions his life up to the period of this report was spent in hospital; and three years after, being invalided for his knee, the pemphigus made its appearance. The eruption was recurrent, lasting the first time for nine weeks, and subsequently for five weeks, with intervals ranging between ten days and two or three months. In all he had six attacks, the eruption being chiefly developed on the limbs. He was much debilitated in constitution.

Bagg.

54. Wax cast of part of the lumbar region of a young woman, aged 20, affected with Pemphigus. The bullæ are small, and some are in a state of collapse. The case ended fatally.
55. Wax cast of the lower part of the thigh and side of the knee of the same patient. Within a small extent of surface there are about eighty spots, presenting the forms of incipient vesicles, slightly raised vesicles (apparently little more than a corrugation of the epidermis), cicatricial depressions, and

pigmentary stains. The general aspect of the skin is that of cachexia; the spots and imperfect vesicles are brown in colour, some are isolated, and others disposed in annulate groups, and their average size is something less than half an inch in diameter. The cicatricial indentations are worthy of observation.

56. Model of the lower half of the left thigh, leg, and foot, tibial aspect. On its surface are scattered a dozen bullæ (ranging in size between that of the hemisphere of a large pea and that of a large hazel-nut), and about the same number of circular excoriations caused by the rupture of other bullæ. The contents of the bullæ are semipurulent and opaque. The distended bullæ are without areolæ, but the excoriations are surrounded by an erythematous desquamating border, within which is seen an edge of collapsed cuticle, and within the latter a thin brown scab. On one or two the scab is thicker, almost amounting to a crust; from others an ichorous sanguinolent discharge is seen to be issuing; and in two places there are clusters of two or three excoriations, in which the erythematous borders and excoriated bases have become blended so as to form inflammatory patches. The case is designated by Lailler "*Pemphigus aigu*." *Baretta.*

57. Model of the back of the right hand and wrist, affected with Pemphigus. The subsidence of the dome of a bulla, with its wrinkled surface, is well shown.

The patient (a female servant, aged 46) was attacked with Pemphigus on the 12th of February, 1869, and died on the 20th. The eruption was general, and, from the rapidity of its course, was termed by Guibout "*Pemphigus aigu généralisé*." The bullæ were most abundant on the extremities, a few only being scattered over the face, upper part of the neck, and trunk; their average size was that of an almond, but some were much larger, as is shown in the model. Guibout noted that one day the bulla on the hand was a large, flat, uniformly elevated patch, bordered by a rose-coloured areola, and on the next day it became distended to its present dimensions. The woman had a general appearance of health. She had been troubled for four months with nocturnal pruritus, beginning in the legs and thence extending to the whole body; for these symptoms she took baths and applied ointments,

and the Pemphigus followed immediately upon the use of an ointment containing turpentine. On admission into hospital she was suffering from gastric derangement, with a pulse of 112; three days later the tongue was coated, and the pulse 104; the next day the tongue was white; the day following the pulse was 100, there was much prostration, with delirium and a hot skin; on the sixth day she became comatose, the delirium continued, and she died in the night without reaction. After death the chief internal morbid appearance was congestion of the mucous membrane of the small intestine.

Baretta.

58. Model of the tibial side of the right leg and foot of the same patient. The skin is scattered over with small erythematous spots (the site of future bullæ), small bullæ, and excoriations, some moist and exuding, others in a state of commencing incrustation. A few moderate-sized bullæ are seen around the ankle and on the sole of the foot.

Baretta.

59. PEMPHIGUS GANGRÆNOSUS. Model of the inner side of the leg, showing two gangrenous patches and a pigmentary stain which marks the healing of a patch, doubtless of a similar kind. The disease is termed by Vidal "*Pemphigus escharotique*," and probably represents a form of the *Pemphigus gangrænosus* of the older English writers. The gangrenous sores are oblong in figure, the largest being three inches in length. The affected integument is tumid and inflamed, the sphacelus superficial, and the necrosed layer of a dark brown colour, approaching to black. At the edge is a narrow fossa, separating it from the living skin; and the groove of separation is red and moist. The border of skin immediately adjoining the ulceration is pale, as though from opacity of the cuticle, and beyond the pale border is a blush of redness, which diffuses itself in the surrounding skin. There are no remnants of the bulla of cuticle which must be supposed to have preceded the excoriation; but a bulla is known to be the ordinary manner of development of a similar pathological formation.

This model draws our attention to the more serious characters of pemphigus—its proneness in some instances to superficial ulceration or, as in the present case, to gangrene, and its tendency to pigmentation from decomposition and metamorphosis of effused

blood. The aspect of this model suggests the possibility of the lesions being self-induced. It is numbered 263 in the Paris collection.

Baretta.

60. Model of the anterior part of the thigh and leg, exhibiting orbiculate patches of *Psoriasis vulgaris* surmounted by thick, white, and silvery crusts. The spots range in size between two lines and three inches in diameter, and are more or less completely circular. From the patches immediately below the knee the crusts have been shed, and are in course of reproduction; while in several of the smaller disks above the knee the scaly crust is remarkable for its thickness. There is a zone of redness around all the patches.

Baretta.

61. A large scaly crust of *Psoriasis vulgaris*, showing its white and silvery hue, together with its thickness, sponginess, and friability. In structure it is laminated, and smooth on the under aspect, which presents a mould of the surface from which it has been separated.
62. Specimen of the kind of scales which are commonly exfoliated from the skin in *Psoriasis vulgaris*. These were collected from the bed of a patient on rising in the morning, and represent the average produce of two nights in his case.
63. Coloured lithograph of the right arm of a girl of fourteen, exhibiting patches of *Psoriasis* more or less circular in shape, of various dimensions, and covered with white scales. A patch immediately above the bend in the elbow is cleared in the centre, indicating a retrograde stage, while on the back of the hand the larger patch is uneven and surrounded by papulæ, some of which measure only a line in diameter. On the back of the hand, moreover, is seen another, not uncommon, feature of the disease—namely, chaps or rhagades which penetrate the corium. The nails are intersected by transverse grooves.

One of the series of "Portraits of Diseases of the Skin."

64. Wax cast of the back of the left arm and hand of the same patient.
65. Wax cast of the back of the right forearm and hand of the same patient. On the arm is seen a figure-of-8 patch formed by the confluence of two of the patches, while the irregularity of distribution of the eruption on the back of the hand is strikingly manifested.
66. Water-colour study of two of the patches of *Psoriasis* from the same patient. The lower and smaller of the two exhibits the retrograde or retreating stage, spreading by the circumference and healing in the centre. *Bagg.*
67. Water-colour study of the back of the left hand of the same patient, showing the figure and composition of the patch of eruption, together with the chaps or rhagades which intersect its borders and nodules. *Bagg.*
68. Water-colour study of the back of the arm, showing the distribution of the eruption upon the elbow and scattered over the rest of the limb. The patches are very uniformly circular in figure, and covered by thick white spongy scales; they are disseminated on the arm, but clustered at the elbow, which is the common character of the eruption in the latter situation. Between the disseminated patches are seen numerous pigmentary stains left by a previous attack of the disease. *Bagg.*
69. Water-colour study of the smaller variety of *Psoriasis* termed "*Psoriasis guttata*," affecting the trunk of the body. On some of the larger patches the scales were thinner than usual, and nowhere were they in crusts. *Bagg.*
70. Wax cast of the elbow and part of the arm, showing *Psoriasis guttata*; among the guttate spots may be seen some which are simply papular.
71. Water-colour study of a diffused form of the eruption *Psoriasis diffusa*, coated with thick white and silvery scales, which by friction have been dispersed in a shower of thin

micaceous laminae. The patient complained that the sheets of his bed were thickly strewn with these micaceous laminae, that they were scattered in quantities upon the floor of his bedroom, and that they accumulated in abundance in his clothes. The red margin along the border of the patches is obvious at several points, and the structure of the scale, consisting of elongated segments fissured transversely and longitudinally by the grooves of motion, is well shown.

Bagg.

72. Model of the back of the trunk, from the nape of the neck to the loins, showing *Psoriasis* in its retrograde or healing stage. The patches are large, and in process of conversion into rings by subsidence of their area to the healthy state. They are surrounded by a red margin, and their broad borders are covered with thick scales corresponding with the papules or nodules, which are the original elements of the disease. Several of the patches have become confluent, and form irregular map-like figures of considerable extent. Others, as on the shoulders, present broken rings; the confluence of several such broken segments produces an irregularity of configuration which suggested to Guibout the name which he assigned to the case—namely, “*psoriasis gyrata et circinata*.” Between the patches are to be seen small nodules of about a quarter of an inch in diameter surmounted with a thick white crust, which represents the type of *Psoriasis guttata*. At a few points on the circumference of the patches, where the eruption has been rubbed or injured, an oozing of blood has taken place.

The patient was a young man, aged 24; the scales were so thick and the eruption so extensive that progression and flexion of the limbs were seriously impeded.

Baretta.

73. Model of the back, showing *Psoriasis vulgaris*. The case is chiefly remarkable for the unusual thickness of the scales. In other respects it is a fair representation of the retrograde period of the disease. Nearly all the circular patches are converted into rings; many of the rings have coalesced, forming extensive map-like figures; and in these coalescing

patches, segments of the rings have disappeared, so as to give rise to curious convoluted figures, such as those which have suggested the term "gyrata." Hence, in consideration of the annulate or circinate form and the more eccentric convoluted figures, Guibout names the case "*psoriasis gyrata et circinata*." Examples of these "gyrated" figures are seen both in the upper and lower parts of the model, and likewise at the sides. A few nodular masses at the upper part, as well as some within the boundary of the compound patch and three on the right side of the loin, might be taken as showing the characters of *Psoriasis guttata*. In this way all the principal forms, or rather stages, of *Psoriasis* may be said to be illustrated in this single model—namely, *Psoriasis guttata*, *orbicularis*, *circinata*, and *gyrata*. It is numbered 242 in the Paris collection.

Baretta.

74. Water-colour study of *retrograde* or *healing Psoriasis*, shown on the front of the trunk of the body. The process is further advanced than in the model No. 72, and the gyrated character of some of the segmentary borders is very striking. Some of the patches look like splashes of a white substance, radiating from the centre to the circumference, while within the area are seen fragments of dispersing rings or individual papules.

Bagg.

75. Model of the forearm and hand, showing large irregular segments of *declining Psoriasis*, together with a papular form of the eruption on the palm of the hand and front of the wrist, and one or two guttate papules on the arm. The small papules in the palm of the hand, consisting of a red circular spot with a white and prominent centre, and barely a line in diameter, afford a good illustration of the appearance of the eruption at its first outbreak. This case, like Nos. 72 and 73, is termed by Guibout "*psoriasis gyrata et circinata*."

Baretta.

76. Water-colour study of *Psoriasis* in its circinate form and in course of dispersion. The annuli as well as the areæ are

stained by the pigmentary deposit which so commonly follows the disappearance of *Psoriasis*, where arsenic has been largely employed in the treatment. *Bagg.*

77. Wax cast of the forearm, showing *Psoriasis* in its circinate and retrograde stage. With one exception, all the rings are broken.
78. Wax cast of a portion of the arm, showing *Psoriasis* in the stage of dispersion ; the rings are nearly all broken up into their component nodules.
79. Models of the hands, the palmar and dorsal aspects, showing *Psoriasis* in a somewhat unusual locality—namely, the palm of the hand. In this situation the eruption presents the diffused character with deep bleeding rhagades, while on the wrists and fingers it is guttate and papular. On the knuckles of the left hand the patches are orbicular, while on the fingers they are guttate and papular, and two deep rhagades are seen on its ulnar border. *Baretta.*
80. Model of the hand, showing *Psoriasis* of its dorsal surface and also *Psoriasis* of the nails. One broad rectangular patch occupies the whole of the back of the hand, from the wrist to within a short distance of the knuckles of the metacarpo-phalangeal articulations. Above the wrist are three or four small circular patches, the largest being a quarter of an inch in diameter. The nails are marked transversely and so deeply as to appear fissured.

The patient was under the care of Bazin, who terms the affection "*psoriasis des ongles*;" he was 42 years of age, and this was the third attack of the eruption, which commenced eight years previously.

Baretta.

81. *PITYRIASIS RUBRA* (Devergie) or *DERMATITIS EXFOLIATIVA*. Model of the front and back of the forearm and hand ; the skin is intensely red, the epidermis thin and transparent, and the surface flecked by a few scattered desquamating exuviae, oblong and narrow in figure. Lailler terms the affection "*eczema rubrum acutum*." *Baretta.*

82. Epidermic exuviæ collected from a patient suffering from *Pityriasis rubra*. The laminæ resemble the bracts of hops.
83. Epidermic exuviæ from another patient suffering from the same affection, collected during the early period of his illness.
84. Epidermic exuviæ collected at a later period of the disease, when they were smaller in size.
85. The cuticle from the hand of a man cast off entire whilst suffering from "an inveterate form of remittent Eczema rubrum." The condition was probably that of *Pityriasis rubra* resembling model No. 81. See Med. Chi. Review, vol. 24. *Presented by Dr. Thiernam.*
86. Water-colour study of *Lichen planus*, illustrating the colour and distribution of the papulæ. The seat of the eruption is the left arm, and in the left-hand corner of the drawing is a memorandum of the colour of the stains left by the papulæ at their decline. *Bagg.*
87. Water-colour study of *Lichen planus* from the same patient. It represents the colour and distribution of the papulæ upon the right flank. *Bagg.*
88. LICHEN PLANUS, *var. RETIFORMIS*. Model of the side of the trunk, showing a rare form of this eruption, corymbose and retiform in its distribution, and of a dull crimson colour. In the interspaces of the corymbi may be observed flat papulæ, very slightly elevated, and umbilicated in the centre by the aperture of a follicle. The patches are formed by the aggregation of similar papulæ united by a hyperæmic base, and the aggregated patches are studded with minute scales.

The patient was under the care of Lailler, who terms the affection "*pityriasis rubra*" (*vide* No. 6). It is numbered 218 in the Saint-Louis collection.

It is difficult to see on what ground Erasmus Wilson considered this to be *Lichen planus*; it seems more probable that Lailler, under whose care the patient was treated, was right in regarding it as a variety of "*pityriasis rubra*." (Ed.).

Baretta.

89. LICHEN PLANUS. Model of the leg, the outer side of which shows one of the forms of *Lichen planus*. The eruption is aggregated, though a few scattered papulæ may be seen around its circumference ; but it is chiefly remarkable for its purple colour and brown pigmentation. The morbid surface is corrugated and papulous, and bears evidence of a chronic disease ; whilst an oozing spot at its upper and front margin is indicative of pruritus, being probably the consequence of scratching with the nails. Wherever the papulæ have subsided a deep pigmentary stain is left behind ; and the purple hue of the whole eruption must be referred to prolonged congestion and chronic dilatation of the capillary vessels.

This model is No. 189 in the Paris collection, and is named by Hillairet "lichen hypertrophique."

Baretta.

90. LICHEN PLANUS. Model of the inner side of the leg, representing *Lichen planus* in its retrograde and pigmentary stage. The eruption is composed of flattened papulæ and slightly prominent patches, ranging in diameter between two lines and nearly two inches, the larger patches being formed by an aggregation of papulæ united by an erythematous and pigmented base. The patches are irregular in figure, but evidently composed of the small circular flattened papulæ, some of which are seen to project here and there from their border. The colour of the eruption is reddish brown from pigmentary deposition ; the cuticle covering them is thickened, in some corrugated, in others roughened by desquamation ; whilst an abrasion of a few of the papular eminences affords evidence of the operation of the nails for the relief of itching. The present stage of the eruption is usually pruritic. Comparing this model with Nos. 88 and 89 the resemblance is only appreciable in the latter. Pigment is met with in both, and the tint of the pigment is further illustrated by the drawing No. 86 ; but from the chronic character of the eruption the pathognomonic flattened and umbilicated papulæ are obliterated. Besnier terms the eruption "lichen lividus ;" but it is evident that

the colour is not due to a purpuric change, but to the accumulation of brown pigment.

The model is numbered 257 in the Paris collection.

Baretta.

TRAUMATIC AFFECTIONS.

91. Papular eruption from the irritation of a dye (probably from arsenical contamination of an aniline dye). It resembled the so-called simple lichen, affected the trunk and arms of the patient, and was limited to the extent of surface covered by a woollen vest.

The patient was a compositor, aged 28; he had been suffering from an attack of epidemic catarrh, for which he took a warm bath, and the day following, no doubt excited by the warm bath, the eruption made its appearance. It must be mentioned that the woollen vest was new and of a red colour. This case may be taken as the type of the papulæ of dermal pathology, and the observer's attention may be drawn to the size and distribution of the papulæ. They are most minute where they are most abundant, a few papulæ of larger bulk being mingled with the rest; whilst they are scanty and larger on the flanks, and largest on the shoulders and arms, where they have a corymbose arrangement. This is a water-colour study for one of the series of "Portraits of Diseases of the Skin," in which it is called *Lichen simplex*, var. *confertus*.

92. ARSENICAL ULCERS. Models of the wrist, three fingers, and a thumb, showing ulcers produced by the irritative action of arsenic on the skin. All the ulcers have the same general characters of being deep, coated on the surface by a buff-coloured, gelatinous-looking lymph, bordered by a dark red margin, and surrounded by a purplish-red, thickened, and desquamating areola. The ulcers on two of the fingers occupy the side of the first phalanx near its base, and are larger than the rest from the facility of lodgment of the poison in the interdigital grooves, one of the two ulcers being formed by the confluence of three sores of smaller size. On another finger, the ulcer is smaller and situated at the side of the middle phalanx; while on the thumb, the ulcer is seated immediately beneath the free extremity of the nail, and is partly covered with a black crust.

The patient was a man, aged 55, of good constitution and good

family history. In July 1865 he took service in a factory of chemical products, and was employed in preparing an arsenical colour, the Schweinfurt green. After a month or six weeks he was attacked with catarrh and coryza, and was troubled with ulcers on the scrotum, sides of the fingers, and wrists. He was admitted into Bazin's wards, and was discharged cured at the end of forty days. In November he returned to his duties in the factory, and at the end of a month had a recurrence of his previous symptoms—namely, catarrh and coryza (which gave a nasal intonation to his voice), ulcers on the inner sides of his thighs, on his fingers and wrists, and ulcerating papulæ on his cheeks near the angles of the mouth. At the end of the month of March he was readmitted into hospital under the care of Lailier; at this time he was debilitated, but his appetite was good, and his bowels were regular. There were ulcers on the inner sides of the thighs and legs, on the scrotum, on the hands, wrists, and forearms, between the toes, on the cheeks, and within the nostrils, the septum nasi being perforated, and the lining membrane red and swollen. There was a mucous discharge from the nose, but no affection of the mucous membrane of the mouth and fauces. At this period the disease had been three months in progress, but there were no indications present of constitutional symptoms occasioned by the arsenic; and at the end of a month he was discharged nearly cured, the treatment in the interval being of the most simple description—namely, warm baths, with aromatic wine, styrax ointment, and nitrate of silver.

Baretta.

93. A silk sock of a bright scarlet colour dyed with one of the aniline pigments, probably coralline. A pair of these socks, worn for a day, gave rise to an intense inflammation of the feet, *Dermatitis anilina*, which lasted for a fortnight, and was repeated at intervals of a few weeks for many months. The general features of the inflammation were heat, swelling, itching, tingling, and large blisters, while an eczematous irritation was propagated more or less extensively to the whole body of the patient, especially to the hands.
94. A sock of mixed fabric dyed with one of the aniline pigments. The colour is in a measure lost by washing; the socks were originally striped with purple, and the impression of the purple stripes was made visible on the legs of the patient in the form of dark red bands that resembled burns. As in the preceding instance, the *Dermatitis anilina*

was severe and recurrent during many months. At its height the eruption gave rise to swelling of the inguinal glands.

95. **ERYTHEMA COPAIBICUM.** Model of the forearm and hand, showing papulæ and maculæ of a bright crimson colour. The erythema evidently takes its origin in the follicles, is papular on the hand and macular on the arm. The papulæ on the hand and fingers range in size between three quarters of a line and two lines, and give warrant to the term adopted by Guibout, namely "erythème papuleux copahique." There are also, mingled with the papulæ, a few prominent maculæ measuring four lines in diameter. On the arms the spots have the character of maculæ with a prominent centre rather than papulæ; some have a deep crimson centre with an areola of less vivid redness, and reach a diameter of half an inch; others are composed of three or four flattened papulæ united by an erythematous base; and others, again, have an annular figure encircling a centre possessing the natural hue of the skin. Across the roots of the fingers and just above the wrist are two bands of erythema, referable possibly to some pre-existing lesion of the skin.

Baretta.

96. **DERMATITIS MEDICAMENTOSA.** Model of the left thigh, the anterior aspect of which shows an eruption of an erythematous character. The integument is nodulated by slightly tuberos and prominent wheals about half an inch in diameter, of a dull crimson colour, and spotted with puncta and slightly prominent papulæ of a deeper tint than the base. Many of the tuberos masses or plates have been left uncoloured by the artist; otherwise the whole surface would be seen to be thickly studded with them, while the intervals between them present a thick crop of minute papules resembling those of *cutis anserina*.

M. Lailler reported that the patient was a man aged 27, who had been for three weeks the subject of gonorrhœa, and had taken for its cure a multitude of drugs given him by a chemist, but no copaiba. The eruption appeared in the evening of the 9th of April, and rapidly overspread the whole body, being most

strongly developed on the trunk, buttocks, and face. Its colour was a bright red, and the pruritus very severe, destroying his sleep, and most annoying of all upon the prepuce. On the morning of the 11th he experienced some uneasiness of the throat in swallowing. On this day, moreover, the centre of the wheals was pale, while the border presented a slightly crimson hue. On the 12th there was a general subsidence of the eruption; it was paler in hue, and began to resemble *Erythema circinatum*. On the 13th and 14th the retrogression of the eruption continued, and it had a fawn-coloured tint, and quickly disappeared, a very little pruritus recurring on the night of the last-named date. On the 15th he was considered well.

This model, which is numbered 243 in the Paris collection, is termed "erythème papuleux copahique," but according to the history this patient had taken no copaiba. However, if the rash was not due to this drug it was probably due to something of the same class. In the previous Catalogue the eruption was labelled Urticaria, and stress was laid on the differences between this model and No. 95: but copaiba and other medicinal erythematous eruptions differ widely in the kind of erythema in different patients, and no inference as to the drug administered can be drawn from the characters alone of the Erythema.

Baretta.

CLASS II.—HYPERTROPHIÆ—HYPERTROPHIES.

(Nos. 97 to 135.)

97. Water-colour drawing of *Ichthyosis*, showing the legs and feet of a little girl, about five years old, who had evinced this affection since the age of eighteen months. The wrinkles about the knee, the areolated tracery on the legs, the brown bands crossing the front of the ankle and dorsum of the foot, the thickening of the epidermis of the sole, with the desquamation at the edges of the latter and the fissures of the borders of the foot, are pathognomonic signs of *Ichthyosis*.

The coloured lithograph from this drawing forms one of the series of "Portraits of Diseases of the Skin."

98. A portion of epidermis, stripped from the axilla after decomposition of the body had commenced, exhibiting the

pathology of *Ichthyosis*. On the external surface may be observed the oblong quadrilateral scales of *Ichthyosis* occupying the areas between the lines of motion of the skin, while on the internal surface the hair-follicles are seen to project, each follicle presenting a conical pearl-like bulb resulting from distension of its cavity with epidermic scales.

99. Portion of cuticle from the same patient, dried and mounted as a microscopic object.
100. Epidermic concretions from the borders of the axilla of a young girl affected with *Ichthyosis*.
101. ICHTHYOSIS (*Sauriosis*). Model of the ankle and dorsum of the foot. The saurian-like scales are most strongly defined along the lines of flexion of the joint; they are black from the attraction of dirt from the atmosphere, and the apparently unaffected skin is roughened by desquamation. The affection was termed by Lailler "*Ichthyose noire cornée*."

The patient was a boy, aged 14, and the morbid state of the skin manifested itself in infancy. His brother was similarly affected, but there was nothing of the kind in their parents. Treated with the glycerinum amyli and simple baths all trace of the disease disappeared in a week, but recurrence took place unless the treatment was continued from time to time.

Baretta.

102. ICHTHYOSIS (*Sauriosis*). Model of the arm. The disease extends from the shoulder to near the wrist, and is most strongly developed on the finer integument in the neighbourhood of the axilla, whilst it is absent along the line of flexion of the elbow and upon the wrist and hand. The arm is that of a young person, the integument is thin, wrinkled, and discoloured from defective nutrition, and the epidermis thick and rough. The concretion, which is the characteristic feature of the disease, is composed of epidermic and sebaceous substances desiccated and hardened and broken up into small masses, corresponding with the areas

between the lines of motion of the skin. Hillairet terms the case "*ichthyose généralisée*," from which we may infer that the affection existed over the whole of the body. In the Paris collection it is numbered 224. *Baretta.*

103. *ICHTHYOSIS SPINOSA.* Engraving of a female child, aged 3 years, affected with *Ichthyosis hystrix*, "the porcupine disease." The disease is general, with the exception of the face, and was first perceived at the age of three months. The child's mother was similarly afflicted, the disease beginning in her, as in her child, at the age of three months. Defect of nutritive power was also evinced in both mother and child by the complete decay of the teeth.

The engraving illustrates a note on "Hereditary Ichthyosis" published by Mr. P. J. Martin in the 'Medico-Chirurgical Transactions' for 1818, vol. ix. p. 52.

104. Spine from a "porcupine" boy, measuring in its dried state a quarter of an inch in length; it contains in its structure a group of downy hairs which form convoluted bunches here and there. The rounded prominence on the border of its shaft is due to one of these bunches.

105. Spine from a "porcupine" boy; this spine was taken from the same patient as the preceding. The whole body was covered with similar spines, standing out nearly perpendicularly from the surface of the skin.

106. Two similar spines from the same patient.

107. Portion of a spine from the same patient.

108. *ICHTHYOSIS HYSTRIX.* This form has had a variety of names given to it, such as "nerve nævus," "nævus verrucosus," "papilloma neuroticum," &c. In the previous Catalogue it is classed amongst *Verrucae*, or "congenital warts." The photograph was taken from a boy aged 9. The abnormal growth is most remarkable on the left side of the body; for example,

the left half of the abdomen, terminating abruptly at the linea alba, the left groin and left side of the scrotum, the left axilla, arm, and hand. Patches may also be seen on the right breast and right forearm, while in the neck they form a prominent "cauliflower-like" mass both in front and behind.

The lad was pale, nervous, and strumous, with notched and decayed teeth, and presented a band of alopecia areata on the left side of his head. His mother received a fright at the fifth month of pregnancy, and the abnormal state of the skin of her infant was perceived in the form of dusky streaks during the first week of his life. The donor reported that the boy "was literally splashed all over with warts," in some spots pedunculated, in others occurring as soft velvety patches or linear streaks. The parts especially disfigured were the features, neck, inner side of arms, dorsal surface of hands, chest, left nipple and umbilicus (where the growths were pedunculated), abdomen, buttocks, back, legs, and tibial side of the dorsum of the left foot, involving the two inner toes. The papillæ composing the cauliflower masses on his neck were for the most part three quarters of an inch in length, and their base was bathed in a fetid puriform secretion.

Presented by Richard Davy, Esq.

Warty growths and warty vegetations (*Verrucæ vegetantes*) of remarkable bulk and development are to be found in the "General Pathological Series" as Preps. 10, 403, 4684 to 4687, 4072 to 4075. The majority of these are cutaneous growths from the labia pudendi and præputium clitoridis, but one takes its origin from the verge of the anus. Their general character is that of lobulated and nodulated tumours, suggestive of the idea of cauliflower growths; whereas Prep. 4075 is a small pedunculated tumour bristling on the surface with a remarkable papillomatous outgrowth, which consists of elongated papillæ enveloped in epidermic sheaths.

CLAVUS or corn is very amply and instructively illustrated in the "General Pathological Series" by Preparations 9, 4019 to 4025 inclusive. In these preparations *corns* are shown in their epidermic thickness and structure, in the impression made by them on the derma, and also in section. Preps. 4020 and 4022 exhibit a conical horny prominence on the under surface of the epidermis and a deep hole in the derma in which the prominence was lodged, the aperture in the latter of these

preparations being surrounded by an elongated lip. Preparations 4021, 4022, and 4025 show the central nucleus or "eye" of the corn, Preps. 4019 and 4021 its fibrous structure resulting from the production of vertical fibrous sheaths by the hypertrophied papillæ cutis, and Prep. 9 a subcutaneous bursa interposed between the corn and the convexity of the joint.

109. EPIDERMIC HORN developed beneath the last phalanx of the great toe; it lay flat against the skin, and grew backwards, "filling the fossa in front of the ball of the great toe." The donor observes that "the appearance of the last joint of the toe was very remarkable, for it looked as though it had two nails, on opposite surfaces, growing in opposite directions. The horn had been about two years in formation, the patient being a woman, aged 66. It caused very little inconvenience or pain in walking, but it was very painful at night, and on this account, at her request, I removed it." It measures in length one inch, seven lines being free, and the remaining five lines constituting its root; its breadth is seven lines, or rather more than half an inch, and its thickness a quarter of an inch. It is convex on the external surface, marked with transverse lines indicating successive growth, and in general appearance is indistinguishable from a rough toe-nail, terminated by a rounded obtuse point.

Presented by W. Houghton, Esq.

110. Epithelial horn developed on the *preputium clitoridis*, in the middle line. It is singularly horn-like in appearance, and measures half an inch in length. The horn was removed by operation. *Presented by Henry Hancock, Esq.*

111. Epithelial horn, resembling a small finger-nail, developed on the *glans penis* of a young gentleman, aged 24.

112. Several *horny concretions*, partly resulting from hypertrophic growth and partly from epithelial sordes, developed on the prepuce and integument of the penis.

113. Water-colour drawing of the penis from which the concretions No. 112 were obtained. *Bagg.*

Horny growths of the skin have their origin in the epidermis or epithelium, and the abnormal process may be simply an error of nutrition, or it may be due to inflammation. The former gives rise to growths which in their structure resemble nail or which approach to the character of a laminated and fibrous horn; they are composed of normal tissue abnormally accumulated. The other kind are the product of abnormal and morbid secretions mingled with the proper epidermic or epithelial material, and may be distinguished as "horny concretions," rather than "horny growths;" while in some instances the results of the two processes may be found to be united.

114. FOLLICULAR HORN. Section of a *follicular horn* composed of the desiccated contents of a follicular tumour.

The horn had been growing for thirty-two years, but had only attained sufficient bulk to be insufferable during the twelve months which preceded its removal. It was situated on the upper and front part of the thigh of a female servant, aged 57, and resembled in general contour the beak of a bird, its long diameter lying parallel with the skin. Its base was oval in figure, and measured one inch and a half by one inch and a quarter. It measured in length two inches and three-quarters, and in thickness two inches; its elevation above the surface was one inch and a quarter, and its weight three quarters of an ounce.

115. The opposite section of the same follicular horn, dried.

Figures of this horn were published in the 'Medico-Chirurgical Transactions' for 1844, vol. xxvii. p. 52.

116. A large *follicular horn*, which grew from the scalp of an adult male during a period of nine years. The horn looks as if it had been broken away from its attachment, and is twisted like a ram's horn. It measures in its dried state somewhat more than four inches and a half in length, and two inches and three quarters in its greatest circumference.
117. Horn of a conical figure, fibrous structure, and considerable density. It measures nearly four inches in length, and has been for some time in the Museum. There is no history attached to it, but it is presumed to be a human horn.

118. Portion of a follicular horn which grew from the scalp above the left ear, after the removal of a small sebaceous cyst. The latter operation had been performed five years before ; and the horn had been snipped off on several occasions with a pair of cobbler's shears.

Presented by Sir William Fergusson, Bart.

Prep. 4120 of the "General Pathological Series" is a very remarkable specimen of a follicular horn removed from the scalp of a woman ; and 4072 an equally remarkable example of horny growths from the lower lip of a man. Preps. 4119, 4122 *et seq.* are also growths of a similar character.

119. SCLERODERMIA CIRCUMSCRIPTUM or MORPHŒA—*kelis*, Addison ; *scleriosis*, German ; *leuce*. Water-colour drawing, showing a patch of *morphœa* at different stages of its progress. The patient was a young lady of twenty, and the morbid patch occupied the centre of the cheek. Its area presented the appearance of a cicatrix, white and depressed, and bordered by a slightly raised, lilac-coloured margin, the colour fading into the tint of the surrounding skin. The brown spots situated within the area and near its circumference are papular eminences. The pathological effect of this affection is a fibrous transformation of the structure of the skin with atrophy ; but in an early stage, the condition found is a copious cell-effusion, sheathing and occluding the vessels of the corium, chiefly those of the papillary layer, and leading to atrophic changes in the skin ; subsequently the cells organise into fibrous tissue.

120. SCLERODERMIA CIRCUMSCRIPTUM (*Morphœa*). Formerly called Addison's Keloid.

Edith C., aged 9 years. A white hard patch the size of a shilling was first noticed on the right thigh towards the end of the year 1888. In Dec. 1889 the condition was as follows :—Some enlarged glands in the neck. No signs of hereditary syphilis. On the right thigh was a white oval area with a pigmented border ; it extended from midway between the anterior superior iliac spine and the tuber ischii down the front of the upper third of the thigh, 8 inches long and 2 inches wide. The skin was characteristically thickened

and could not be pinched up. On the left thigh was an oval patch 4 inches long lying obliquely in the upper third; above Poupart's ligament was another patch running transversely, 3 inches long and 1 inch broad. Between the mons veneris and the thigh on each side was a small patch, also over the lower dorsal region (3 in. \times 2 in.), extending equally on either side, and there was another on the left buttock.

Personal history. The child was spare; of fair complexion; measles at two years old; no other illness.

Family history. Mother had eight children, one died at 17 months, and one at 13 weeks of diarrhœa; others healthy. No miscarriages. Mother said to be very subject to rheumatism. A grandfather and grandmother died at 28 and 38 respectively of consumption.

Presented by Dr. Colcott Fox.

121. Water-colour drawing of circumscribed *Sclerodermia* or *Morphœa*, as shown upon the forehead and cheeks of an unmarried woman, aged 28. One patch crossed the nose and expanded upon the cheek at either side; it was white and uneven, like a cicatrix, the skin being apparently in a state of atrophy, and bounded around the circumference by an erythematous blush of a lilac or purplish tint. The other occupied the middle of the forehead, and was also white in the centre and surrounded by an erythematous purplish halo. This latter patch measured two inches in longitudinal diameter and nearly the same transversely; the white centre was sunk below the level of the lilac border; it was tense and seemed to be adherent to the bone, insensitive, to all appearance non-vascular, and resembled leather rather than human integument.

Bagg.

122. Water-colour drawing of the face of a little boy, 8 years of age, showing patches of circumscribed *Sclerodermia* on the forehead, cheek, chin, and upper part of the neck. The patch on the forehead is in a state of atrophy, as denoted by the thinning and disorganisation of the skin (*Morphœa atrophica*). The integument of the eyelids is also in a state of atrophy, the lower eyelid being slightly drawn down by contraction of the skin. On the cheek is a yellowish-white and somewhat prominent patch of an annular figure, which is hard to the touch and smooth and glossy in appearance

(*Morphæa alba tuberosa*) ; another patch of *Morphæa atrophica* is seen on the chin, and other patches, both of the protuberant and atrophic kind, are shown upon the lower part of the cheek and adjacent part of the neck.

The case of this patient is reported at length in the second volume of the 'Journal of Cutaneous Medicine,' pp. 172 & 430.

123. Wax model of the right forearm, showing *Scleroderma circumscriptum*, and another of the left fingers showing *sclerodactylia*, the consequence of diffuse scleroderma.

124. ELEPHANTIASIS PAPILLOMATOSUS. Model of the foot and ankle of a man twenty-eight years of age, showing a papillomatous overgrowth, the sequela of eczema. The hypertrophic formation extends from the heel across the external ankle and dorsum of the foot to the toes. The skin immediately bounding the granulated mass is red and thickened by infiltration, and the papillomatous growth is subdivided into polygonal and hemispherical lobes, the latter being made up of lobules and papillæ. Bazin terms the disease "éruption papilliforme consécutive à de l'eczéma," and also "forme d'eczéma dégénérée."

The patient was a commissioner, and the disease had been four years in progress ; it began as the consequence of an inflammation excited by an operation for the relief of an ingrowing toe-nail. This gave rise to eczema, and the inflamed skin threw out a papilliform growth, which continued to increase until it reached its present excessive dimensions.

Baretta.

125. Model of the leg exhibiting ELEPHANTIASIS PAPILLOMATOSUS. Chronic eczema has produced hypertrophy of the lower part of the limb and foot and hypertrophy of the papillæ cutis around the ankle. The upper portion of the eczematous skin has a purplish-red hue ; lower down it is encrusted by a thick scab of a greenish-brown colour, stained by remedies employed in the treatment; while in front the scab is absent, and a dense cluster of hypertrophied papillæ cutis, resembling the efflorescence of a cauliflower, is brought into view,

Hardy terms the disease, apparently in reference to the papular growth around the ankle, "lichen hypertrophique."

The patient was a man 69 years of age : at 33 he received an injury to the leg which was followed by ulcers ; since that period he had suffered three attacks of eczema, the last when he was 66, and this had been neglected. As a consequence of neglect, the skin became covered with a thick crust, and two little enlargements were seen in the midst of the crust. On admission into hospital, three years after the commencement of the attack, the lower third of the leg was covered with nodosities and nodules, ranging in size from that of a pea to that of a hazel-nut. A varicose state of the veins of the leg also contributed its share to the development of the disease.

Baretta.

126. Photograph of a Chinese affected with ELEPHANTIASIS of the scrotum, back of the thighs, calves, and ankles. The ponderous scrotum is seen both in front and at the back of the figure, and obliges the man to stand with his legs apart. The growth on the thighs has the appearance of the buffer of a railway carriage, and that on the calves of the legs is composed of large lobulated masses of hypertrophied integument.

127. ELEPHANTIASIS ARABUM ; *Spargosis* ; *Bucnemia tropica* ; *Barbadoes leg.* Photograph of a Chinese actor afflicted with this disease.

Dr. B. D. M'Cartee, an American Medical Missionary, under whose care the patient was placed, reports of him as follows:— " Li-kāi-tā, aged 35, eighteen years ago suffered repeated attacks of quartan ague. While under the influence of one of these attacks, he was obliged to walk the whole day, and wade several streams chilled with melting snow. On reaching his home the fever was aggravated, the legs became inflamed, swollen, and ulcerated, and the inguinal glands enlarged. The inflammation of the legs was subsequently repeated at intervals, and at each recurrence the limbs increased in dimensions. At present his health is moderately good. The fever, however, returns from time to time, particularly in the rainy season ; and the walk home from the hospital at his first application revived the fever and local inflammation. The disease is common at Ningpo, but rarely so well marked as in the present instance : it would seem to be of malarious origin, and the Chinese believe it to be occasioned by wading in the mountain-streams."

Presented by Major Watson, 1871.

Elephantiasis Arabum is excellently illustrated by preparations in the "General Pathological Series," numbered 4027 to 4031. Sections of the disease display very distinctly its pathological structure. Moreover, the same form of disease affecting the scrotum is shown in Preps. 4301 to 4304; while Prep. 4301, representing hypertrophy of the præputium penis, and Prep. 4684, hypertrophy of the præputium clitoridis, call to mind the photograph No. 128.

128. ELEPHANTIASIS PENIS. Elephantiasis Arabum affecting the penis of a Negro of the West Indies. The organ, as represented in the photograph, has acquired a huge size and an extraordinary figure; it is lobulated above and curved at the extremity, and in the latter situation is roughened by warty granulations.

Presented by Dr. Thomas Nicholson.

129. Model of a case of *Elephantiasis* of the scrotum and penis four years after an operation for its relief.

The patient was a French artisan, 29 years of age, and the disease had been in progress for seven years. It began by attacks of inflammation of the integument at the root of the penis, attended with itching and an eruption of follicular pimples. These attacks occurred regularly, spring and autumn, and were accompanied at their commencement with slight fever. They lasted for about a fortnight, and when they ceased left a permanent thickening of the integument behind them, the thickening being considerably increased after each attack. The man was of lymphatic temperament, and had suffered from ague on several occasions, but was otherwise healthy. The operation was performed on the 2nd of July, 1868, and the wound was completely cicatrized on the 13th of August. It lasted thirty minutes; and the mass removed, on being weighed the following day, after a considerable loss of its infiltrated fluids, exceeded six pounds. It was composed of a stroma of greyish fibrous tissue, elastic and tough, and infiltrated with serum.

Baretta.

The model representing the case before operation has been broken, but it was probably of a similar character, though much less developed than photograph No. 130. In the Old Catalogue it was thus described:—

Model, showing *Elephantiasis Arabum* or *Spargosis* of the penis and scrotum. The surface of the tumour is marked by numerous

pits corresponding with the apertures of follicles, and its extremity is nodulated by inversion and irregular growth of the margin of the prepuce, the inversion being due to the unyielding nature of the frænum. The aperture of the prepuce is seen to the left of the middle line.

This model, with the preceding one, was presented to the Museum by Dr. Voillemier. See the donor's pamphlet "*Eléphantiasis du fourreau de la verge et du scrotum, 1873,*" deposited in the Library.

Baretta.

130. Photograph of *Elephantiasis Arabum* of the scrotum in a native of India. The tumour is remarkable for its pedunculated and flask-like figure. It must have nearly reached the ground when the patient was in a standing posture ; it weighed, after its removal and the draining away of a portion of its fluids, 110 lbs. The penis is submerged in the hypertrophied mass, the large fissure in front of the tumour being the aperture of exit for the urine. The surface is rough and nodulated, and bleached at its upper part by *leucopathia*. Other leucopathic or leucasmic patches are seen on the inner side of the right thigh, on the tibiæ, and on the tips of the toes. *Presented by Dr. Fayrer.*

131. ELEPHANTIASIS NASALIS or RHINOPHYMA. Areolo-fibrous hypertrophy of the nose, composed of one large central tumour which hangs down to the level of the chin, completely closing the mouth, and two small lateral lobes. The hypertrophy of the apertures of the sebaceous follicles is very remarkable, several of them ranging between one line and one line and a half in diameter. The greatest circumference of the tuberos mass is eleven inches and a half.

The patient was under the care of Guérin, and the model is numbered 239 in the Paris collection.

Baretta.

132. ELEPHANTIASIS NASALIS or RHINOPHYMA. Model of the face, showing *areolo-fibrous hypertrophy* of the nose. The nose presents the appearance of a lobulated mass, but is considerably reduced from its original size by the removal

of the largest of its lobes ; at present it hangs down below the level of the mouth and presses against the lips. The large central and most dependent lobe measures two inches and a half in breadth by nearly two inches in length, and is surmounted by upwards of two dozen lobulated masses ranging in bulk between two lines and one inch in diameter. The lobules at the root of the nose are reduced to the size of simple tubercles ; but from this point downwards they increase considerably in bulk, and at the base of the mass may be seen a number of large veins. The general tint of colour of the tumour is purplish ; the lobes are smooth and tense, and the surface is indented every here and there by obliterated follicles. Guérin names the affection "*Hypertrophie des glandes sébacées du lobule du nez.*" *Baretta.*

Portions of the nose, similarly affected and removed by operation, are shown in the "General Pathological Series," Preps. 4104 to 4106. The hypertrophy of the integument is complete, involving the apertures and cavities of the follicles together with the solid structures, as is strikingly exhibited in Preps. 4105 and 4105 A.

133. Two photographs of natives of India, illustrating *Elephantiasis nasalis*. The tumours, which are remarkable for their pedunculated and flask-like figure, spring from a portion of the nose—the lobe at the tip of the organ in one instance, the ala nasi in the other.

Presented by Dr. Fayrer.

134. NÆVUS SPILUS, HAIRY NÆVUS, or MOLE. Photograph of a child, showing a hairy nævus that occupied the greater part of the side of the face. It covered the right ear, and was continuous with the hairy scalp. The child had numerous similar patches of small size distributed over the body.
135. Wax cast of the side of the neck of a young lad, showing a hairy nævus or mole situated just below the angle of the jaw. It was attributed to a longing on the part of the mother, during her pregnancy, for a "sucking pig."

CLASS III. ATROPHIÆ—ATROPHIES.

(Nos. 136 to 142.)

136. LEUCO- and MELANODERMA. Water-colour study of general Melanoderma, with partial Melanoderma and partial Leucoderma. The patient had been growing darker in complexion of skin for some years, and the dyschroma had become more decided during the seven years preceding the record of his case. A large irregular patch of melanoderma may be seen on the left side of the chest, and the areola of the nipple on that side is almost black, while on the opposite side the nipple is bleached, and leucodermic patches may be perceived on the shoulder, neck, and face. The apparently exciting cause of these phenomena was the drinking of cold water and the immersion of the body in cold water when the system was heated by exercise and probably fatigued. The leucoderma or achroma made its first appearance on the tips of the fingers, as is very commonly the case, seven years previously, when the patient was 17 years of age. In the lower part of the drawing the left nipple has been delineated, showing its bleached and achromatous condition as compared with the right. *Bagg.*

137. Coloured lithograph of the same patient. One of the series of "Portraits of Diseases of the Skin."

138. Water-colour drawing of a *piebald negro* boy. He was born of black parents in the West Indies, and presented at his birth the curious mixture of melanoderma and leucoderma or achroma—a state of partial albinism—seen in the drawing. At the age of fifteen months the boy was consigned to Richardson, the strolling "showman," by whom he was exhibited at country fairs and most tenderly cared for.

The picture from which the drawing was made is preserved in the vestry of the church of Great Marlow, in Buckinghamshire, where also may be seen a monument bearing the following inscription:—"To the memory of George Alexander Grattan, the

spotted negro boy, a native of the Caribbee Islands, in the West Indies, who departed this life February 3rd, 1813, aged four years and nine months. This stone is erected by his only friend and guardian, Mr. John Richardson, of London." His skin and woolly hair were party-coloured, transparent brown and white; there were several figures of triangular shape, one within the other, on the head, and a broad band of white descended from the crown of his head over the forehead, nose, and lips, to the chin, while the cheeks and the rest of the face were black. On the limbs the white predominated over the black; of the latter there was a large patch over the scapula, another over the deltoid, one of considerable extent upon the forearm, a large patch around the knees and ankles, and scattered minor spots in the intermediate space and upon the back of the hands and fingers. He was well proportioned in figure, a bright and intelligent child, but being attacked with a swelling of his jaw he shortly after died.

139. LEUCASMUS; ACHROMA. Nine photographs representing piebald negroes, whose parents were negroes. The photographs were taken at Lagos in West Africa.

Fig. 1. A negro, aged 40, the figure below showing his back. The chest, shoulders, back of arms and thighs are speckled in a very remarkable manner.

Fig. 2. An adult negro, his back being shown below; the achroma is less extensive than in the former, but presents a curious patch on the summit of the head.

Fig. 3. An adult negress, the back view being below. In this case the white is more extensive than the black, and is especially conspicuous on the abdomen, the mid-line of the back of the trunk, and the extremities. The hands and feet are perfectly white.

Figs. 4, 5, 6 are back views of the preceding.

Figs. 7, 9 represent a negress of a lower type than the former; the achroma is general but less complete.

Fig. 8. A young albino negress; the achroma is general and complete; her eyes were brown.

Presented by J. H. Jeans, Esq., 1872.

140. Photograph of a Negro child, the greater portion of whose skin and hair is white, with some brown patches. The dark colour is most marked on the back, which is shown by reflection in a mirror.

141. Photograph, exhibiting a front and back view of a Negro presenting a *piebald* character. The black pigment is most abundant on the back of the trunk and neck, the hands, and the feet; while it is absent in the middle line of the forehead, and to a considerable extent on the front of the trunk, the upper arms and shoulders, and the legs.

For another illustration of Leucopathia, *see* No. 130.

142. Wax model of right leg showing a constriction of congenital origin midway between the knee and ankle, on account of which it has been compared with *Ainhum*, but the etiology and pathology of the two conditions are different, and the congenital affection is therefore not entitled to be called *Ainhum*. The terminal phalanges of the toes have been amputated, and the stumps have been united.

CLASS IV. NEOPLASMATA—NEW GROWTHS.

(a) DEGENERATIVE NODULES.

(Nos. 143 to 151.)

143. *MOLLUSCUM CONTAGIOSUM* (Bateman). Coloured lithograph, showing a well-marked example of this curious affection, which is now known not to be of sebaceous origin, as it used to be considered, but to be due to a peculiar degenerative change of the cells of the rete Malpighii, with an irritative overgrowth simulating gland-structure.

The subject of the illustration was a child between three and four years of age; he was strumous in constitution, and the morbid affection had existed for several months. The pathological features of the disease are—the globular nodules with central hilum, their pale colour and lobulated figure, and their evident construction of a thin layer of skin stretched tightly over a contained globular mass. On the neck the little tumours present various stages of growth, and two have become united into a confluent tumour.

One of the series of “Portraits of Diseases of the Skin.”

144. Water-colour study of *Molluscum contagiosum*; the forms of the small tumour are very characteristic of the disease at various stages of its growth. *Bagg.*

145. Model of the side of the neck and chest of a strumous girl, aged 19, affected with *Molluscum contagiosum*. The nodules are of small size, of a pale red colour, and several are surmounted by a small cylinder of dried molluscous substance which has been expressed through the hilum. There were twenty of these small growths on the right side of the neck, and seven or eight on the left.

The affection is rare in France, and Lailier does not recognize it as *Molluscum*, but calls it "Aené varioliforme." Lailier, however, contributes curious confirmation to the contagious nature of the disease; for, without knowing it to be an affection which had given rise to much controversy as to its contagiousness, he remarks that a young girl of scrofulous diathesis, who occupied the same ward and passed the whole day with the patient, was also attacked with a similar eruption.

Baretta.

146. XANTHOMA; XANTHELASMA: *Vitiligoidea*, Addison; *Plaques jaunâtres des paupières*, Rayet. Water-colour study of *Xanthoma palpebrarum*. A considerable difference will be observed in the tint of colour of the two figures, one being orange-yellow, the other primrose-yellow; in one the character of the morbid growth is that of a smooth lamina (*xanthelasma*, *xanthoma laminosum*, *vitiligoidea plana*); in the other the principal patch is composed of small nodules (*xanthoma papulosum*, *vitiligoidea granulosa*); while in both the nodular character is illustrated, as distinct from the stratiform or laminated character of the affection.

Bagg.

147. Models of the left hand, its palmar and dorsal surfaces, of the same patient. On the palm of the hand the lesions are chiefly apparent in the grooves of flexion, where the growth forms streak-like laminae, while on the thumb it possesses the nodular character. On the dorsum of the hand small nodules are scattered on the surface, but are collected most numerous on the knuckles.

Baretta.

148. Model of the buttocks of a lad aged 16, affected with XANTHOMA, or, as termed by Bazin, under whose care the patient was treated, "*Molluscum cholestérique*." The

convexity of the nates is thickly studded with small nodules, some red, but the greater number of a yellow colour, while in the fissure of the nates over the coccyx may be seen an oblong stratiform band. The hyperæmic condition of many of the nodules is deserving of attention, as showing the presence of an inflammatory change.

The patient was a clerk, of diminutive stature. His parents and brothers were healthy, and until the present attack he himself had been the same. He was admitted into Saint-Louis on the 5th of April, and quitted it on the 29th of May; he was consequently in hospital seven weeks. For five months previous to admission he had complained of a dull pain in the right hypochondrium, and had suffered from jaundice and indigestion. These symptoms were present during his stay in the hospital, and his liver was found to be enlarged and to project for the breadth of two fingers below the margin of the cartilages of the ribs. During the same period small lemon-coloured nodules of the size of a millet-seed had appeared on different parts of his body, while latterly the nodules had become larger and more abundant. Along the borders of the grooves of motion of the hands they were especially evident, and in that situation had become confluent so as to form broad yellowish tracks. When divided by incision, the nodules were ascertained, by means of the microscope, to be out-growths of the derma stratified with numerous bile-coloured lamellæ.

Baretta.

149. Photograph of the right hand of a woman, aged 28. The palmar surface of the hand, and especially of the fingers, is covered with closely-set nodules, rounded on the summit, and resembling the projection of shots under the epidermis. The nodules, which appear to be of the size of the hemisphere of a mustard-seed and somewhat larger, have a tendency to range themselves in the direction of the folds of the skin in close proximity with the lines of motion; and in the latter position there is a tendency to the fusion or blending of the yellow tissue, so as to constitute streaks or plates.

The patient was delicate in constitution, and had had six miscarriages; the last of these events occurred five years previously and was succeeded by jaundice, and the jaundice had persisted ever since. The xanthoma first appeared on the eyelids in the form of white lines, and the white lines were subsequently "transformed into smooth, slightly elevated patches, yellowish-white in colour," while at the inner angle of the lids might be

seen a few small white nodules. At a later period the xanthomic tissue made its appearance, in succession, on the hands and feet, elbows, knees, hips, clavicles, and gums, and had a generally symmetrical distribution—the forms under which it presented itself being lines and ridges, laminæ, and papulæ or nodules. In intimate structure it was shown by the microscope that “the cuticle was hypertrophied to nearly twice the thickness of that covering the adjacent skin. The rete mucosum was hypertrophied to about the same extent, and was stained with a yellow colouring-matter soluble in ether. The corium, also hypertrophied, made up the rest of the tumour. The corium was densely corpusculated, the corpuscles of irregular shape and size, non-nucleated, apparently consisting of connective-tissue germs, but on soaking the tissue in ether about half of them disappeared, still leaving a great number of irregularly shaped granules in the meshes of the areolar fibres.”

Dr. Murchison, who investigated this subject, “found the cream-coloured patches to be due to the deposit in the cutis of a large quantity of oily granules, both isolated and aggregated in masses, and always most abundant in the neighbourhood of hair-follicles. The epidermic cells were not affected; the oily matter was in such quantity, that when a section of the skin was put in water, the oil ran out from it like a milky fluid.

See ‘Journal of Cutaneous Medicine,’ vol. iii. p. 241.

Presented by Dr. Frank Smith.

150. Plaster cast of the right hand of the same patient.

151. Plaster cast of the right hand (duplicate) of the same patient. “On the hands the eruption first made its appearance in the form of yellowish-white lines, slightly elevated, corresponding with the flexure lines on the palmar surface of the phalangeal joints and along the flexure lines of the palms, mapping out these furrows in a curious manner. The intervals between the phalangeal joints are occupied by elevated yellowish nodules having the aspect of smallpox pustules; . . . these nodules are scattered over the whole of the palmar surface as far as the wrist-joint. On the dorsal surface they are confined to the fingers.” The large nodules on the phalangeal joints are very remarkable, and not less so are the prominent nodules on the palm of the hand, while on the convexity of the last phalangeal joints they form extensive and prominent nodular masses.

Presented by Dr. Frank Smith.

(b) INFILTRATIONS.

(Nos. 152 to 261.)

152. Water-colour study of *Lupus vulgaris* affecting the side of the face of a lady 37 years of age; the disease had commenced at the age of four, and had gradually increased to its present extent. The nodular character of the disease, along the margin of the patch the nodules being covered by a thin scale, the peculiar salmon-coloured redness of the eruption, and the sharply pointed figure of the nose, with the deformity of upper lip, are well shown, as well as the retiform cicatrix on the cheek where the disease has healed.

153. LUPUS VULGARIS. Coloured photograph of a patch of *Lupus vulgaris* developed in the middle of the cheek.

The disease made its appearance at the age of 5 years, and had reached its present magnitude at 20. Subsequently the patient underwent several attacks of hysterical illness, and during these attacks the disease increased rapidly until it had spread over the whole side of the face, from the edge of the lower eyelid to beneath the jaw, and from the ear to the side of the nose and nearly to the middle line of the lips and chin.

154. LUPUS VULGARIS. Model of the face of a young woman, 24 years of age, showing ulcerated Dermatostruma or Lupus of the nose and cheeks in an encrusted form. The disease consists of prominent circumscribed patches, circular and oval in figure, and ranging in size between seven lines and two inches and a half. The patches are composed of large irregularly shaped granulations surmounted by a yellowish exudation-crust of moderate thickness; in some situations they are fissured and ulcerated, in others they are in course of subsidence, and their base is surrounded by a purplish margin.

The disease first showed itself when the patient was 20; it then healed, but returned four years afterwards; it was again cured after several relapses and at the end of twelve months treatment, yielding finally to cod-liver oil, iron, and iodine. Guibot terms the case "Impétigo rodens," and Lailler "Scrofulide acnéique."

Baretta.

155. Wax cast from a female child, aged 13, showing common *strumous lupus* as it attacks the nose and face. The cheeks and upper lip are considerably swollen, the nose is flattened from destruction of the bones and cartilages, and a thin brown crust conceals a state of ulceration of the nose and cheek.
156. SCROFULODERMA of the face, ulcerated and incrustated. Model of the left side of the face, presenting two patches—one situated on the cheek, composed of two disks blended at their circumference, and one beneath the chin; the former measures two inches in its longest diameter, the latter three quarters of an inch. The crust is brown and thin, and the inflamed integument at the circumference of the patches is in a state of desquamation.

The patient was a woman, aged 39, and under the care of Lailler, who terms the disease "Scrofulide." The patch on the cheek had been in existence for upwards of three years, and began as a small tumour, which subsequently became incrustated; a sanguinolent pus issued from time to time from beneath the edges of the crust, and the removal of the latter brought into view an ulcerated surface. The process was slow, but more rapid during the last year; and it was within this period that the patch under the chin had developed. The model is numbered 232 in the Paris collection.

Baretta.

157. Wax cast of the right hand of a young female, aged 16, showing *Scrofuloderma* of the skin covering the knuckles. A part of the skin is thickened from infiltration, and another part is coated with a thick crust concealing strumous ulcers.
158. Wax cast of the left hand, showing two circinate patches in process of cure.
159. Epidermic crusts from the left shoulder and arm of a young female, showing *Scrofuloderma* in the form of large circumscribed patches covered with epidermic scales and at the margin with thick crusts.
160. Coloured photograph of the left shoulder and arm of a young female showing *Scrofuloderma* in the form of large

circumscribed patches covered with epidermic scales and at the margin with thick crusts.

161. Coloured photograph of the right shoulder and arm of the same patient.

162. Model of a right hand. It shows *Scrofuloderma* affecting the knuckles of the metacarpo-phalangeal articulations, together with a circumscribed cicatrix on the back of the hand and a healed perforation of the ring-finger, through which a portion of bone has been expelled. The edges of the principal patch are inflamed and prominent and coated with thin scales, while the integument of the cicatrices is attenuated and semi-transparent. *Baretta.*

163. Model of the right hand, showing a large cicatricial patch of *Scrofuloderma* in which morbid action has ceased, and two smaller patches, occupying the knuckles, in which it continues in a chronic and warty form called *Lupus verrucosus*. In the cicatricial patch the integument is attenuated so as to bring the veins of the dorsum of the hand very plainly into view ; it is purplish in hue, and punctated with minute pigmentary spots resembling freckles. The patches on the knuckles are prominent from hypertrophy of tissue, and are surmounted with a nodulated mass of horny epidermis, suggesting the name assigned to the case by Hardy—namely, “*Scrofulide verruqueuse.*”

The disease first made its appearance when the patient was 32 years of age, and had existed for three years when the model was completed. Shortly after this period he exhibited advanced symptoms of pulmonary consumption.

Baretta.

164. Model of the back of a child aged 9 years. Nearly the whole of the skin of the dorsal region is affected with tuberculosis. It appears to have commenced as nodules which subsequently ulcerated. *Baretta.*

165. Model of the right hand, showing *Scrofuloderma* of the matrix and wall of the nail in an ulcerated form—*Strumous Onychia*, or, as named by Lailler, “*Onyxis.*” The wall of the nail is much swollen, the nail is partly separated, and a

discharge is seen issuing from the groove in which it is implanted. A morbid change, termed *Onychogryphosis*, consisting in the excessive production of epidermic substance by the matrix so as to raise the free extremity of the nail into an oblique position, is seen in operation in the other nails. The *Onychogryphosis* was hereditary, his father and brother having a similar affection, which was associated with a club-shaped figure of the extremity of the fingers. The onychia was successive, attacking in turn the left and right thumb and the left and right ring-finger. Lailler reports that he effected a rapid cure of this case by the use of iodoform. For another example of *Onychogryphosis* see model No. 457. *Baretta.*

166. STRUMOUS ULCERATION of the palate and gums, from the same patient as model No. 156. The mucous membrane is of a deep-red colour, uneven, and studded with minute superficial ulcers. The uvula is gone, the bases of each ulcer have a greyish-yellow tint, and the depressions on the surface are filled with a muco-purulent secretion. The mucous membrane bled easily on slight pressure or injury. With all this disease the patient had never suffered from soreness or pain in the mouth or throat. *Baretta.*

167. STRUMOUS INFLAMMATION of the upper lip, nose, and gums, with ulceration of the latter. The upper lip is much swollen, and the gums, which are rendered uneven by ulceration, are studded with small hypertrophied masses, the frænum of the lip being gone. Lailler terms the case "Lupus"; and the model is numbered 228 in the Paris collection. *Baretta.*

168. Model of part of the face, showing an eruption on the side of the nose accompanied with the concretion of epithelial exuvixæ and sebaceous substance, and attended with ulceration at two or three points. Lailler names the disease "Éruption acnéiforme."

The patient was a young woman of strumous constitution, aged 17, and had been for some years the subject of acne and eruptions of the skin.

Baretta.

169. Wax model of supposed *Tuberculosis cutis*. The patient was a porter in the anatomical department of St. Thomas's Hospital. The patch, as shown in the model, is cicatricial all over, except at the margin for about one third of the circumference; beyond this there is a raised convex border about one quarter of an inch across. It is evident that a similar condition of ulceration had been present all round, but it had healed under iodide of potassium, leaving only the border still visible but much flattened. The whole patch was excised, and subsequently *Lupus vulgaris* developed on the ala nasi. *Presented by W. Anderson, Esq.*

170. Coloured photograph of a young gentleman, showing a patch of *Lupus vulgaris* successfully treated. The disease began at the age of fifteen, in the commissure of the lips on one side and gradually crept up to the nose, the border of which is destroyed. The father and mother of the patient both died at the early age of forty-two.

- 170 A. TUBERCULAR LYMPHANGITIS. Model of an arm, showing a patch of eruption on the metacarpus of the thumb and first metacarpal space, and a line of inflamed nodules extending from this patch upwards to the axilla. The patch of cutaneous disease is partly covered by a thin squamous crust and partly denuded. The nodules are ten in number. Of these the nodule nearest the inflamed patch is in a state of ulceration, as also are the second and the third. The fourth has the appearance of containing pus, and is reaching maturity; the next three nodules have the dull purplish hue of decline, and are squamous at the summit; while the three remaining are in a progressive stage. In the intervals of the nodules, particularly on the upper arm, may also be seen a pale ridge indicating a line of deep-seated inflammation and thickening following the course of the lymphatic vessels. A glance at the model is sufficient to show the progress and effects of an inflammation of the absorbents.

This disease is termed by Bazin "*Hydrosadénite traumatique*," indicating the presence of inflammatory tumours of adenoid tissue in the course of lymphatic vessels.

Baretta.

171. LUPUS ERYTHEMATOSUS. Water-colour study of a well-marked and characteristic example of this disease, showing the colour and figure of the patches, the appearance of the thin, grey epidermic incrustation by which they are covered, and the destruction of hair which attends their invasion of the scalp. The patches have a purplish hue ; they are slightly prominent at the border, where the morbid process is active, and depressed in the centre, where the pathological operation approaches exhaustion. *Bagg.*

172. LUPUS ERYTHEMATOSUS. Model of the face of a girl of seventeen, a laundress. The cheeks are covered by a dull crimson-coloured erythema abruptly circumscribed at the borders and connected under the chin by several isolated circular patches. The special characters of the erythema are :—first, its dull crimson hue mottled with a purplish tint ; secondly, its circumscribed and slightly raised border ; thirdly, a greyish epidermic concretion apparent in several parts, but not well marked in this particular case ; fourthly, a dilated and impacted state of the pores of the follicles, also but little evinced in this instance ; and fifthly, a subsidence of prominence and colour in certain parts, as, for example, near the lower eyelids, where the vascular congestion is gone and the colour normal, but where the skin presents the appearance of a superficial cicatrix. In the present case, however, the most prominent sign of the disease was the fixed, enduring, stubborn, crimson redness, abruptly circumscribed, and contrasting peculiarly with the colour of the normal skin—a pathological condition which had remained unchanged for nearly three years.

Among the minor characters to be observed in this model are the flat papulæ to be seen at the circumference of the patches, which indicate the follicular origin of the inflammation ; and the large patches may be regarded as being formed by the blending of such follicular congestions. Two or three partially isolated patches with red borders and a fawn-coloured depressed area may be considered specially characteristic of the disease, but most of all are the cicatricial indentations with marginate outlines just below the

eyelids. Nothing like these appearances occurs in common Erythema or in Syphilis ; it is exclusively restricted to this affection. In the notes of the case furnished by M. Vidal, he calls the disease *Lupus erythematosus* ; but in the Paris collection it is named "Scrofulide erythémateuse," and is numbered 258.

M. Vidal states that the affection began as a pimple on the left cheek ; six months later the extension of the inflammation to the whole face gained for it the name of erysipelas ; and nearly two years afterwards the disease presented the appearances seen in the model. The remedies employed in the treatment were cod-liver oil, syrup of the iodide of iron, tincture of gentian, sea-water baths, and the Vigo plaster (a plaster of mercury). At the end of three years from the first outbreak of the disease there were symptoms of slow but manifest improvement and a distinct expectation of cure.

Baretta.

173. Model of the cheeks showing *Lupus erythematosus* in a retrograde stage, the morbid process being exhausted in the centre of the patches but active at the circumference, thus giving the disease a marginate character. Hardy terms it "*Lupus marginé erythémateux*." The disease bears evidence of having originated in a cluster of circular patches, which have become blended towards the centre but retain their circular and annulate figure at the circumference. The central area is pale and slightly depressed, and has more or less the character of a cicatrix from destruction of the papillæ cutis and the substitution of fibrous tissue. The margin is papulated from point to point and in a state of desquamation ; it is abrupt towards the area, and fades externally into the tint of the adjacent skin. Around the circumference may be seen several small spots in an incipient and progressive stage.

The disease is doubtless of some years' standing, and the patient a female. In the Paris collection the model is numbered 236.

Baretta.

174. Model of part of the face, showing a more advanced stage of *Lupus erythematosus*—not the congestive and progressive stage but the degenerative and retrogressive condition. One patch extends across the nose, and another has an

annulate figure on the cheek. Both patches are partially coated with epidermic desquamation. The model, however, is intended to show the effects of tuberculosis on the gums, and particularly on the teeth; the former are tumid and vividly red, and the teeth are deformed, one half the crown being properly formed, the remaining half towards the gums being discoloured and denuded of enamel, while an abrupt line of demarcation distinguishes the two portions. All the front teeth, both of the upper and lower jaws, have suffered similarly. In the Paris collection the model is named "*scrofulide des dents*," and is numbered 270. The affection of the gums suggests the probability of the skin disease being *Lupus vulgaris* rather than *Erythematosus*; the brown colour of the nodules also supports this view.

Baretta.

175. Model of the face and side of the head, showing *Lupus erythematosus*. Three patches of the disease may be seen — one on the forehead; another of oval figure, partly erythematous and partly cicatricial, in front of the ear; and a large circumscribed patch that extends from the back of the ear over the mastoid process. In the mastoid region the hair has been destroyed, and the integument is in a state of partial atrophy.

The patient was 50 years of age, and this was her second recourse to hospital after an interval of five years. The treatment consisted of baths, the application of tincture of iodine, tincture of the perchloride of iron, and of an ointment of the iodohydrargyrate of potassium. She quitted the hospital considerably improved.

Baretta.

176. LUPUS ERYTHEMATOSUS. Model of the side of the face and head of a man, 34 years of age, showing cicatricial patches surrounded by a prominent margin. The disease is evidently *Lupus erythematosus*, but is named by Hillairet "*Lupus acnéique*."

The disease began behind the ear at the age of 27, and at that time resembled a violet-tinted cicatrix, wrinkled on the surface and irregular in outline. Three years later the patch in front of

the ear made its appearance, and more recently the smaller patch at the side of the nose. The affection was attended with itching, but never with pain; there was no obvious ulceration, and at the time of his quitting the hospital the larger patches were progressing towards cure.

Baretta.

177. Syphilitic ulcer of the cheek near the commissure of the mouth. The sore is oval in figure and measures nearly an inch in its longest diameter. It is elevated, has a smooth buff-coloured base, and is bordered by a prominent margin. A little redness beyond the margin is probably due to local applications. The cheek of the affected side is swollen, and some enlargement below the jaw suggests the existence of swelling of the lymphatic glands.

The patient was an adult female. The disease is named by Guibout "indurated chancre," and the model is numbered 214 in the Paris collection.

Baretta.

178. Syphilitic ulcer or chancre of the left nympha. Model of the pudendum of a girl. Both nymphæ are swollen, especially the left one, which presents a circular ulcer deeply excavated and nearly three quarters of an inch in diameter. The margin of the ulcer is red and angry, and the base is smooth and buff-coloured. Guibout terms it "chancre primitif induré."

The model is numbered 225 in the Paris collection.

Baretta.

179. MACULAR SYPHILIDE (synonym, *Syphilitic roseola*). Abdomen flecked with a dull red eruption.

The patient was a man 40 years of age. A week after contagion he became the subject of a superficial spreading sore on the prepuce, and six weeks later the macular eruption exhibited in the drawing made its appearance on the front of the trunk and thighs, and lasted for three weeks. He had no sore throat, no enlarged glands, and no neuralgia. This is the water-colour study for one of the series of "Portraits of Diseases of the Skin."

180. DERMATOSYPHILIS, or *Cutaneous Syphilis*. Water-colour study of the various manifestations of Syphilis of the skin,

ranging between the macular and papular syphilides. The groups represented are all taken from nature, the upper half of the drawing being devoted to erythema and the lower half to syphilitic papulæ or lichen. The forms of erythema shown in the drawing are the corymbous, orbicular, circinate, and squamous, with the deep brown stains common to Syphilis; while the forms of papular Syphilis are the disseminated, corymbous, and circinate. The colour of the eruptions has been closely adhered to, and the orbicular spot, denuded of epidermis and surrounded by a ragged frill of cuticle, may be taken as a precise imitation of the pathognomonic "copper coloured" spot. *Bagg.*

181. Water-colour study of a disseminated Papular Syphilide, to illustrate colour, size, and distribution of the papulæ. The region selected for the drawing is the radial side of the forearm. *Bagg.*

182. LARGE FOLLICULAR SYPHILIDE. Model of the front of the forearm and hand sprinkled over with papulæ, isolated but with some tendency to group, ranging in diameter from one line to nearly three, the greater number being of intermediate size. The larger papulæ have desquamated, and are surrounded at the base by a narrow frill of cuticle. *Baretta.*

183. VESICULAR SYPHILIDE. Model of the breast of a woman exhibiting an eruption of small papulæ with vesicular summits; hence the case is named by Guibout "Syphilide vésiculeuse." The model affords a good example of a scattered or disseminated eruption, while here and there a tendency towards the clustered or corymbous type may be observed. Pathologically the eruption may be regarded as the large follicular syphilide, the vesiculation of the summits of the papulæ being an accidental complication. The model is numbered 227 in the Paris collection. *Baretta.*

184. The large PAPULAR and the large FOLLICULAR SYPHILIDE combined. Model of the right breast and shoulder of a woman, showing a Papular Syphilide. The papulæ vary in

form and distribution, the greater number being of the smaller kind, and of these some are disseminated, and others congregated in clusters. The larger papulæ (five in number, and flat and lentil-shaped in figure) range in size between a quarter and half an inch in diameter. The small papulæ exhibit a tendency to aggregate around the larger papulæ, the latter seeming to act as foci of development. The follicular origin of the papulæ is shown in a very striking manner around the nipple. The model is No. 191 in the Paris collection, and is termed by Guibout "*syphilide corymbe*."

Baretta.

185. Model of the back of the same patient. The papulæ are chiefly aggregated in three considerable groups around large flat tubercles, and disseminated over the rest of the surface. The corymbose distribution is almost absent. The aggregated papulæ are in a state of desquamation; and many of the disseminated papulæ are vesicular at the summit. This model is No. 192 in the Paris collection.

Baretta.

186. SMALL FOLLICULAR SYPHILIDE. Wax cast of the back of the forearm of a young man, a West-Indian, 27 years of age. Every follicle is projected outwards so as to produce a papule; the greater number of the papules have an average size of one line in diameter, but a few scattered amongst the rest are more prominent and larger, measuring two lines in breadth.

187. Model of the back, showing annulate clusters of the Large Follicular Syphilide (*Syphilis en grappe*) of Guibout. About fifteen annular clusters, with numerous isolated papulæ, are scattered over the surface, the size of the separate papulæ being two lines and that of the rings about half an inch in diameter. In several places two or more rings are united together, while on the tip of the shoulder is a broad patch in which the original primary rings are hardly recognisable. The greater number of the papulæ are in a state of desquamation,
- Baretta.*

188. LARGE PAPULAR OR LENTICULAR SYPHILIDE. Wax cast of the side of the face and neck of a young woman, aged 22, studded with syphilitic papules. They are orbicular, slightly convex or lentiform, and isolated, their maximum diameter being a quarter of an inch, while smaller papulæ of various sizes are scattered in the interspaces between them. The angles of the mouth are fissured, and the excoriations covered with brownish-yellow crusts.

189. Wax cast of the nape of the neck and upper part of the back of the same patient. There are about fifty large papules dispersed over this region, the greater part being isolated; they are larger than those on the face, the breadth of the greater number being five lines, while one measured more than half an inch, and the greatest prominence did not exceed three quarters of a line. Here and there a pair may be seen to touch by their periphery and occasionally to coalesce. Some are tumid and smooth, on others the epidermis is wrinkled, and in others, again, desquamation has taken place more or less completely; in the last variety the area is smooth and its periphery bordered by an abrupt edge or frill of epidermis. Numerous smaller papulæ are dispersed in the interspaces of the nodules.

The eruption in this patient was most abundant on the face and back, and, with the exception of the arms, was confined to those regions; it appeared gradually, without other symptoms than discoloration of the skin and great prostration of strength and spirits. A month after its first outbreak the patient was seized with sore throat, tonsillitis, and painful swelling of the salivary and lymphatic glands.

190. LARGE PAPULAR OR LENTICULAR SYPHILIDE ulcerating. Model of the back and shoulders, showing large flat papules interspersed with puncta, papulæ, and erythematous spots affecting the whole surface. The diameter of the majority of the papules is five lines; they are lentiform, very slightly raised, some smooth and unbroken, others desquamated and encircled by a white frill of loosened cuticle, and a very considerable number are in a state of superficial ulceration, the base of the ulcer being yellowish and surrounded by a

prominent border. On this model may be studied the progressive stages of papulation, from mere puncta onwards to ulceration ; and the form of the eruption may be regarded as a transitional stage between the papule and ulcer. The case is termed by Guibout " Syphilide ulcéreuse plate." *Baretta.*

191. Model of the male pudendal region, showing the prominent and soft syphilitic nodules, which are termed " mucous tubercles," and by the French " plaques muqueuses." Two clusters of these nodules are seen on the inner sides of the thighs, ranging in size between a quarter and half an inch in diameter, the larger ones manifesting superficial ulceration. Other nodules of smaller dimensions are seen in the groins and on the scrotum. There is evidence of inflammation of the penis, especially of the glans, and also of slight enlargement of the inguinal glands. The brown stain characteristic of syphilis, and left by the fading of a nodule, is well shown on the abdomen.

The patient was under the care of Lailier.

Baretta.

192. LARGE PAPULAR OR LENTICULAR SYPHILIDE. Model of the face and front of the neck, studded with large and small papulæ. Around the mouth, and extending from the apertures of the nares to below the chin, the skin is erythematous, thickened by infiltration, and nodulated from the presence of similar lesions ; at the openings of the nares, and around the alæ nasi, are seen brownish-yellow incrustations. The nodules, which are numerous and discrete, are of large size upon the forehead, but smaller and confluent upon the neck.

The patient, a woman, was under the care of Dr. Hillairet, by whom the eruption was termed " Syphilide papuleuse."

Baretta.

193. SQUAMOUS SYPHILIDE. Water-colour study of a syphilitic eruption of the arm, exhibiting circular spots on which the cuticle is in a state of desquamation, or has already desqua-

mated, leaving a smooth red surface surrounded by an abrupt margin of broken cuticle. The spots range in dimensions between one line and a half and eight lines, the greater number measuring a quarter of an inch. They present the characteristic copper colour of Syphilis, and some which have declined have left behind them brownish stains.

Bagg.

194. LARGE FOLLICULAR SYPHILIDE. Model of the face of a woman, showing a papular form of Syphilis, remarkable for the production of an epidermic crust; hence the name assigned to it by Guibout, namely, "Syphilide squameuse végétante." The eruption is disseminated, most abundant on the forehead and around the mouth, and in the latter situation has a tendency to become confluent in lines and small groups. The papulæ range in size from one to two lines in breadth; a large papule near the outer canthus of the left eye shows the colour of the eruption when the cuticular crust is removed; and in the centre of the forehead may be seen the yellowish-red or copper-coloured stains which remain in the skin after the subsidence of the papulæ.

Baretta.

195. LARGE FOLLICULAR SYPHILIDE. Model of the back of the same patient. The papulæ are larger than on the face, and illustrate the terms *disseminated*, *aggregated*, *corymbous*, and *coherent*. Some of the papulæ are coherent, not in lines only, but in rings. The eruption is at its height; but here and there may be seen an incipient papule antecedent to the formation of the crust, and elsewhere may be discovered retrograde pimples, as on the neck, which have left behind them the characteristic stain of Syphilis. The removal of a crust on the right shoulder has brought into view a large nodular papule and shows its size, colour, and unbroken surface.

This model is No. 206 in the Paris collection. The patient was a year under treatment.

Baretta.

196. LENTICULAR AND NODULAR SYPHILIDE. Model of the face, exhibiting an eruption of syphilitic papulæ of large size, clustered around the eyelids, nose, and mouth, and extending from the forehead to the chin. A papule of medium size is one quarter of an inch in diameter, while some reach the breadth of half an inch, their elevation being about two lines. The greater part are surmounted with a thick white spongy crust of epidermis. In consideration of these characters, Hardy styles the case "Syphilide papulo-squameuse." In the centre of the forehead, just above the root of the nose, the papulæ form a rugged confluent mass, in the hollows of which are seen evidences of exudation and ulceration: a discharge is also seen issuing from the nostrils, suggesting a similar state of the mucous membrane. The cluster of large and prominent papulæ upon the chin and at the angles of the mouth is very striking; and on the cheeks papulæ may be seen in the retrograde stage, subsiding in prominence and leaving behind them copper-coloured stains. The small papulæ on the chin and those on the eyelids, with their white encrusted heads, are also characteristic. *Baretta.*

197. Model of the face and neck of a young woman 19 years of age, a patient of M. Guibout, who designates the affection "Syphilide circinée." The model presents a good example of the circinate form of papular Syphilis; the rings are small, ranging between a quarter of an inch and half an inch in diameter, while around their circumference are scattered a few isolated papules and several erythematous spots. The eruption is centred chiefly on the forehead, at the root of the nose, around the nares and mouth, and upon the chin, where the rings are coherent. The treatment pursued in this case consisted of one pill of the protoiodide of mercury daily. *Baretta.*

198. Model of the face, showing numerous prominent circles and segments of circles distributed upon the forehead, the cheeks, and the chin. The eruption consists of circinate ulcers covered by a thick crust of a reddish amber colour,

while at the commissure of the mouth is a protuberant mucous tubercle. The average diameter of the circles is half an inch, the largest measuring three quarters of an inch ; they are for the most part incomplete, and the case may be regarded as one of superficial ulceration occurring in the form of rings.

The patient was a man 39 years of age. In the month of September he contracted a chancre, which healed in a fortnight ; in October he was attacked with papular eruption, and towards the end of December was admitted into hospital with the state of skin seen in the model. He was discharged cured about the middle of April. This model may be compared with No. 197, in which the eruption is simply erythematous and papulous without ulceration. Hillairet gives the same name to the present form of Syphilis, namely "*Syphilide circinée*," as that assigned by Guibout to No. 197. Attention may also be drawn to the *comedones* on the nose and upper part of the cheeks, and to the *sebaceous nodules* a little external to and below the outer angle of the eyelids.

Baretta.

199. Prominent discoidal *Dermatosyphilis* of the neck. The eruption has the form of a prominent disk of an oval figure and upwards of an inch in its longest diameter. Near it is a smaller and less developed disk, apparently in a retrograde stage. Bazin names the disease "*Plaques syphilitiques*." The principal disk has a dull red colour ; its border is prominent and papulated and abruptly circumscribed, the papular eminences being surrounded with thin crusts. The area is flattened and marked by longitudinal wrinkles, and the centre papulated and incrustated like the border. The disease is of a chronic character, and probably belongs to a late period of syphilis. The model is numbered 13 S. R. in the Paris collection.

Baretta.

200. Wax cast of the side of the neck of a young woman aged 20. The eruption consists of seven patches, some of which are papular, but the greater number are annular disks ranging in size between two lines and ten lines. One of the larger patches is a simple ring with a border measuring little more than a line in breadth ; the other annular disks have each a nodular centre.

201. Wax cast of the back of the neck of the same patient. The eruption is chiefly papular, but at the upper part of the cast is a flat nodule measuring a quarter of an inch in diameter, and near it a prominent ring with a nodular centre.
202. Wax cast of the upper part of the shin of the same patient, showing three small flat nodules and a larger one in a state of suppuration and commencing incrustation. The larger nodule is passing into an ulcerative form.

The patient had suffered from gonorrhœa at the age of seventeen; at twenty she miscarried, and after her miscarriage she became aware of the presence of a sore on the vulva, which soon healed. A month following her miscarriage an eruption appeared for the first time on her skin, and a month later she had a sore throat. The eruption had been in existence for two months when the casts were made.

203. PAPULAR AND ERYTHEMATOUS SYPHILIDE. Model of the side of the trunk, showing a prominent form of cutaneous syphilis which consists of papulæ and circular disks, the latter resulting from the peripheral growth of the papulæ. The discoid eruption is distributed around the waist, spreading out upon the abdomen in front and the hip behind, while a faint tracery of closely packed rings may be discovered on close inspection occupying the whole surface of the upper part of the model. Some isolated papulæ in the midst of the disks present the typical characters of the eruption, and several small clusters of similar papulæ form a connecting link with the disks themselves. The latter are of a dull brownish-red or copper colour; they have an average width of half an inch, but some resulting from the coalescence of the smaller patches exceed an inch in diameter. In the circular disks situated on the abdomen there is a central papule or boss, while the prominent margin is papulated. The area presents a brown tint, resulting from pigmentation; the papulæ are of a deep red colour, and they are surmounted with small scales consisting of desiccated epithelial and sebaceous matter. Some of these abdominal disks offer an excellent illustration of the characteristic "copper colour" so commonly met

with in syphilitic eruptions; and it will also be observed that there are lighter and deeper hues of this "copper colour," the former fading into a tawny or dead-leaf-like tint. It is also manifest from an examination of this model that the "copper colour" is due to the combination of a brown pigmentary tint with the dull purplish red of the blood in a state of languid circulation when it has already begun to assume a venous hue.

Around the waist, where the pressure of garments has modified the pathological manifestations of the skin, the disks have a more solid and more fully developed character. They are more raised, the central papule is lost, the margin is broader and more even, and, although evidently formed by the fusion of papules, these papules are of larger dimensions than those of the simply papular disks. The mode of fusion of disks by their borders, and the opening up of an irregularly figured area, is also well shown by the large patch on the side of the waist and the approach to a similar fusion in a cluster at the back.

This model is particularly instructive as illustrating the manner of development of syphilitic eruptions on the skin. Above, on the side of the thorax, the eruption is *erythematous*—a network of circular and oval rings, each about half an inch in diameter, so faint as hardly to be appreciable in colour and prominence and best observed in an oblique light. Such a form of eruption is usually denominated "Roseola;" and Guibout, under whose care the patient was treated, names it "*Roseole annulaire tardive*"—that is, *Roseola annulata late* in its development. We also perceive that if this eruption were more active, it might rise to the elevation of a papule and then enter the category of prominent or papular syphilis. In the lower part of the model the eruption is papular and presents three degrees of development—namely, discrete papules, discrete papules in rings converted into disks by an inflamed base, and solid disks with a depressed area and prominent margin. In this portion of the model may also be noticed the presence of small cap-like scales on the summits of the papules, and cuticular desquamation of the compound patch in the centre of the preparation.

The full designation given to the case by Guibout is "Roséole annulaire tardive et plaques syphilitiques de la peau avec sécrétion cornée." It is numbered 249 in the Paris collection. *Baretta.*

204. CIRCINATE ERYTHEMATOUS SYPHILIDE. Model of the lower extremity, including the knee and adjoining part of the thigh and leg. On the thigh are four large erythematous rings, ranging in diameter between one inch and a quarter and nearly three inches, the border of the rings having a breadth of between two and three lines. The two upper rings have met in their growth and become blended, and a similar blending is seen in the ring next in size. The two larger rings also present within their area the trace of a smaller ring, indicating a previous resting-point in their growth. From the absence of any trace of elevation these rings have received, in the Saint-Louis collection, the name of "Syphilide circinée sous-cutanée," the model being numbered 201. The illustration must be regarded as a retrograde stage of the affection. *Baretta.*

205. Water-colour drawing, showing stains left on the skin by a fading erythematous syphilide of the circinate kind. In the centre of the area of several of the rings may be seen the remains of the central prominence in which the patch originated. *Bagg.*

206. RETROGRADE SYPHILIDE. Model of the shoulder, showing brown stains left upon the skin by a retrograde syphilide. The eruption has been of the papular or nodulated centrifugal kind, as may be seen along the margin of the patches, which are bounded by a border consisting of arcs of circles of about three quarters of an inch in diameter. Two isolated circular spots, situated on the shoulder, show the size of separate nodules; and the border raised along one margin of their periphery manifests the tendency to a partial centrifugal growth. The nodular constitution of the eruption has produced a gyrate mottling on the back of the shoulder, while on the neck and front of the chest the eruption is in a state of superficial desquamation.

This model illustrates very successfully the muddy complexion of skin in syphilis, the brown pigmented stain which follows the copper-coloured period, and the superficial desquamation which very commonly ensues, the desquamation having its principal seat at the summit of the follicles.

Baretta.

207. Coloured photograph of a leg, showing the emaciation and discoloration of skin in *syphilitic cachexia*, together with the *pigmented cicatrices* left by the healing of syphilitic ulcers.

208. Model of a forearm, exhibiting a pustular form of Syphilide in a retrogressive stage. The surface is sprinkled over with papulæ in various stages of decline, and with groups of thick brownish-yellow scabs; the largest of the scabs measures nearly half an inch in diameter, and a denuded papule one third of an inch. The patient was under the care of Hillairet, who terms the affection "*Psoriasis syphilitique*."

Baretta.

209. PIGMENTARY SYPHILIDE, &c. Model of the neck and shoulder, showing brown and white discoloration of the skin associated with Syphilis, the latter in the form of a scattered papulo-vesicular eruption. The case is named by Hardy "*Syphilide pigmentaire et Syphilide vésiculeuse du cou*," and is numbered in the Paris collection 264.

There is nothing pathognomonic in the character of the eruption—a few scattered papules, differing only from non-specific papules by the vesiculation of their summits. On the shoulder is a small corymbose cluster, which has been subjected to friction, and the vesicles are consequently incrustated with small scabs of a reddish-brown colour. Vesiculation of the summit of a syphilitic papule is a common but by no means a specific occurrence, and is illustrated by model No. 183. The pigmentary element in this case is not general, but restricted to the side of the neck, where it forms a kind of framework to a cluster of circular leucodermic spots, the pigment being deepest in

hue immediately adjoining the white spots. This is the usual distribution of the pigmentary syphilide ; the presence of such a lesion is a strong indication of Syphilis, and the discoloration is not preceded by other changes in the affected area.

Baretta.

210. Study in pencil and water-colour exhibiting a remarkable and characteristic example of *Rupia prominens*, the limpet-shell rupia. The figure in pencil under the principal drawing represents the form of the large flat crust, two inches in diameter, which was situated on the thigh ; while the water-colour drawing illustrates the progressive development of the pustule, and the formation of the two kinds of crusts—namely, the flat wrinkled crust which has been compared to an oyster-shell, and the conical limpet-shell crust. The artist's notes as to the proper colours for producing the effects he required may be deciphered on the border of the drawing.

From a man aged 20 who was admitted into the Middlesex Hospital. He had been in a state of debility from accidental immersion in water in the month of January, and in the December following, while yet feeble, he became affected with chancre and bubo. The chancre healed quickly, but the bubo suppurated and kept him in bed for nine weeks. Two weeks after taking to bed he had sore throat. Six weeks after contagion an eruption appeared on his face, chiefly on the side exposed to the draught from a window, the eruption consisting of large and but slightly prominent pimples, which became pustular at their apices in the course of a few days, and shortly afterwards dried into crusts. In March, he had a second and more severe attack of sore throat, with pains in his limbs, and at this time (namely, three months after contagion) the eruption presented the appearance seen in the drawing. On the forehead and eyebrows there were no less than seventeen crusts, of which fourteen occupied the left side ; on the nose there were nine, on the rest of the face twenty-seven, and fifteen on the scalp, making a total for the head of sixty-eight. There were but few on the rest of the body, none on the front of the trunk, two small ones on the back, one of considerable size on the left upper arm, six on the left leg, but none on the limbs of the right side. The elevation of some of the crusts was three quarters of an inch, while the largest of the crusts, one situated on the thigh, measured two inches in diameter. One of the series of "Portraits of Diseases of the Skin,"

211. Water-colour study of several forms of Syphilis—*e. g.* *erythema* of the palm of the hand, *desquamating flat nodules* of the tongue, *common rupia*, and *rupia prominens*. The drawing of *rupia prominens* is derived from the same case as that of No. 215. The flat nodules of the tongue with desquamation of the epithelium have a further illustration in succeeding preparations; while the two lower figures represent desquamating syphilitic erythema of the palm of the hand, the one a dispersed, the other a circinate, form of the eruption.
212. Model of the hip and upper part of the thigh affected with that form of ulcerative and incrustated Syphilide termed "Rupia." Hillairet calls it "Rupia syphilitique." The model represents seventeen rupial crusts, of dark brown colour, circular, and surrounded by an inflamed and raised border. The crust has a central boss and prominent margin, and resembles an ancient shield. Over the ilium is a cluster of five of the larger crusts, measuring not less than an inch in diameter, the largest of all being an inch and a half. Upon the trochanter are also two large crusts, but the rest, five on the podex and seven on the thigh, are smaller, their diameter being half an inch. *Baretta.*
213. RUPIA. Model of the left leg, its outer aspect showing incrustated syphilitic ulcers, with the mode of their development. There are four large crusts and eight minor ones, also four vesico-pustules which exhibit the earliest stage of the affection. The evolution of the disease as shown in this model is:—first, a small vesico-pustule surrounded by a blush of redness; secondly, a crust resulting from the drying-up of the fluid contents of the vesicle, also accompanied by a red areola, the latter in a state of superficial desquamation; thirdly, the conversion of the red areola into a rising vesico-pustule, and the formation of another red and desquamating halo around its boundary; and fourthly, the desiccation of the fluid exudation of the annular vesico-pustule and its conversion into crust. The areola always retains its place, it is always more or less red and sometime

tumid, and it is seen to be desquamating on the surface, and preparing centrally for its exudative change and at the periphery for its further progress into the surrounding skin. The perfected crusts exhibit on their surface a series of excentric ridges as evidence of their progressive growth; and if a crust were removed it would be found to conceal a superficial ulcer.

The patient was a man aged 29; four years previously he had a chancre, followed by mucous tubercles of the mouth and fauces. The rupia was of only fourteen days' duration, and was excited by a bruise on the knee, appearing first at the seat of the bruise, and subsequently becoming disseminated. The model is numbered 234 in the Paris collection, and is named by Lallier "*Ecthyma rupiforme*."

Baretta.

214. Model of the leg, showing on its outer side a cluster of superficial ulcers upon an erythematous base, together with numerous scattered pustules, ulcers, and purple stains, the latter marking the seat of cicatrices. The pustules are covered with thick black crusts, and the ulcers, which range in breadth from half an inch to an inch and a half, are circular in figure, smooth and uneven in surface, and surrounded by a prominent black border with an inflamed areola beyond. These characters are such as belong to *Syphilitic Rupia*. Hardy, however, designates the case "*Ecthyma syphilitique*."

The patient was a man aged 60; at the age of 30 he had a chancre without sequelæ. The present eruption made its appearance quite recently, beginning with papulæ on the arms and legs. The eruption was cured in seven weeks with the iodide of potassium; but it recurred no less than four times subsequently, always yielding to the same treatment.

Baretta.

215. Water-colour study of the conical crust of *Rupia prominens*, and of an *ulcer* at the bend of the elbow, from which one of the flat crusts has been removed. The conical crust was projecting from the eyebrow, and an inflamed and raw edge is seen at its base. The special features of the ulcer are its asthenic character, together with the paleness and

thinness and slight lividity of its edge, while beyond the edge the skin is congested. The surface of the ulcer is uneven, free from pus, and exudes a serous fluid.

The patient was a man, 29 years of age; he had suffered from a syphilitic sore, which soon healed without secondary symptoms. Eighteen months later, a ruptured pustule, followed by an ulcer, appeared on the front of the chest; soon after another rupial sore showed itself on his arm, and a few weeks subsequently the *Rupia prominens*, portrayed in the drawing and casts, was developed on the eyebrow. He had been tormented with the rupial affection for six months at the time of making the drawing.

Bagg.

216. Wax cast from the same case as the preceding.
217. Conical crust filled with dried pus, removed from the eyebrow of the same case as the preceding.
218. Wax cast of the rupial ulcer from the bend of the elbow of the same case as the preceding.
219. **ULCERATING SYPHILIDE. RUPIA.** Model of the face of a woman, 36 years of age, showing a large syphilitic ulcer covered with a thick rupial crust. The ulcer is situated immediately in front of the left eye; it is oval in figure, measures nearly two inches in its longest diameter, and is bounded by an inflamed and prominent border. The crust is of a dark brown colour, and marked by concentric ridges resulting from the centrifugal enlargement of the ulcer. On attempting to remove the crust it proved to be, at its outer boundary, an eschar. There is likewise a small nodule on the forehead, and another within the concha of the ear, while the whole cheek is somewhat swollen.

The patient was under the care of Lailler, who stated that her first illness began with sore throat, that the rupial ulcer had been five months growing to its present size, that there was considerable disorganization of the walls of the fauces from ulceration, and that the right eye had become affected with conjunctivitis, keratitis, and iritis. The model is 233 in the Paris collection.

Baretta,

220. Model of the face, exhibiting a large rupia-like crust on the side of the nose bordered by swelling and redness of the cheek. The case is described by Hillairet as "gomme ulcérée avec destruction des os du nez ; syphilis congénitale chez une jeune fille de 14 ans" ; and is numbered 267 in the Paris collection.

The disease represented in this model is in appearance identical with that form of ulcerative syphilis which is denominated "Rupia," while the history of the case leans to the presumption that it must have been congenital. The child had eruptions on the head and eyelids in early infancy, and at the fifth week was treated for incrustations within the nose, which were thought to be syphilitic, and yielded to the remedies employed. When three years and a half old she was attacked with measles and pneumonia, and had an eruption on the face; from these she recovered, and remained in fair health until the age of thirteen, when she was sent to school and was there seized with frequent bleedings from the nose and sore throat. Then the nose became swollen and was treated with injections; the left side subsided, but the right increased in tumefaction, and a small red tumour appeared in the integument which was taken for an abscess. The supposed abscess, on being opened, gave exit to blood only, and was converted into an ulcer, which gradually increased in size and became incrustated until it attained the dimensions and appearance shown in the model. The interval from the bleedings of the nose at school to the date of making the model was about ten months. There was also evidence of necrosis of the bone within the perforation of the septum nasi. All suspicion of contagion was absent; and after a treatment during several weeks by iodide of potassium and bark, the ulcer was reduced to half its original size and offered a fair prospect of healing; while it was anticipated that the complete closure of the ulcer would be followed by very little deformity.

Baretta.

221. Model of the arm covered with a circinate form of Rupia, which may be termed *Rupia circinata*, but which is named by Lailler "Syphilide maligne pustulo-crustacée." The eruption occurs in the form of rings, some isolated and some confluent, the average diameter of the rings being somewhat more than an inch. The ring is composed of an inflamed and prominent border, surmounted by thick crusts varying in colour from pale amber to deep brown, and generally six or eight in number. The majority of the rings are confluent, and blended into large, irregular map-

like patches, several inches in extent—one of the patches, for example, occupying the greater part of the forearm, and another a considerable portion of the upper arm. The area of the rings and confluent patches is purplish red in colour, with here and there the white and livid tints of a cicatrix. The confluent structure of the patches is shown by the presence within the area of broken segments of rings and separate crusts, while here and there, where the crusts have been rubbed off, are superficial ulcerations. A few of the healed rings, as on the back of the hand, are distinguished by brown-red and livid-red stains.

The patient, a man aged 32, had suffered from a sore on the glans penis seven months before the eruption appeared; the latter showed itself by successive steps, beginning on the arm, and in the course of a month extending to the greater portion of the body. The parts most severely affected were the arms, the face, and chest, and the lesion had existed in the present form for a period of six months. The sore, which was accompanied with enlargement of the inguinal glands, healed in two months without other treatment than vinegar and sugar; and the patient had taken no medicine up to the time of his admission into hospital, when the eruption was fully developed. Latterly he had suffered from ulceration of the throat, loss of appetite, and debility; he was troubled with cough, and had pains in the head. Contrary to the habit of syphilitic eruptions in general, this form was attended with considerable pruritus, particularly at night.

Baretta.

222. **ULCERATIVE SERPIGINOUS SYPHILIDE.** Model of the side of the trunk, exhibiting several large map-like patches of a Syphilide, serpiginous in growth and ulcerating at the border. The affected area is studded with ulcerating nodules the surfaces of which are incrustated with a dark amber-coloured scab. The syphilis belongs to the tertiary period, and the patches are composed of rings which have grown at the circumference until they have become united and blended together: the peripheral margin still continues its growth, and the central fragments of the rings retain their places as separate nodules. The progress of the eruption may be traced out upon the model, from mere hyperæmic spots without elevation, such as are seen on the hip, to large ulcerated nodules a quarter or half an inch in

diameter ; then to small unbroken rings ; next to broken rings ; and then onwards to arcs of larger and larger circles. The contrast in colour between the sound and morbid skin is one of the diagnostic features of the disease, as also are the sharply defined boundary of the eruption, its dull red margin, and the dull crimson and purplish hue of the included area. Every nodule within the area may be seen to be a part of a retrograde ring ; while some of the nodules, in common with the skin of the area itself, are in a state of desquamation. At this stage of the disease the skin returns to its healthy state without cicatrices, and with no other indication of its previously morbid state than a dull red stain, which will also be effaced by slow degrees.

This model is numbered 195 in the Paris collection. The patient was under the care of M. Hardy.

Baretta.

223. Water-colour study of a circinate form of *Syphiloderma* with superficial ulceration of its periphery—*Syphiloderma ulcerosum circinatum* seu *serpiginosum*. The eruption presents a peculiar distribution around the base of the neck. There is a large circle on either side, a ring of considerable dimensions and nearly circular in figure upon the sternum, and other less complete and broken rings assuming a gyrate configuration upon the waist. Each circle consists of a prominent border partly coated with scale-like fragments of epidermis, and partly with thin crusts of desiccated secretion which conceal a superficial ulceration. The periphery of the circles is scalloped from the coalescence of separate centres of growth ; and the area of the larger circles is studded with numerous nodules, some covered with a thick epidermic scale, and others with a thin exudative crust.

The patient was a man, 42 years of age : at twenty-one he suffered from gonorrhœa and a superficial venereal sore, which healed in six weeks ; two years afterwards he had a similar attack, accompanied with bubo ; and four years later (namely, at the age of twenty-seven) a third attack of a similar kind, which got well in two months. Some weeks after this event

he suffered from erythematous syphiloderma, and during the following fifteen years he experienced successive recurrences of syphiloderma. For the first eight years the eruption was not elevated; during the succeeding six years it was elevated and accompanied with desquamation; and during the last two years it was serpiginous and superficially ulcerated. In the early period the eruption of the skin was attended with sore throat, then there were aphthæ on the tongue, together with neuralgia; but in the later stage of the disease the sole symptom was the cutaneous affection.

Bagg.

224. Model of the right leg in a state of venous congestion, with large, flat, syphilitic papulæ congested with venous blood, purple in colour and presenting a turgid appearance. Near the lower part of the model are four papulæ ranging in width between one line and four, while in front of the tibia one of these flat nodules is upwards of an inch in diameter. Towards the calf there is a circular tumid nodule nearly an inch and a half in breadth, the surface of which presents six smaller nodules. The nodules bear evidence of having undergone desquamation, as shown by the narrow edge of loosened cuticle which surrounds their base; and two of the nodules, situated in front of the tibia, have vesiculated and burst, exposing to view a deep-red pulpy surface partly incrustated with dried blood around its circumference. The congestion of the superficial veins and of the capillaries of the skin is worthy of note. The eruption is named by Lailler "*Syphilide papuleuse hémorrhagique.*" *Baretta.*

225. Water-colour drawing of *SYPHILODERMA ERYTHEMATOSUM PALMARE*. Coloured lithograph of the right hand, showing one of the forms of chronic Syphilis. The centre of the palm is recovering its normal structure, the rest is roughened by fragmentary desquamation of the cuticle. In some of the grooves of motion, particularly those of flexion of the fingers, there are bleeding fissures, and an active stage of the disease is visible at the wrist. The left hand was unaffected; but there were present on the penis two circular patches consisting of a furfuraceous area and a prominent desquamating annulus.

The patient was 49 years of age ; he had never, to his knowledge, had chancre ; fourteen years previously he suffered from symptoms resembling secondary Syphilis—namely, eruption of the skin, sore throat, and neuralgia ; the eruption got well in six weeks, but the ulcerated sore throat, with occasional neuralgic pains, lasted for a year. On recovering from these latter symptoms, syphilitic erythema with desquamation appeared in the palms of his hands and annoyed him for six years. Then the hands returned to their healthy state ; but a few months later the disease reappeared in the right palm, which it has now occupied for six years. It began as a small desquamating spot, which spread at the circumference until it pervaded the entire surface of the hand, as is shown in the drawing. One of the series of “Portraits of Diseases of the Skin.”

Bagg.

226. *SYPHILODERMA ERYTHEMATOSUM PLANTARE*. Water-colour drawing of the sole of the right foot of a man of adult age, showing a chronic erythematous syphilide with desquamation of the epidermis and fission. The disease had existed for ten or twelve years ; he had suffered from primary Syphilis, but was not known to have had any secondary affection. One of the series of “Portraits of Diseases of the Skin.”

Bagg.

227. *SYPHILODERMA ERYTHEMATOSUM PALMARE*. The circumscribed boundary of the eruption, its serpiginous growth, and the complete restoration of parts of the included area seem to mark this case as one of Syphilis. Bazin, however, names it “*Psoriasis palmaris non syphilitique*.” The prominent circumscribed and hyperæmic border, here and there papulated and here and there fissured, as also the hyperæmia and desquamation of part of the area, with the complete restoration of the remaining part, are worthy of close study. The history of the case is unfortunately wanting ; and it is not clear whether the indefinite term “*Psoriasis*” is applied in this instance to *Psoriasis* proper or to chronic Eczema. The existing disease, if Syphilis, belongs to the chronic period. The model is numbered 231 in the Paris collection.

Baretta.

228. Water-colour drawing exhibiting a well-defined circular ring of *Syphiloderma palmare centrifugum* ; the ring is

swollen and prominent on the ulnar side, ragged from desquamation on the radial side ; the grooves of motion crossing its area are deep and red.

229. Water-colour drawing of the same case as the preceding at an earlier stage, showing three inflamed nodules united by an erythematous base, prefiguring the future ring. One of the nodules is deeper in colour than the rest, and is fissured through its centre.
230. Wax cast of part of the face of a woman, aged 42, showing a thickened and nodulated patch of chronic dermatosyphilis, which involves the nose and neighbouring part of the cheek. The border of the ala nasi is notched by ulceration.
231. Wax cast of part of the face, showing deep cicatrices on the cheek and nose left by a chronic nodular syphilide, together with the remains of several nodules on the nose. The eruption commenced in front of the right ear and gradually travelled across the cheek. The patient had no other symptom of Syphilis.
232. Model of a face, showing a chronic ulcerative Syphilide, affecting the upper lip, the nose, and neighbouring parts of the face. The patient was a woman, aged 52, under the care of Guérin ; the disease had been in existence for four years ; it began as a papule, near the inner angle of the right eye, and spread by degrees to its present extent. The most striking pathological feature of the affection is the very considerable swelling, or hypertrophy, of the upper lip. A large crust is seen on the left ala nasi, and smaller crusts on the right ala, the bridge of the nose, and upper lip ; a fresh nodule may be observed on the right cheek and there are numerous cicatrices and hypertrophic venules throughout the diseased surface.

The previous history of the patient afforded no evidence of Syphilis, and no trace of that disease could be detected elsewhere, with the exception, perhaps, of some degree of contraction of the fauces, and a tumour, probably a syphiloma (*Tumor gummatus*), in the left sterno-mastoid muscle.

Baretta.

233. Chronic ulcerative Syphilis affecting the nose. The disease has apparently travelled from the bridge of the nose and increased by centrifugal growth. The part first attacked is marked by an extensive cicatrix, and along the margin of the cicatrix are thick crusts resulting from exudation and evincing the existing activity of the ulcerative process. The growing border is broken at several points, but has spread for some distance on the left cheek, where it forms a thick and extensive crust. The left ala nasi has been removed by ulceration, and the depression of the nose itself is suggestive of partial destruction of the septum. Hillairet terms the disease "Lupus;" it is numbered 229 in the Paris collection. *Baretta.*

234. ONYCHIA SYPHILITICA. Model of a hand, showing *Syphilitic onychia*; several of the matrices unguium are in a state of ulceration, and the nails partially detached.

The patient was a man, 24 years of age, under the care of Lailler, who terms the affection "Onyxis syphilitique." Three months previous to his admission into hospital he had contracted chancre, of which the ulceration of the matrices of the nails was a consequence.

Baretta.

235. ONYCHIA SYPHILITICA, with syphilitic inflammation and ulceration of the little finger. The case is termed by Dr. Panas "Dactylite syphilitique," and is numbered 230 in the Paris collection. *Baretta.*

236. SYPHILIS OF THE TONGUE. Model, showing patches of nodular thickening of the surface of the tongue, with a prominent ulcer surrounded by a projecting border at the tip of the organ. There is also a small papular growth at the commissures of the mouth, and a crop of erythematous spots of a syphilitic character dispersed upon the face. Hardy terms the case "Plaques muqueuses végétantes."

The patient was a woman, 54 years of age; and the disease yielded rapidly to the iodide of potassium and local cauterization with nitrate of silver.

Baretta.

237. Model, showing *Syphilitic ulceration of the tongue*.

The patient, at the age of seventeen, became the subject of gonorrhœa, which lasted for three months, and gave rise to abscess of the prepuce. At twenty-three he had a second attack of gonorrhœa, with vegetations in the fossa glandis; he took copaiba balsam largely, and was attacked with erythema copaibicum, the patches ranging in size between half an inch and upwards of an inch in diameter. Their colour was bright rose, there was no pruritus, and they lasted for a month. The gonorrhœa remained obstinate, and only gave way at the end of five or six months, after a mild mercurial course which produced slight mercurial stomatitis. Subsequently he had three or four attacks of gonorrhœa, but never chancre. Three years and a half previously, namely in 1866, he observed on the tip of the tongue a pimple, which ulcerated superficially, and the ulceration spread gradually to its present extent. In February 1870, Lailier describes the state of the organ as follows:—The tongue is swollen, nodulated, and indented by the teeth at the edges; the ulceration occupies its anterior part, where may be seen small ulcers of irregular figure, running together here and there so as to form a kind of network, the area of the network presenting either sound membrane or redness with superficial abrasion. The ulcers are superficial, red in the centre, and bordered by a greenish-yellow margin. There is great tenderness, much pain at night, and occasionally extreme dryness both day and night. The rest of the mucous membrane of the mouth is unaffected, and there is no enlargement of neighbouring glands. At the time of the first outbreak of the ulceration the patient experienced an attack of eczema perinei, and still suffers occasionally from eczema of the grooves of flexion in that region.

Baretta.

238. Model, showing the tongue affected with *Syphiloma*, together with a small superficial ulceration of the surface and another at the edge of its right lobe. The syphiloma is indicated by swelling of the lobes; and the case is termed by Hardy "Gomme de la langue," the gummatous or gummed tumour of syphilographers. The border of the tongue, on its under surface, is deeply indented by the teeth.

Baretta.

239. *SYPHILOMA* or syphilitic tumour of the tongue. Model of the face of a man, showing the tongue to be much swollen, uneven, indented along the edge by the teeth, in parts aphthous, in others superficially ulcerated and cicatrized,

and in the middle line towards the back deeply ulcerated and fissured. The extent of the tuberos condition towards the root of the organ is marked by a well-defined boundary. Some evidence of Syphilis is apparent in the red and thickened state of the commissures of the lips, and also in the presence of a few scattered papulæ on the cheeks. The model is numbered 216 in the Paris collection, and is named by Hardy "Gomme ulcérée."

Baretta.

240. Model of a tongue, showing considerable enlargement, both in length and thickness, of its right lobe from a *Syphiloma*. The tongue is red, and a morbid change is perceptible in the follicles, which resemble small pustules, while towards the back part there exists evidence of superficial ulceration. A papular eruption is scattered upon the cheeks, and one papule is seen on the bridge of the nose. The case is named by M. Broca "Gomme tuberculeuse de la langue."

Baretta.

241. Model, showing the tongue deeply grooved; there is no breach of the surface of the mucous membrane, but the borders of the clefts are tumid and prominent. Guibout terms the disease "Psoriasis lingual," while Hardy regards it as of the nature of eczema. It presents every indication of being syphilitic and the consequence of the absorption of a syphiloma.

The patient, a shopman, was 42 years of age; he was treated with arsenic, nitrate of silver, and a gargle of chlorate of potash. This treatment was continued for nine weeks, but without any impression having been made on the disease.

Baretta.

242. Model, showing disease of the surface of the tongue. The organ is contracted in shape, while the surface is mapped into lobules by ramifying grooves, milk-white in appearance, granular in texture, and devoid of the usual papillary character. A slight oblong ulceration existed at the tip, and there was some tenderness of the organ evinced on the taking of hot food. The whiteness of surface is due to a

kind of hypertrophy of the epithelium ; and a similar state of that layer, in a less degree, was seen on the mucous membrane near the angles of the mouth and on that of the lower lip.

The patient was a shoemaker, 69 years of age, formerly a soldier; the disease had been in existence three months, but he had sought advice for the first time three weeks previous to his admission into hospital. He suffered a good deal from dryness of the mouth and thirst, and attributed the affection to disorder of digestion and habitual constipation. The disease made its first appearance by white points. No history of venereal disease was obtained beyond a gonorrhœa at the age of eighteen. A milky hypertrophy of the epithelium of the tongue is not an uncommon occurrence in Syphilis, but it is not improbable that a similar affection may obtain independently of that disease. Lailler gives no sanction to the idea of Syphilis, but terms the disorder "Psoriasis buccal;" and accordingly he put the patient on a treatment directed against his symptoms of indigestion, with cauterizations by nitrate of silver, with no other result, however, than the removal of the local tenderness. The patient left the hospital after two months, with very little change in the character of the disease.

Baretta.

243. Water-colour study of a chronic Syphilide of the tongue ; the surface is glazed, denuded of papillæ, seamed with deep grooves, and nodulated along the borders of the organ.
244. Water-colour study of the tongue, showing a common form of Syphilis of that organ. The disease presents itself in the form of oblong and polygonal patches, of a deeper red than the rest of the mucous membrane, and denuded of epithelium. The surface of the patches is smooth, more or less prominent, and hard to the touch in consequence of interstitial thickening.
245. These three casts were given to Mr. Hutchinson by Professor Parrot of Paris. They all represent a condition which he considered to be due to inherited Syphilis, and they were taken from children under his care in l'Hôpital pour les Enfants Malades. All the three children were, it

is believed, the subjects of inherited Syphilis, but no details are forthcoming as regards the history of the individual patients. Mr. Hutchinson saw two of them with Professor Parrot before the casts were taken. The conditions represented are those which usually go by the name of "ring-worm of the tongue" or mapped tongue, and by many English authorities are not considered to imply specific disease, being merely indicative of gastro-intestinal catarrh. Professor Parrot, however, held strongly that these appearances were due to Syphilis.

246. SYPHILIS OF THE UTERUS. Model of the os uteri in a state of follicular inflammation; both lips are altered in figure and nodulated; the immediate circumference of the ostium is red and superficially ulcerated. To the left of the anterior lip is a large pustule surrounded with a patch of redness and several smaller pustules; and the posterior lip is dotted over with hyperæmic spots and minute flat pustules, the pus occupying individual follicles.

The patient was a fringe-maker, 37 years of age; she had been exposed to contagion a few months previous to admission into hospital, and had been attacked during the previous three weeks with superficial ulceration of the nipple and, more recently, with a papular syphilide. It was observed that, in twenty-four hours after the first examination, the large pustule had become an ecchymosed ulcer, and that two new pustules, with a purplish papule, had developed on the anterior lip.

Baretta.

247. Water-colour study of the *pigmented maculae of Leprosy*. The patches have a reddish and brownish tint, the affected integument is thick, coarse, and greasy, and the apertures of the follicles are so large as to suggest the idea of the perforation of the surface by a multitude of openings.

The patient in the present case was a young man, aged 21, born in Jamaica, of European parents. The disease made its appearance when he was sixteen, and had existed upwards of four years at the time the drawing was made.

Bagg.

248. Model of the face, exhibiting *Tuberculated Leprosy* in one of its usual and characteristic forms. The countenance is sombre, the brow frowning and leonine, the eyebrows bald, the face nodulated by purplish-red nodules and tumid with prominent patches, and the nose sunken from the presence of ulceration within the nares.

The patient was a child of French parents settled in Senegal, on the west coast of Africa, her father being the governor of a prison. She was nursed by a negress, and the disease made its first appearance at the age of eight years. At seventeen she was reported to be wanting in the development appropriate to her age; there was no trace of mammæ, she had no pubic hair, and the genital organs resembled those of a girl eight or ten years old; there was, however, no want of intelligence. She died two years later at the age of nineteen.

Baretta.

249. Model of the face of a young girl affected with *Tuberculated Leprosy*. The nodules are smaller in size and less numerous than in the preceding case, but evince a greater aptitude for ulceration. Several of the nodules are surmounted with conical crusts, especially upon the tip and alæ of the nose, the middle of the upper lip, and upon the right eyebrow and eyelid. The lips are enlarged, and the border of the nares ulcerated, but the bones of the nose and the deeper parts have as yet escaped destruction. *Baretta.*

250. Right hand and part of the forearm of the same patient. The fingers are swollen, crusts formed by the exudation of ulcers are seen upon the convexities of several of the joints, and similar crusts occupy the walls of the nails. The back of the hand and of the forearm presents many small nodules of a dull purplish-red colour. *Baretta.*

251. Model of the leg and foot of the same patient. The limb is attenuated, the skin marked with dull red maculæ, the foot is swollen, and the matrices of the nails are in a state of ulceration and covered with thin brown crusts. The maculæ on the leg and ankle have an average diameter of four or five lines. *Baretta.*

252. Pair of small photographs, in which the characters of Leprosy are more sharply defined than in larger ones. The puffed and somewhat bloated face and swelled hand are well shown; as also the attenuated figure, the face deformed with large nodules, and the signs of atrophy of the muscles of the thumb.

253. Pair of small photographs. The melancholy expression of countenance, the heavy, prominent, hairless eyebrows, the attenuated arms, and swollen hands are strikingly shown, as well as some enlargement and elongation of the lobule of the ear.

254. Photograph of a young man affected with Tuberculated Leprosy. He was born in India, of European parents.

The photograph represents the appearance of the patient in 1873, when he was admitted into the Middlesex Hospital under the care of Dr. Robert Liveing. At that time a few pimples scattered over his face were the only evidence of leprosy. In other respects he was considered to be in average health.

255. A profile view of the same patient. The tuberculous condition of his face is more obvious in this position than in the former, as likewise his emaciation.

These photographs were presented by Dr. Robert Liveing.

256. Photograph of a gentleman, aged 60, in the judicial service of India. He had resided in the East for upwards of twenty years, and at the time of sitting for the photograph the whole face, including forehead, cheeks, nose, lips, chin, and ears, was studded with opaque tegumentary nodules of about the size of a split pea, a few being larger. There were also numerous maculæ dispersed over the limbs and some on the body. An expression of dullness and apathy pervaded the countenance. He returned to India, and died of Leprosy shortly afterwards.

257. Four photographs of natives of Syria afflicted with *nodular Leprosy*. The tuberculated face and leonine expression of countenance seen in the upper figure on the left, the bald

and nodulated eyebrows, the enlarged ear, and the swollen hands are highly characteristic of the disease.

The upper figure on the right is an example of the ulcerative stage of the disease. The nose is flattened from ulceration within the nares, the fingers are shortened from loss of the phalanges, the feet are swollen and ulcerated, and there are large ulcers on the legs.

The female figure at the bottom exhibits a greater degree of deformity of the face, from ulceration of the nodules, loss of the bones of the nares, and mutilation with distortion of the hands.

The male figure at the bottom is another illustration of the deformity of features caused by nodular Leprosy. The hands have suffered severely, there are deep ulcers on the legs and ankles, but the feet have escaped.

Presented by Thomas Rogers, Esq.

258. Photograph of a Chinaman suffering from *Lepra tuberosa*. Nodules are seen upon the superciliary ridges, on the cheeks, the chin, and the ears. The disease is common in China.

259. LEPRA ANÆSTHETICA (anæsthetic leprosy). Coloured lithograph of a young man, aged 23, who was in the medical service of India. There is an absence of nodules, but the skin is marked by a multitude of spots and patches of a yellowish-red colour. A large patch of this kind is seen on the forehead, the conjunctivæ are suffused with redness, the hands are somewhat swollen, and the first metacarpal space is deeply hollowed from atrophy of the muscles of the thumb.

The patient was born at Ferozepore in India, of European parents, and there was strong evidence that he had acquired the disease by contagion. The disorder had been in existence for four years when the portrait was taken.

260. Pair of small photographs of the same patient, showing the front and back of his body. The œdematous state of the hands and the hollowness of the first metacarpal spaces occasioned by muscular atrophy are well shown,

261. Model of the back of the trunk with the upper part of the thighs of a young man, 21 years of age, showing several large rings of a dull crimson colour. A small oval patch on the left loin exhibits the manner of formation of these rings : the patch is at first slightly elevated, uniform in colour, and papillated ; the texture of the morbid skin is coarse, from corrugation and papillation ; and the epidermis of the prominent points is converted into minute white scales. After a while the centre of the patch subsides to the level of the adjacent skin and recovers its normal appearance. Concurrently with this alteration of form the margin creeps onward into the surrounding integument, and the contrast between the central area and the border becomes more striking. Several rings on the right buttock mark a more advanced stage of growth of the patches ; while the large ring on the left buttock, nearly a foot in its longest diameter, exhibits the extent to which the annulation may be carried.

A close examination of this model shows that the follicles of the whole surface are abnormally prominent, exhibiting the state denominated "*cutis anserina*," and suggesting that a morbid action is present in the follicles—a tendency, in fact, to the accumulation of their exuvial contents. Next follows the erythematous condition, in which both follicles and interfollicular skin are equally involved ; and then desquamation from the summits of the follicles. The whole of the appearances presented by the integument are but modifications of these elementary conditions. In certain situations the follicles are more prominent than in others ; in some places—for example, on the borders—there is greater vascularity and infiltration of tissue ; and in connexion with the hyperæmia is the more active process of squamation and desquamation. There is likewise evidence, in the lower limb of the large circle and in the segment observed on the right thigh, of a process of exhaustion of the morbid action. Instead of a uniform abruptly circumscribed margin, the peripheral growth of the rings is manifested by little broken clusters, and here and there by separate papules.

There is nothing decidedly pathognomonic of Lepra in these morbid appearances; the folliculitis and interfollicular erythema, the growth at the border and subsidence within the area, and the bran-like desquamation are among the commonest features of cutaneous pathology. Nevertheless the appearances here shown are important characteristics of that disease, particularly of its mode of manifestation on the lower extremities. But more information is required to form a diagnosis; and that information is to be found in the history of the case, which calls attention to a deficiency of sensibility in those parts of the skin over which the disease has travelled.

The patient was born in the Isle Bourbon, where leprosy prevails. His father was a native of the country, married to a Frenchwoman, but perfectly free from Leprosy. The patient himself was weakly and anæmic, and two brothers had died of phthisis. It is further noted that he was without beard. At the age of fourteen he was first observed to have patches on the skin; they were limited to the legs, podex, and arms, the patch which occupied the left loin being the only one situated on the trunk. The existing rings are consequently the outgrowth and remains of patches which had made their appearance seven years before.

When he was seventeen the left hand was noticed to have become thin, the little and ring-fingers had lost their normal sensibility and were bent from loss of muscular power and contraction of the tendons. This had occurred without pain; and the morbid process gradually extended to the rest of the hand. At eighteen an ulcer formed on the cushion of the first metatarso-phalangeal joint in the sole of the foot; at the age of twenty, atrophy and insensibility took possession of his right hand, preceded by cramps, twitchings, and tingling; and in the following year an ulcer showed itself on the ball of the first metatarso-phalangeal articulation of the right foot. At this time the arms were thin and shrunken, the left leg partially insensible at its lower part, and the right foot also deficient in sensibility, some anæsthetic patches being discoverable on the toes.

Baretta.

(c) BENIGN NEW GROWTHS.

(Nos. 262 to 286.)

262. Numbers 262, 263, 264, 265, and 266 are all representations of Keloid from the same case. The patient was a man aged 48.

The Keloid tumour was transversely placed in the middle of the chest, which is the typical position for the so-called spontaneous or true Keloid. The ridge-like branches at the circumference have been compared to crab's claws, hence the name. These ridges of fibrous tissue shoot out in the direction of an isolated nodule and ultimately coalesce with it. This process is shown in the approach of the thick spur on the right breast towards an isolated tubercle seen at a short distance from its point. The upper and lower borders of the left segment of the growth are rounded, and stand out from the integument; while the surface of the growth is marked by a network of cords of white fibrous tissue, coated over by a velvety vascular layer. The disease had been seven years in existence at the time the model was made, and commenced by four isolated nodules which gradually grew together and coalesced. It now measures nearly four inches in length by three in breadth, and about two or three lines in thickness. *Baretta.*

263. Water-colour study of the presternal *Keloid* of the above patient.

See Wilson's "Portraits of Diseases of the Skin."

Bagg.

264. Wax cast of the *Cheloma* of the same patient.

265. Plaster cast of the *Cheloma* of the same patient.

266. Wax cast of the fibular side of the right knee of the same patient, showing three rounded nodules measuring nearly half an inch in diameter. The uppermost of these is united with one of the lower nodules by a prominent columnar

ridge (*Cheloides cylindracea*), which is upwards of two inches in length. The remaining nodule is isolated.

267. Wax cast of the front of the chest of a man, 44 years of age, showing a presternal *Cheloma* in a retrogressive stage. It resembles in figure a sheaf of wheat, and the thin, smooth, velvety layer which covers its surface is reddened by a network of minute venules.

The growth had been eight years in existence. During the first two years it increased gradually in size, during the next five years it remained stationary, and subsequently it subsided slowly.

268. Wax cast of the shoulder of a gentleman, aged 41, presenting an oblong and somewhat crescentic nodule of *Cheloma*, an inch in length by one third of an inch in breadth, and about one line in elevation.

The cheloma had been in existence for five years, and was developed originally by three separate nodules which subsequently became fused into a single mass. A daughter of this gentleman had her back and chest covered with small chelomata of traumatic origin, being developed in cicatrices left by the eruption of acne.

269. Wax cast of part of the podex of the same gentleman, presenting two large nodules united by an intermediate fibrous band, which give rise to a tumour of a dumb-bell figure. The larger nodule measures more than half an inch in diameter, and the space between the nodules is of the same extent.

Cheloma is further illustrated by preparations 4057 *et seq.* in the General Pathological Series.

270. FIBROMA: *Molluscum fibrosum*. Model of the right forearm of a woman, 50 years of age. The flexor surface, particularly at its middle, is studded with fifteen or twenty small nodules, which are very slightly redder than the surrounding integument, and range in size from two lines to nearly six lines in diameter—that is, from the size of the hemisphere of a small pea to that of a small hazel-nut. The largest nodule projects about a quarter of an inch

In the spaces between the nodules there are a considerable number of minute papules, which are particularly conspicuous on the ball of the thumb. The tumours bear the external evidence of that anatomical structure which they are known to possess; they are soft to the touch and composed of a fine and loose areolo-fibrous tissue, being in fact a hypertrophy of the connective tissue in the upper stratum of the corium. This morbid condition is also illustrated by the fingers: the areolo-fibrous accumulation has caused a swelling of the first three fingers, the ends of which are broader than natural, the lines of flexion of the terminal phalanges are obliterated, and there is a soft, flabby, compressible, and remarkably prominent enlargement of the front of the middle finger.

The case was under the care of Lailler, but was not detained in the hospital in consequence of the hopelessness of cure.

Baretta.

271. FIBROMA. Model of the thoracic region of the back, showing a simple tegumentary growth or *Fibroma*. The principal tumour is lobulated on the surface, a yellowish fluid secretion exudes from between the lobules, and at its upper part is a radicle of the nature of cheloma. The smaller tumour, above the principal one, is somewhat pedunculated and its surface is nodulated—an incipient stage of lobulation. Scattered around these tumours are a few minute growths of a similar nature and a few hyperæmic spots indicating the vascular congestion which precedes their formation. The minute fibromata are simple smooth outgrowths, but one amongst them already exhibits a tendency to nodulation. This model is No. 198 in the Paris collection.

Baretta.

272. FIBROMA. Photograph of a negro, aged 45, affected with *Fibromata* which are distributed over the whole body, more especially the back of the trunk. They range in size between that of a pea and a pigeon's egg, and reach in prominence to about an inch; some are firmly implanted in the skin, others are more loosely attached, and some are

pedunculated, as in the instance of the three large tumours seen on the forearm and back of the left hand. They made their first appearance at the age of puberty, and have continued to increase in number and size ever since, their growth being accompanied with a pricking, burning, and shooting pain. Their structure is that of a coarse areolo-fibrous tissue infiltrated with a colourless albuminous fluid; and the tendency to the formation of the disease is evinced by the development of tumours on any slightly injured spot or wound of the skin, and, further, by the occurrence, during the last four years, of *Elephantiasis Arabum* of the genitals.

The photograph, with a description of the case, is published in the 'Journal of Cutaneous Medicine,' vol. i. 1867, p. 60.

Presented by Dr. Izett Anderson.

Pedunculated cutaneous tumours constituting *Pendulous fibroma* will be found in the "General Pathological Series," in the preparations numbered 4065 to 4068. Two of these are smooth on the surface, the others lobulated.

273. FIBROMA. Photograph of Virchow's remarkable case of "fibroma molluscum," taken from the Plate forming the frontispiece of his work on Tumours (1863).

The patient was a woman, 47 years of age. The large tumour measured forty-eight inches in circumference; it was removed by Dr. Heyland, of Guben, and weighed upwards of thirty-two pounds. Nine years previous to the operation it was as big as the head of a foetus. Virchow notes the presence of small tumours on the surface of the greater one and around its base. To the touch the mass was soft, almost fluctuating. In structure the large tumour was composed of a succulent connective tissue, and had its chief seat in the subcutaneous web of the panniculus adiposus; its substance was traversed with fibrous bands, forming the boundary of the areolæ, and giving support to its blood-vessels, which were of large size. The smaller tumours were developed in the corium, some in its deeper layer, but the majority in its superficial stratum.

Presented by George Pollock, Esq.

274. Two photographs of the front and back views of a man with numerous fibromata.

- 275, 276. Mounted photographs of various views of the same case taken at a much later period of the disease. They show an enormous increase of the tumours both in number and size.

Presented by Dr. Radcliffe Crocker.

277. FIBROMA PENDULUM. Drawing of the thigh of a girl, 17 years of age, showing a lax form of hypertrophy of the derma and of the subcutaneous areolo-fibrous tissue—a state which has been termed with some appropriateness *Relaxatio insolita* and *Cutis pendula*. The integument possesses its natural colour, but hangs in thick folds around the limb. To the touch it is suggestive of the idea of a firm elastic jelly contained in a thin membrane, and the mass vibrates like jelly when handled. The apertures of the follicles are also very greatly enlarged—in a contracted state of the skin standing up like a magnified cutis anserina, in a relaxed state presenting transverse slit-like openings two lines in length.

The girl was diminutive in size and of feeble constitution; the morbid nutrition of the skin began at the age of puberty, and she had been liable from time to time to displacement of the patella from slight injury.

Presented by Weeden Cooke, Esq.

- 278, 278 A. Photographs of the same patient taken five years later, namely in her twenty-third year. At this time the tumour had prodigiously increased in bulk, and the hypertrophied integument fell down in massive lobes and folds, one lapping over the other, and greatly incommoding her by their weight.

The patient was admitted to St. George's Hospital under the care of Mr. Pollock, who removed the mass from the front of the thigh in March 1875, and found it permeated with venous trunks of considerable size.

Presented by George Pollock, Esq.

- 279, 280. FIBROMA, assuming in the large tumours the lobulated and pendulous form described by Alibert under the name

of "dermatolysis." The photographs represent a front and back view of a woman, aged 33.

The morbid growth made its first appearance in childhood; and at the time of admission into hospital, under the care of Mr. Pollock, there were more than one hundred tumours in the skin, ranging in size from that of a split pea to a walnut, and three of large size growing respectively from the nape of the neck and adjoining part of the scalp, from the top of the shoulder, and from the neck—all on the right side. The tumour springing from the nape of the neck was as large as a lemon, measuring six inches in length, seven in breadth, and twelve in circumference; that on the shoulder grew from a base extending from the spine of the scapula to three inches below the clavicle; and that from the side of the neck had a base extending from over the mastoid process to four inches below the top of the sternum. This latter tumour assumed the form of a broad, thick and lobulated pendulous flap, eighteen inches long, descending between the mammae to below the umbilicus, and by its bulk and weight pushing the right mamma aside. The colour of these large tumours was dark, their surface coarse and rough and permeated with follicles, which exuded, when squeezed, cylinders of sebaceous substance resembling ascarides. The hollows of the folds were moistened with a secretion of unpleasant odour, and the general sensibility of the tumours was benumbed. The large tumour was removed by Mr. Pollock on the 15th of March, 1873; and at the end of four months there was no indication of further growth. It weighed thirty-eight ounces; its base measured eleven inches by three; it was extremely vascular, and the base exhibited the cut ends of several large veins.

281. Engraving of a remarkable case of *Fibroma pendulum*, recorded by John Bell in the third volume of 'The Principles of Surgery,' published in 1808. The hypertrophied skin hangs from the front and left side of the neck in long rolls, which resemble portions of distended intestine.

The author narrates that "the enormous growth . . . when she opens her tattered clothes, rolls out like the bowels, one turn over another, and is at once disgusting and horrible." The disease had been five years in existence when the drawing was made, and originated in a lightning-shock, which appears to have struck the left side of her head; a soft baggy tumour arose immediately on the spot and burst, and subsequently the walls of the bag continued to grow. At a later period a portion of the tumour was removed in the Hôtel Dieu by Dessault, but without arresting its further growth. The shoulders and arms were studded all over with "small tubercles like berries," apparently *Molluscum adenosum*, but in that case ill-portrayed in the engraving. "The

chief volume of the tumour begins in that part which hangs thick and baggy from the back part of the head ; and its origin in the lowest part of the hairy scalp is denoted by its black colour, proceeding from the roots and stubs of her dusk hair. This coloured part, indicating its origin from the scalp, is extended now as low as the shoulder ; it has a firm surface, large tubercles, a scaly hardness, and a blue colour. From this descends a great and voluminous roll of skin, which hangs over the breast and belly, to the length of a yard and half, like a bundle of intestines ; and from her ear, which is elongated to a prodigious length and size, hangs another corresponding roll of skin, which, falling from the neck and face, constitutes a great part of the volume of enlarged skin which, as she sits, hangs over her knees This immense volume of skin is thin where it hangs from the occiput, neck, chin, and shoulder, but is very thick, massy, and doughy-like at its lower part This monstrous growth is simply skin—luxuriant, healthy, extremely vascular ; its pores and papillæ are enlarged, and its surface somewhat reddened ; in some parts it is livid, with a surface of changing colours betwixt red and blue. Upon lifting up the rolls of the tumour and looking into their roots, the veins are seen to be as large as those of the mesentery : some of these venous trunks are as big as the thumb, tense, and gorged with blood. When she travels about on her begging excursions, she carries her tumour in a sling, made of an old table-cloth, as a sower of corn carries the seed in the bag before him. When she sits down, opens her cloak, and unfolds this disgusting and horrible tumour, you can hardly be persuaded that you do not see her belly open and her bowels in motion ; for the rolls of skin, fleshy and red, roll over each other as she handles them, and the slightest handling at one fold of the tumour puts the whole into this vermicular kind of motion. The whole volume would roll over her knees but that she contains it in her lap by putting one or both arms around it.”

282. A photograph of the same patient taken from the left side, showing the origin of the hypertrophied rolls in the integument of the left cheek, left ear, postauricular and occipital regions, and side of the neck ; the large and extraordinary mass descends to her lap, on which it rests. The spots on its surface are very probably follicular depressions.
283. Photograph of a woman, aged 34, presenting a growth of *Fibroma pendulum*, corresponding in characters with the “dermatolysis” of Alibert. It is a lobulated pendulous tumour of considerable size, occupying the right side of the neck from the middle line in front to that behind, beginning

above in the scalp around the ear, the side of the jaw and chin, and descending to the umbilicus in front and to the fourth dorsal vertebra behind. It made its first appearance at the age of 14, and continued to grow subsequently.

The base of the tumour occupied the whole side of the neck, from the median line in front to that behind, and extended down the sternum to a level with the nipples; while at the chin it crossed the middle line to the left side. On the top of the shoulder was a smaller tumour, which had ulcerated and afterwards healed, but continued to grow. The skin covering the tumour was excoriated in several places between the folds, it was more or less corrugated and sprinkled with hairs, and resembled that of the scrotum, more especially on the chin and side of the neck. The case of this patient is recorded by Dr. Henry G. Wright in the sixteenth volume of the 'Transactions of the Pathological Society.' She came under his care in the West-Riding County Asylum in 1864, and was shortly afterwards found dead in her bed, lying on her face, having been suffocated during an epileptic fit.

284. DERMATOLYSIS: looseness of skin. An engraving which represents Georgius Albes, a Spaniard, in the act of drawing the integument of the right pectoral region upwards to the left ear.

The plate is taken from John Bell's work, who observes, "This young man had the skin on one side only of his body so relaxed that he could extend it without pain to any degree." Meek'ren reports the case under the name of "*debilitas extraordinaria cutis*," and says, "in the year 1657, a young man, a Spaniard, named Georgius Albes, about twenty-three years of age, presented himself at our hospital and was seen by Van Horne, Sylvius, Gulielm. Pyso, and Franc. van der Wiel, who, grasping with the left hand the skin of the right breast and shoulder, drew it out until it touched his mouth; or taking the skin under the chin with both his hands he could draw it down like a beard till it touched his breast, or pull it upwards till it covered his face and eyes, or extend it still more till it touched the vertex; or, pinching the skin of the knee, he could extend it as he pleased, upwards or downwards, to the length of half a yard. The skin thus extended retracted itself again, but this was only on the right side of the body; it was a disease, and not a trick of capability of extension produced by custom." "*Consideratione dignum erat, cutem eam quæ tegebat dictis locis partes sinistras, extendi nullo modo potuisse, firmissime iis adhærentes; causam diagnoscere hactenus non licuit.*"

285. Photograph of a Bosjesman woman, showing a state of hypertrophy of the integument of the abdomen, gluteal

region, and thighs, probably induced by habits of life and constitution. The enlargement is apparently of morbid origin, as may be inferred from the unevenness of the skin and seemingly lobular structure of the integument.

286. Plaster cast of the hip of a young gentleman, aged 18, exhibiting an encysted vesicular affection of the skin. The small prominences, isolated and clustered, are transparent cysts filled with serous fluid.

This is all the description given of the case in Erasmus Wilson's Catalogue. There can, however, be little doubt that it represents the affection known as *Lymphangiectodes* or *Lymphangioma circumscriptum*. The vesicles are deeply seated and are generally supposed to be due to dilatations of lymphatics, though some observers consider them to be of blood vascular origin. The affection is congenital, though it usually undergoes subsequent development.

(d) MALIGNANT NEW GROWTHS.

(Nos. 289 to 318.)

289. RODENT ULCER. Model of the face of a man, 45 years of age, showing two superficial cancerous sores, one situated on the nose near the inner angle of the eye, the other at the commissure of the mouth involving part of the upper lip and cheek. The margin of each sore is prominent; that of the larger one has a pale rounded border, and immediately beyond this border a purplish areola; the surface of the sore is smooth, devoid of granulations, and partly coated with a yellowish transparent lymph.

The patient's mother died of phthisis; he himself was a tailor by trade; and the disease began near the angle of the mouth at the age of 33, commencing by a small prominence, which became alternately excoriated and incrustated several times. The smaller sore on the nose bled upon slight injury; there was no affection of the lymphatic glands, and the ulcers were healed by means of chloride of zinc. The man was under the care of Lailler, who terms the disease "cancroïde."

Baretta.

290. RODENT ULCER. Water-colour study of a nose deformed by a partially healed rodent ulcer. Across the root of the nose and at the inner angle of the eye the morbid surface is bounded by a rounded, prominent, and nodulated border; at the inner angle of the eye the nodules form a small cluster, and proceeding downwards from this point is a brownish scab concealing a superficial ulceration. Several small yellow scabs are likewise seen on the nose together with a plexus of minute veins.

The patient was a man, 62 years of age, and the disease had been in existence for six years at the time the drawing was made. There had been no pain, only a moderate degree of itching, and there was no enlargement of lymphatic glands.

Bagg.

291. RODENT ULCER. Wax model of a face showing an ulcerated new growth on the right side of the nose, to which the name of Sebaceous Epithelioma, 'Epithéliomatose sebacée,' has been given by the French observer of the case. There is an acneiform eruption with much heaping-up of crusts on the left side of the face.

Baretta.

292. Wax model of Paget's Disease of the nipple, sometimes erroneously called Eczema of the nipple. The condition is not one of a simple inflammation of the skin, as in Eczema, but of a superficial ulceration. Carcinoma of the breast ensues sooner or later, and has already manifested itself in the present case.

Baretta.

293. EPITHELIOMA. Coloured photograph, showing the havoc committed by cancer in the destruction of the greater part of the external ear and subjacent tissues. The rounded, whitish, and semitransparent border peculiar to *Epithelioma* is seen along the inferior limit of the ulceration.

294. Water-colour study of *Epithelioma* affecting the aperture of the nares and upper lip. On the bridge of the nose are seen two prominent nodules, each covered with a thick brown crust. The edge of the right ala nasi is occupied by a large, rounded, semitransparent, callous mass, and from

this mass descends a prominent border to the prolabium of the upper lip.

The patient was a woman, upwards of 60 years of age.

Bagg.

295. EPITHELIOMA. Model of the face presenting a remarkable example of a cauliflower-like cancerous growth (*Epithelioma*) affecting the lips throughout the whole circumference of the mouth.

The patient, a man, 76 years of age, was under the care of Dr. Dolbeau, in the hôpital Beaujon. The disease had been in existence for several years; it produced constriction of the orifice of the mouth and prevented the movements of the jaw. Nevertheless the man's general health remained unaffected, and there was no enlargement of lymphatic glands.

Baretta.

296. MYCOSIS FUNGOIDES. Model of the anterior aspect of the trunk of a woman, aged 42; the integument is pale and flabby, and is studded over the greater part of its surface with pale crimson-coloured tumours and nodules. Between the tumours, in certain situations, especially in the epigastric region, may be observed clusters of narrow rings of a deep brown colour, each ring enclosing an area which is somewhat depressed and paler than the rest of the integument. The larger tumours are four in number, and are situated respectively on the left mamma, over the umbilicus, in the right flank, and in the right groin. The smaller tumours, which are extremely numerous, are congregated in clusters in the right pectoral region and upon the abdomen, particularly in the right flank. Three of the large tumours, and nearly a dozen of the smaller, are in a state of ulceration, and the ulcers present the same general characters; they are superficial, have vertical edges, and look as if the surface had been nibbled away. There is no thickening of the skin forming their border; the vertical edge is red, and the base sometimes red where the erosion is superficial, and sometimes buff-coloured where it sinks more deeply into the integument. The smaller ulcers are more or less circular in figure, and occupy some part of the

summit of the minor nodules, whereas the large tumours present extensive and deep ulcerations, which are irregular in outline and also in the level of their bases, being evidently composed of a number of minor ulcers which have become confluent. This irregularity of figure and surface is particularly conspicuous on the tumours in the centre of the abdomen and on the right flank. The smaller tumours range in size between that of mere flattened pimples only two lines in diameter and masses an inch in breadth, the common dimensions being half an inch; while the large composite tumours on the mamma and on the abdomen measure upwards of four inches. Some of the tumours are isolated, but a considerable number are coherent, and these coherent clusters are apt to become blended and form large compound masses, the type of the large tumours. The tumours, moreover, present every stage of growth: some are mere nodules in the skin without colour; as they increase in size they acquire their peculiar purplish tinge: some are prominent and smooth, as though from distension, others are flaccid and in a state of collapse; some are flattened, some depressed in the centre, some in a state of softening have a salmon-coloured tint, some have subsided with the exception of a narrow prominent ring, and some have entirely disappeared, leaving the portion of skin which they occupied thin, depressed, pale, and achromatous, but surrounded by a margin of deep brown pigment. In one of the tumours only, namely that on the left mamma, is there any trace of vessels, and these present a simple state of angeiectasia very different from the large venous ramifications which are met with in carcinoma. The breasts are small from atrophy of the glandular tissue, and large corrugated cicatrices are seen in the axillæ. The patient was under the care of Hillairet, who adopts the nomenclature of Alibert for its designation—namely, “*Mycosis fungoïde.*” *Baretta.*

297. Model of the face of the same patient, exhibiting an advanced stage of emaciation. Numerous patches of dry and squamous eczema are dispersed symmetrically over the surface; some

are flat and some prominent, some diffused, some circumscribed, but all more or less circular. A circumscribed and prominent circular patch, depressed in the centre, is seen at the outer extremity of the eyebrow; and others of a similar kind, but less prominent, at the angles of the mouth, in the middle of the cheek, and in front of the larynx. These patches present every evidence of being eczematous in their nature; the skin is thickened and coated over with a rough desquamation, and the patches at the angle of the mouth are fissured. To such patches Willan assigned the name of lichen agrius. The pathological appearances presented by this case may therefore be summed up as follows:—

- 1, eczematous patches; 2, scratches denoting pruritus;
- 3, tumours in various stages of growth and decline;
- 4, cicatrices and pigmentary stains left by the nodules;
- and 5, ulcers.

Baretta.

298. Model of the left arm of the same patient; the limb is emaciated, and presents a series of pathological lesions—namely, erythematous patches in a state of furfuraceous desquamation, papulæ which have been torn by the nails and have become covered with a brownish-red crust, red lines marking scratches by the nails, and nodules of small size resembling those on the abdomen in the preceding model. These nodules follow the direction of the outer border of the arm towards the axilla, and one of large size over the upper part of the biceps is very characteristic of the disease. The state of the nails is also worthy of observation; they are stunted and thick, and have a tendency to assume the form of disease which has received the name of onychogryphosis.
- Baretta.*

299. MYCOSIS FUNGOIDES. Model of the inner side of the ankle and foot, showing several small fungous prominences. The case is named "mycosis fungoïde" by Vidal, who had charge of the patient, and by Hardy it is termed "melanosis." It is without history, and therefore its true nature cannot be defined with certainty. The largest prominence is a moist fungous growth of the size of a hazel-nut or small

raspberry, and somewhat constricted at the base, where it is encircled by an ulcerated fissure and thin edge of integument. Three smaller prominences of a cluster of four, situated just below the inner malleolus, are in process of undergoing a similar change; the border of the ulcer is defined, whilst the centre is white and epidermic in one, black (apparently from an effused clot of blood) in another, and white with a black centre in the third, the core in these papulæ being the summit of the future fungus. In the fourth papule of this group the epidermis has not yet given way, and its aspect is bluish and translucent. Two papules somewhat higher up the leg are coated with a thin exudation crust. There are two small pigmentary spots on the border of the foot—the only trace of anything of a melanotic character—and a papule incrustated with a black scab over the internal saphenous vein.

The fungous excrescences in this model may be taken as the type of the cutaneous manifestation of a disease epidemic among the negro races, termed “frambœsia,” and by Alibert “mycosis frambœsioides.” The model is numbered 275 in the Paris collection.

Baretta.

300. MYCOSIS FUNGOIDES : an ulcerative nodular eruption. Photographs of a man, aged 48, who was admitted into a hospital in December 1868, and died in February 1869. In the anterior view several ulcers are seen on the breast and shoulders, and one of large size on the right thigh. In the posterior view five ulcers are seen on the right side of the back, and a large ulcer on the right thigh.
301. Photograph of the same patient, taken two months later than the preceding and a fortnight before his death. The nodules and ulcers have made a rapid increase both in number and size, and the ulcer on the thigh has acquired very considerable dimensions.
302. Back view of this patient taken at the same time, showing numerous and extensive ulcers on the back as well as upon the arms and thigh. In all the photographs the exactly

circular figure of the ulcer is noteworthy, as also the prominent border by which the ulcer is surrounded.

Unfortunately no history of this case has been preserved, but the disease belongs very probably to the group of *Mycosis fungoides*, and is sufficiently remarkable to deserve as complete a description as can be given from inspection of the specimen mentioned below. The first point that strikes the attention on a close examination of the preserved portion of skin is, that the tumours and ulcers are entirely superficial, that they are confined to the surface of the derma, and that the morbid degeneration of tissue and ulceration do not penetrate the corium. The surface of the skin is coarse and pimply, an exaggeration of *Cutis anserina*, suggesting the idea that the hair-follicles, and possibly the sebiparous glands, are in a state of hypertrophy. Next, it is seen that the skin is studded with nodules, amounting to between forty and fifty in number, and that the nodules range in size from about one quarter of an inch to an inch and a half in diameter, the greater number of the nodules being intermediate in breadth between these two extremes and their elevation not exceeding two lines. The smallest of the nodules are evenly convex in figure, few in number, and smooth in the centre. In some of these, a little more advanced, a group of three or four follicular prominences form a kind of papule on the summit of the nodule. The papule undergoes a change of colour, assumes (in the preparation) a buff-coloured tint, and becomes surrounded by a slightly prominent border, which runs through similar phases. Then another prominent annulate border makes its appearance exteriorly to the preceding and within the limit of the nodule itself. At this stage the appearance of the nodule suggests the idea of the iris; there is, first, the buff-coloured centre, then a circle around it, also buff-coloured, but of a different tint and more or less puckered, and beyond that the prominent and nodulated border constituting the circumference of the deposit. And this may be regarded as the mode of growth of the nodule—namely, by the propagation of the morbid process by centrifugal enlargement and by the successive development of fresh

rings around those previously formed. In the next place we may observe that the buff-coloured change in the appearance of the centre of the nodule denotes a process of degeneration or softening, and that after the discoloration has reached the outer border of the second ring, the discoloured portion is apt to separate around the edge, and the edge becomes raised and loose and assumes the character of a slough. A further extension of this process of degeneration or softening and sloughing gives rise to the circular ulcers which are so remarkable in appearance, and of which several are seen in the preparation. It will be also observed that the ulcers are quite superficial, and that their apparent depth results from the prominence of the rounded border of the tumour which forms their boundary. This boundary-wall is vertical towards the cavity of the ulcer and sloping towards the surrounding skin. The pathological process here described is evidently unlike the ulceration of syphilis or elephantiasis. Another preparation (No. 4081), described as a portion of the integument of the thigh affected with medullary tumours, would seem, however, to throw some light on the subject. In it there will be seen the same circular, flattened, and umbilicated tumours, and the same general pathological physiognomy.

A portion of the morbid skin from the inner and upper part of the left thigh is preserved in the "General Pathological Series" as preparation 4035, having been presented as a specimen of "Elephantiasis Græcorum."

Presented by Thomas Nunneley, Esq.

303. Wax model of the right side of the neck and shoulder, showing Mycosis fungoides of the skin.

304. MYCOSIS FUNGOIDES. Wax model of the flexor aspect of the arm showing the commencement of the tumour stage.

The patient was a bricklayer's labourer, aged 50 years. He stated that the eruption commenced, four years before he came under observation, in small brown spots on the chest. Then it extended to the back and scalp, and for the last 18 months the whole of the

face, scalp, body, and limbs had been universally implicated. The itching was intolerable, but he had only recently felt a loss of strength. The inguinal and femoral glands were greatly enlarged. The general eruption had the appearance of an absolutely universal chronic eczema, and at first sight the appearances suggested that the condition shown in the model was largely the result of incessant rubbing, scratching, and tearing of the skin. On closer inspection, however, a number of new growths could be seen. There were a few growths characteristic of *Mycosis fungoides* and a great number of small solid papules in the thick skin, better felt than seen, being hardly noticeable by the eye alone.

Presented by Dr. Colcott Fox.

305. MYCOSIS FUNGOIDES. A plaster cast of the back of the shoulder of a patient affected with *Mycosis fungoides* and not, as stated in the previous catalogue, "*Eczema hypertrophicum (tuberosum)*."

The patient was a man, 46 years of age. He had suffered from eczema for ten years, and the eczema had assumed in several situations a tuberos form. The tubera were caused by partial and circumscribed œdematous infiltration, and from time to time exuded a copious serous discharge. A few of the tubera were isolated, while the greater part were confluent and blended together into a large tuberos mass. There were many clusters of tubera dispersed over different regions of the body.

306. Water-colour study of the eruption of the same patient, exhibiting the colour, figure, and bulk of the tubera, as well as two patches, one in the progressive and the other in the retrograde stage. *Bagg.*

307. MYCOSIS FUNGOIDES. Water-colour drawing of the right thigh and knee of a woman, aged 47, in whom, subsequent to œdema, the red nodules and hyperæmia seen in the drawing were developed. Aggravation of the disease led to amputation of the limb. The nodules bear a close resemblance to those of Nos. 305 and 306.

The case is published in the 'Virginia Medical Journal' for September 1856.

308. Drawing of the left leg and foot of the same patient; the œdematous hypertrophy and nodular development are well shown. The disease began in the left leg two years

subsequently to the amputation of the right limb, and the woman died ten months later. The greenish hue of four of the nodules and of the hollow in the centre of the chief mass is due to gangrene, the subsidence of the level of the centre being occasioned by drainage of its serous infiltration.

The cause of the disease could be traced back to weak nerve-power and feeble heart. In her last illness she was under the care of Dr. Silas Durkee, of Boston; and an abstract of her case will be found in the third volume of the 'Journal of Cutaneous Medicine,' p. 502, January 1870.

Nutting.

309. MYCOSIS FUNGOIDES? The diagnosis of this case is doubtful, but it seems probable that it is in nearest relationship to Mycosis fungoides.

Plaster cast of an anomalous nodular eruption of the skin, presenting itself in the form of minute papulæ, small nodules, and prominent patches. The papulæ, which are one line in diameter, are either dispersed, or confluent, or aggregated into small prominent corymbi which have a circular or oblong figure. This form of the eruption is most obvious on the shoulder. Higher up in the neck the corymbi are tumid and smooth, and their original papular structure is partly effaced; they are, in fact, converted into papulated nodules, while just beneath the ear are several distinct nodules of about two lines in diameter, which have originated in their present form. A large, prominent, and wrinkled patch is seen below the jaw, and there are smaller circular and tumid patches near the angles of the nose and mouth and in front of the ear; the patch near the ear is two inches in diameter, its area is slightly depressed, and the border is prominent.

310. Water-colour study of the face and neck of the same patient. Oblong papulated nodules are seen on the neck, circular primitive nodules on the temple, the ear, and around the mouth, and large prominent tumid patches on the cheek and forehead. The greater part of the face is in

a state of erythematous congestion, which has extended to the eyelids and produced eversion of the lower lid; while crusts, indicative of superficial ulceration, are seen on the bridge of the nose and on one of the circular patches near the ala nasi. *Bagg.*

311. SARCOMA OF THE SKIN. Model of the arm of a woman showing four flattened tubera resembling sarcoma of the skin. M. Lailler, whose patient the woman was, terms it "éruption indéterminée chez une femme diabétique." The tubera range in size between half an inch and one inch in diameter. In their earlier stages they present a white tuberos spot very slightly raised, circular in figure, and depressed in the centre. This white nodule is bordered by a halo of a dull purplish hue, and the depressed centre enlarges and then acquires a reddish colour. The reddish central depression is the seat of ramification of a few minute venules, which converge from the white portion to a small venous trunk that sinks in the centre into the deep tissues of the skin. The central depression has then the appearance of a vascular area surrounded by a white border, and the latter by a lilac areola. Between the two upper tubera is a dull red spot that probably represents the earliest stage of the growth, and is smooth in the centre, as though the white tissue were in process of formation. If this be the fact, the pathological process may be stated as follows:—First, a congested spot becoming white in the centre from the formation of a new tissue and retaining its redness at the circumference; secondly, the advance of the white tissue into the surrounding congested halo, and the centrifugal extension of the latter; and, lastly, an alteration in structure of the central area of white substance, by which it becomes reddish in colour and possibly consolidated in texture. Similar processes running on to ulceration are described in connection with preparation No. 302. *Baretta.*

312. SARCOMA. Model of the face, neck, and breast of a woman affected with a remarkable form of fibromatous growth termed by Guibout "tumeurs fibro-plastiques." The face

and neck, together with the front of the chest, are nodulated all over with cutaneous tumours of the average diameter of half an inch, the tumours resulting from hypertrophy of the fibrous tissue of the corium. On the face the tumours are smaller, reddish, and neither so prominent nor so well defined; there is also evidence of chronic inflammation, possibly eczema, of the eyelids. On the neck and chest some of the tumours are well defined, prominent, and red; others are paler and more deeply seated. The prominent nodules show signs of inflammation, and, in two or three places, of superficial ulceration. The fibrous tissue of the whole of the right mammary gland is involved in the disease; and around the circumference of the breast are seen numerous well-defined nodules, which are connected with the morbid gland-structure by subcutaneous cords. This is especially the case along the upper segment of the gland; and from this segment there radiate six or seven of these subcutaneous cords, which terminate in rounded nodules. From two of the latter the subcutaneous cords proceed upwards to the tumours in the neck, which form three prominent cord-like and nodulated ridges; and from this arrangement there results a growth which resembles a well-marked *Cheloma* of somewhat complicated figure. The disposition of the two vertical cervico-mammary cords is worthy of close observation: the narrower is partly intercepted by a round nodule, the broader is enlarged in the middle, and between the two is a small round nodule, seemingly suspended by its cord from the transverse cervical prominence.

The disease began in 1841 as two small hard nodules to the inner side of the right nipple, which were soon followed by others. These coalesced into a hard flat stratum as dense as wood, which covered the mamma with an immovable shield, and remained unchanged for twenty-eight years. In 1866 a small nodule appeared, without any pain, in the skin covering the lower jaw; it enlarged slowly at first, but very rapidly after she cut it accidentally, and was followed by others. She was admitted to the St. Louis Hospital in May 1868, when the model was taken. The tumours were painless, but tender on pressure, and itched severely in cold weather. She got rapidly worse, and died on June 13th. At the autopsy nearly all the tumours were confined to the skin

and subcutaneous tissue, but there were a few in the dura mater, the pericranium, and the periosteum of superficial bones like the ulna and sternum.

Microscopically the tumours were described as fibromata with the connective tissue in various stages of development. The case gave rise to much difference of opinion. Bazin and Hillairet regarded it as cancer; Hardy and Lailler as exhibiting a fibroplastic diathesis bordering upon cancer; Guibout rejected cancer on account of its 28 years' duration, and thought the tumours were ordinary fibromata. The history and description point to its being a case of fibro-sarcoma.

A detailed report of the history of the patient is published in 'L'Union Médicale,' No. 86, for July 21, 1868; and also in the third volume of the 'Journal of Cutaneous Medicine,' p. 180.

Baretta.

313. **WITHERING SARCOMA OF THE SCALP.** Model of a scalp which presents a large sarcomatous growth near the occiput. Several small nodules are seen on different parts of the scalp. One tumour (Preparation 4081 B) was removed after it had been growing for seven months. Histologically it proved to be a fibro-sarcoma, chiefly composed of round and fusiform cells.

The patient was a young man, aged 24, who at the time of his admission into St. Bartholomew's Hospital, in March 1890, gave the following history:—About six years previously he received a blow on the top of his head from the fly-wheel of an engine, but of this he took no notice. A few months later a tumour began to grow at that spot; it reached the size of a sparrow's egg, and then disappeared in about six months. Six or eight similar tumours subsequently appeared in different parts of the head, and then diminished in size. A large tumour, ten inches in circumference, which was situated over the left parietal bone, appeared in September 1889, and grew steadily until its removal in March 1890. It caused him no pain.

314. Model of the same case made six months later, when the occipital tumour was shrinking.

Drawings, wax models, and a part of the tumour are preserved in the Museum of St. Bartholomew's Hospital.

Presented by Morrant Baker, Esq.

315. Model of a Fungating Tumour situated over the right clavicle. The structure was that of a spindle-celled sarcoma, but no history of the case is obtainable.

316. Model of the forearm, showing a purple eruption of the skin which, in the absence of history, must be regarded as *anomalous*. Vidal, who had the patient under his care, terms it "Mycosis fungoïde"; while Hardy calls it "Melanosis." The integument is healthy-looking and properly nourished. The cutaneous lesions consist of:—Dull maculæ, discrete flat papulæ scantily dispersed, a patch on the wrist composed of a cluster of similar papulæ developed on a hyperæmic and thickened base (the papulæ being best defined at the border of the patch), and three irregular patches of moderate dimensions on the forearm. One of these patches has a serpiginous outline, from subsidence of its area; while the others are somewhat prominent, the prominence being greatest at the border. All the patches bear evidence of being formed of papulæ blended at their bases. On the wrist a few of the papulæ are abraded and incrustated; but with this exception there is no desquamation and no breach of continuity. The general appearance of the eruption is such as to suggest a Syphilide rather than a Lymphoma. The most conspicuous feature is its colour—a dull crimson-purple, approaching in a part of one of the patches to a violet tint. The colour is suggestive of venous stasis; but there is nothing like black to warrant the use of the term Melanosis. The model is numbered 262 in the Paris Collection. *Baretta.*

317. FURUNCULUS ORIENTALIS. Wax models of the face and right forearm of a person affected with "Biskra bouton." It is known by many local names: "Delhi boil," "Aleppo boil," "Penjdeh ulcer," &c.

- 318, 318 A. Two painted casts of the upper and lower jaws, the gums of which are affected with *Lampas*.

Presented by J. W. Hulke, Esq.

EXANTHEMATOUS ERUPTIONS.

(Nos. 319 to 331.)

319. A facsimile terra-cotta cast of a votive offering from Pompeii, supposed to represent a person affected with small-pox.

320. RUBEOLA. Water-colour study of the exanthem of measles, showing the colour and manner of evolution. The first of the sketches exhibits the commonly recognized fleckered or dappled form of the eruption. On the face the patches are more decided in colour, larger, and interspersed with papulæ; while on the arm papulæ are also developed in the midst of the fleckered spots. *Bagg.*
321. SCARLATINA. Chirotheca exfoliated by a patient recovering from scarlatina.
322. SCARLATINA. Podotheca exfoliated by the same patient.
323. VARIOLA. Wax cast of the breast of an infant, showing a variolous eruption which appeared soon after vaccination, and was the cause of the child's death. The eruption commenced on the head and face, and extended thence to the neck and chest. On the chest there were more than one hundred vesicles, presenting the characteristic flattened and umbilicated shape of the variolous pock. They were for the most part discrete, but every here and there were confluent clusters of three, four, and five. On the neck the vesicles were confluent, the areas of skin between the large patches were vividly red, and the whole surface poured out an abundant ichorous discharge.

The child had evinced a tendency to eczema from its birth.

324. Plaster cast of the same case; the larger vesicles measure two lines in diameter.

Preparations illustrative of Variola will be found in the General Pathological Series, numbered 4043 to 4047 A.

- 325 to 331. Plaster cast of Variola ovina, showing the form taken by small-pox in the sheep. The pock is a broad papule or flattened nodule, on the summit of which a flattened vesicle containing lymph has developed. The pocks range in dimensions from a line to half an inch in diameter, with a prominence of about a line; they are for the most part discrete, but a few are confluent.

CLASS V. MORBI APPENDICIUM.

DISEASES OF THE APPENDAGES OF THE SKIN.

(Nos. 332 to 386.)

332. Section of injected skin from the palm of the hand, showing the sudoriferous ducts, together with the papillæ cutis.

From a patient who had long suffered from Hyperidrosis.

333. Section of the same preparation. Beside the sudoriferous ducts, a cluster of sudoriparous glands may be seen near the middle of the section, and these glands are surrounded by a plexus of capillaries.

334. Sections of the same preparation made transversely to the ridges of the cuticle. The papillæ cutis are isolated, and a sudoriferous duct may be seen traversing the cuticle as though it were issuing from a papilla.

335. STEATOZOON FOLLICULORUM: *Entozoon folliculorum*; *Acarus folliculorum*, Gustav Simon; *Demodex folliculorum*, Owen. Three figures of this curious animalcule:—A, its ventral aspect; B, its dorsal aspect, the head being retracted within its carapace; C, its lateral aspect.

336. Model in clay of the head of the *Steatozoon folliculorum*, highly magnified.

337. Engraving of the *Steatozoon folliculorum*, showing its figure, its occasional presence in considerable numbers, its position in the hair-follicle, and the structure of its head.

338. Engraving of the *Steatozoon folliculorum*, showing its ova and embryonic forms. The spade-shaped forms (figs. 20 to 23) are very commonly found; and in the early stage of development the animalcule has generally only three pairs of legs (figs. 26 to 29).

339. Further developmental forms of the *Steatozoon folliculorum*. Fig. 37 is a chrysalis form.

These three plates were published in the 'Philosophical Transactions,' part ii., for 1844, in a paper entitled "Researches into the Structure and Development of a newly discovered Parasitic Animalcule of the Human Skin, the *Entozoon folliculorum*."

Erasmus Wilson.

340. SEBORRHŒA NIGRICANS. Water-colour study of this affection in a young lady, aged about 24. The discoloured secretion appeared on the eyelids, and blackened a handkerchief when wiped off.

The patient was of a highly nervous temperament, and subject to severe vomiting, and in the vomited fluids an appreciable quantity of pigmentary matter could always be distinguished.

Bagg.

341. SEBORRHŒA FLAVESCENS. Hair from the head of a lady in her 82nd year. The hair has a bright golden-yellow colour, and is stained by a "gummy golden secretion . . . sticky between the fingers," which accumulates on the head, and stains of a yellow colour not only the hair, but also her night-cap and night-dress. The secretion is most abundant on the occiput at the roots of the long back hair, and its large quantity in that situation may be perceived in the preparation. The smell of the secretion is unpleasant, and the colour yields but little to soap and water.

In youth the lady's hair was of a jet-black colour, but for many years past it has been white. Fifteen years ago she suffered from jaundice; a similar attack occurred ten years afterwards, but passed completely away; and it is since the latter attack that the change in the hair now described has taken place. Her husband, a medical man, to whom we are indebted for the specimens and for the notes on which these observations are founded, observes:—"It is remarkable that this secretion should be confined to the scalp, found on the surface, and taken up by the hair." The lady enjoys good health, but is somewhat unduly encumbered with adipose tissue.

342. SEBORRHŒA SIMPLEX (*Oleosa*). Model of the face thickly coated over with a greasy sebaceous secretion. On the forehead the sebaceous deposit is stained in various places

by the effusion of blood from superficial abrasions, probably caused by the nails ; and one of these incrustated abrasions on the bridge of the nose presents an areola of inflammation around its base.

The model is numbered 223 in the Paris collection, and is named by Hillairet "Acné fluente."

343. Water-colour study of the face of a woman, nearly 50 years of age, affected with Seborrhœa or, as it is now often called, Seborrhœic Eczema. The pathological characters of the affection are—an erythema of the skin with a scarcely appreciable swelling, the formation of an altered sebaceous secretion which dries on the surface into a thin horny layer, and the subsequent breaking up of this layer into irregular scale-like fragments, which separate gradually from the inflamed skin, and then fall off to give place to another formation of the same kind. *Bagg.*

344. SEBACEOUS TUMOUR. Two small *Sebaceous Tumours*, showing their position within the substance of the corium and the laminated epithelial character of their contents. Figures of these dissections are published in the 27th volume of the 'Medico-Chirurgical Transactions' for 1844, plate ii. figures 1, 2.

345. Water-colour drawing of a large Sebaceous Tumour in a state of inflammation. The epithelial contents of the follicular sac are protruded from its aperture, and have hardened by desiccation to the density of horn. The tumour was situated on the back of the shoulder. *Bagg.*

346. Plaster cast of the same Sebaceous Tumour in its distended state.

347. Plaster cast of the same tumour after it had been evacuated through the existing aperture by means of a scoop. The contractile capability of the skin is shown in the state of collapse of the previously over-distended integument.

Sebaceous Tumours and Dermoid Cysts of the skin are amply illustrated in the "General Pathological Series"; for example, in the specimens numbered 235 to 238, 242, 243,

244, 256, 263 to 267, 4050, 4051, 4113 to 4115, 4117 and 4118. The greater part of these are human, but five are from the lower animals, namely, 263 and 264 from the sheep, and 265 to 267 from the cow and the ox. The human specimens are derived from every part of the integument, but most numerous from the scalp. Of the latter, No. 4118 is remarkable for its size, measuring four inches in diameter. No. 4051 exhibits the calvarium of a girl, aged 17, perforated by an opening caused by one of these tumours; the cyst had been growing since the age of two years, and her death resulted from an attempt to remove it by operation. No. 256 is a small cyst removed from beneath the eyebrow, which presents in its interior several hairs growing from its wall. No. 4050 exhibits the contents of a tumour which grew in the face, a number of lanuginous hairs being mingled with the epithelial matter. In the comparative series all of the cysts are more or less completely filled with hair.

348. SEBORRHŒIC DERMATITIS. One of the forms described by Unna as *Seborrhœic Eczema*. Model of the breast of a female, showing a dry eczema, which presents as the predominant lesion a papular eruption; the patches composing the eruption are centrifugal and circinate, and have an average diameter of seven lines. The rings are isolated and interspersed with separate papules, and on the right mamma they are blended by an erythematous base. On the more inflamed parts, and on the summit of many of the papulæ, there exists a slight furfuraceous desquamation. In the epigastric region may be observed several subcutaneous nodules, and some large red papulæ (a quarter of an inch in long diameter) of an oval figure, resembling those of syphilis; in addition, there are a few diffused patches of ordinary figured eczema, the surfaces of which are sprinkled with furfuraceous scales.

The model, as a whole, is highly characteristic of a common form of the so-called *Seborrhœic Eczema*, and is numbered 15 S. R. (*série rouge*) in the St.-Louis collection. The patient was under the care of Guibout.

Baretta.

349. SEBORRHÆIC DERMATITIS, *var.* PAPULOSA, formerly called *Lichen circinatus*. Coloured lithograph of the centrifugal form as it occurs usually in the hollow of the back. The eruption is made up of circles having a yellowish area and a border more or less distinctly papulated; towards the centre of the patch the rings are blended, they have lost more or less of their circumferential ring and present a map-like configuration. The rings are more distinct around the circumference of the map-like patch, where they are only partially bordered with papulæ, while a few isolated papulæ are scattered in the spaces between them.

The patient was a young man, aged 24; he had a similar eruption in the epigastric region, which had existed for three years. One of the series of "Portraits of Diseases of the Skin."

The following five plaster casts illustrate the same affection:—

350. Water-colour study of *Acne vulgaris*, showing the figure of the papules and pustules, and the colour of the eruption, with its maculæ and cicatrices. *Bagg.*
351. Water-colour study of *Acne vulgaris* of the back, in a young man, 26 years of age. The eruption made itself manifest at the age of 17, and had continued ever since. His constitution was feeble. The affection presents all the commonly recognized forms of *Acne*: for example, there are comedones, or follicles choked with epithelial débris and inspissated sebaceous substance, which are distinguished as grey or black puncta; then there are small papulæ with black puncta in the centre of their summits, *Acne punctata*; next follow red conical papulæ, some with and some without pustular heads, and with a more or less inflamed base, *Acne coniformis*; then there are purplish indurated papulæ of considerable bulk and remarkable for their chronic character, *Acne indurata*; and, lastly, brown stains or maculæ may be seen together with pitted cicatrices of variable extent and depth. *Bagg.*

352. Water-colour study of *Acne rosacea* in a woman, 40 years of age. The disease had been in existence four years, and presents an exaggerated form of the affection. The eruption is most severe in the centre of the forehead, on the cheeks, and beneath the angles of the mouth; the patch on the forehead runs down upon the bridge of the nose, and a broad band across the nose connects the larger patches of the eruption on the cheeks. The temples, the eyelids, and the upper lip have escaped; but there is a considerable amount of eruption on the chin, which is blended on either side with the pustular patches below the angles of the mouth. The pathological features of the disease are—the evident thickening and coarseness of the skin, the gaping follicles, a purplish or dull roseate colour, numerous dilated venules, and large pustules. A number of comedones and follicular papulæ are also found scattered in the intervals of the pustules. *Bagg.*

353. Photograph of a lady, 28 years of age, displaying a head of hair remarkable for its extraordinary length. The hair is abundant, wavy, of a golden tint, and measures in extreme length $75\frac{1}{2}$ inches.

The height of the lady is five feet five inches, and her hair therefore is nearly a foot longer than herself. The hairs are so strongly implanted that it gives her "positive pain" to tear out one of them by the root. She has always enjoyed good health and is the mother of a family.

354. A mount shewing two photographs of ladies possessing extremely long hair. The hair in the erect figure is of a black colour and is said to be the growth following upon baldness, the consequence of a severe illness, probably fever. She was bald for several years before the hair returned.

The hair in the stooping figure is dark brown and 58 inches long; the lady is somewhat delicate in health but her hair is thick and very fine.

355. MORBUS PILARIS. Portion of cuticle from the thigh, showing the peculiar spiral arrangement of the short hairs

of the body in this affection. A drawing of some of the hairs from this preparation will be found in the engraving of *Molluscum contagiosum*. (Wilson's Portraits.)

356. TRICHOSIS : hair in excess. A preparation exhibiting several monster hair-follicles, each follicle giving exit to eight or ten fully formed hairs. The specimen was removed from a hypertrophic fold of skin at the upper part of the nape of the neck. The case was one of *Acne keloid* (see No. 379).
357. Several similar follicles from the same person, in a dried state.
358. Drawings to illustrate a trophic defect of the hair after syphilis. The hairs, normally of a red colour, were swollen from point to point, and presented a varicose appearance ; the varicose portions were black in colour and brittle, sometimes breaking through in the course of combing and sometimes splitting longitudinally. Under the microscope the hair was found to consist of medulla and cuticle, the fibrous layer being absent, or so far attenuated as to be scarcely appreciable. The actual pathological state of the diseased portions of the hair was an arrest of development at the cell stage, an accumulation of pigment, and probably a hyperplasia of the cell-structure.
- The patient, aged 26, lost his hair after syphilis, and when reproduced the hair of the beard presented the characters already described.
359. A mount showing hair from the beard disorganized by syphilis. The nature of the disorganization is indicated in the description of No. 358. In the present specimen the hair is dry and shrunken, but the diseased portions are strikingly manifest by their flatness, nodulation, black colour, and broken condition.
360. TRICHOCLASIA : *Fragilitas crinium* ; broken hair ; jointed hair. Engraving of a hair from a drawing by Dr. Beigel. It represents the shaft partially broken through at certain points.

361. A mount showing hairs from the whiskers and beard affected with *Trichoclasia*, *Fragilitas pilorum*, or, as it is now called, *Trichorrhæxis nodosa*. The specimen includes hairs from four or five individuals. The most striking feature exhibited by these hairs is the whiteness of the broken part, which gives the appearance of white specks dispersed among the hairs. In some may be seen a longitudinal brush-like separation of the fibres of the hair at the broken points, and the brush-like appearance is also visible at the broken ends. But there is nothing to indicate disorganization of the hairs at the broken points, or any alteration in the diameter of the hair, or least of all nodular swellings such as have been described by German writers. *Fragilitas pilorum* was first described by Erasmus Wilson in 1849.

362. *Trichorrhæxis nodosa*. Portion of hair taken from the beard, the usual seat of the affection.

363. A lock of party-coloured hair, white towards the root, and brown for the rest of its extent. The alteration of colour occupied a narrow band which extended like a horse-shoe around the head.

The patient was a girl, 7 years of age, and the change had taken place only three months before the observation was made.

364. Two locks of hair, brown and white, apparently taken from the same head. They have long occupied a place in the Museum, but there is no history attached to them.

365. Two locks of hair taken from a lady at different periods of her life. She first became the subject of total calvities; in two or three years the hair returned perfectly white; and after another short term of years the hair resumed its original brown colour.

366. A lock of hair of a deep black colour taken from a patient suffering from Addison's disease. The original colour of the hair was brown.

Presented by Dr. Headlam Greenhow.

367. RINGED HAIR : an error of colour in the hair. Example of a remarkable kind of discoloration of the hair, giving rise to a striped, banded, or speckled hair. Every hair presents a succession of brown and white markings, or, in other words, is alternately brown and white throughout its entire extent. The brown segment is double the length of the white, the two together measuring one third of a line, a length probably equivalent to the growth of twenty-four hours. Every hair of the head, in a lad 7 years of age, was similarly discoloured, the change in appearance of the hair having no connection with disorder of health : it was first perceived at the age of four. On examination by the microscope, the white portion is found to be due to the accumulation of minute air-globules in the texture of the hair, and not to any real alteration of colour. White hairs developed during an attack of delirium tremens have likewise been found to owe their whiteness to the sudden production of minute air-bubbles which veil the pigment from view.

368. A lock of hair from the same patient, mounted in spirits of wine.

369. Two specimens of Ringed Hair. The short lock in the lower cell was taken from the same lad as the two preceding preparations. The long lock in the upper cell is part of a specimen preserved in the Museum of St. Bartholomew's Hospital and described in the Museum Catalogue as follows :—"A lock of variegated hair, the shaft of nearly every hair is alternately brownish and silvery white in nearly regular and equal portions of its length. Collected in the lock the hair has a peculiar speckled appearance. The texture is of the ordinary kind except that the darker portions of the shaft are a little longer than the paler ones and present an appearance of black medulla which is not seen in the other portions."

"From a young man in Greifswald; the peculiarity was not hereditary."

Presented by W. Savory, Esq.

370. A lock of hair which has undergone a chemical process to strike the "golden dye." It will be observed that some of the hairs retain their original dark brown colour.

The donor writes:—"The proceeding in question is called the 'instantaneous process,' although it occupied $7\frac{1}{2}$ hours in the performance. The victim described it as being intensely painful and she very narrowly escaped a serious illness as the result. Moreover, the first operation was so unsuccessful that it had to be repeated a second time. In the end the hair was so thoroughly spoiled that the lady had to be shaved and wear a wig. This happened nearly ten years ago (1868) and the present lock, one of those which had undergone the least damage, is very much improved by keeping, indeed may be taken as a fair specimen of dyeing by the discharge of the natural colour of the hair."

Presented by Sir Erasmus Wilson.

371. A photograph of a male subject affected with calvities.

Presented by Sir Erasmus Wilson.

372. A mount showing a lock of hair cut off close to the head, the portion nearest the roots being clogged with epithelial matter which ensheaths the hairs separately and in small bundles.

The specimen was obtained from a young lady 11 years of age, and Sir Erasmus Wilson regarded it as an example of pityriasis from chronic folliculitis. The mother spoke of the disease as a "dry skin eruption"; the child had very thick hair, and the skin was one mass of scales all over the top of the head.

AFFECTIONS OF THE HAIR-FOLLICLES.—No. 4042 of the "General Pathological Series" exhibits a remarkable accumulation of epidermic and epithelial sordes upon the surface of the scalp; this sordes or *dandruff*, in excessive quantity, is partly the production of the epidermis and partly of the hair-follicles and sebiparous glands, and is associated with a scanty development of hair. The preparation exhibits a double form of perverted nutrition—epithelium in excess and hair in deficient quantity; in other words, a redundant formation of a lower type of tissue with an insufficient formation of one of a higher type. The scalp appears to be that of a child,

373. Specimen of *Plica* resulting from felting and matting of the hair as it occurs in the lower animals. The present example was taken from the neighbourhood of the ears of a long-haired black and white spaniel.

PLICA POLONICA.—Three specimens of this curious affection are preserved in preparations 4126, 4127, and 4128 of the "General Pathological Series."

374. NEUROPATHIC PLICA. A clump of hair, being the whole of the growth of one side of the head cut off close to the scalp. The hair at its base and for the greater part of its length presents a form of *Plica* hitherto undescribed. The part near the head is rigidly curled up into a hard nodular entangled mass, only the ends of the hair retaining their normal straightness.

This state of hair was produced in the course of a few hours and is due to a contractile property of the hair, such as in its normal condition would give rise to curliness; the contractility is probably excited by a neuropathic condition of the skin. (*Erasmus Wilson.*)

The following history of the case was contributed by Sir Erasmus Wilson:—

"The patient was an intelligent and respectable girl, 17 years of age, living with her parents. She was of nervous temperament and amenorrhœic; menstruation deferred until she was sixteen, had been irregular, and during the last four months had ceased altogether. For a week she complained of being poorly, her skin felt benumbed, she had some frontal headache, and a pricking sensation in her scalp, which she compared to pins and needles. Whilst in this state, the scalp manifesting signs of nervous irritability, she washed her head in tepid milk and water and after drying it with a towel proceeded to comb it straight. During the combing, and whilst engaged in straightening the left side, she felt a movement in the hair on the right side, which was found to have curled itself up spontaneously into a tight hard mass, feeling as if it would tear itself out by the roots, the left side remaining unaffected. The normal length of her hair was 37 inches, and in its present tangled condition that portion not involved in the plica varies in length from two to six inches, a few tresses retaining a length of twelve inches. At Mr. Le Page's request I suggested a therapeutic treatment, consisting of arsenic, iron, and aloes, and at the end of three months Mr. Le Page reported that menstruation had returned and that the hair was growing naturally. The removal of the

hair was suggested by the parents of the girl in consequence of its hopelessly entangled condition. Mr. Le Page remarks that the abnormal condition of the hair may have been due to the electrical change produced.

"I may note that I have only once before met with a similar condition of the hair, the case being one of a lady of rank who had been prostrated by a severe nervous shock, in which the nerves of the scalp were specially affected; the region chiefly attacked was that of the long hair at the back of the head."

375. Photograph of the preceding preparation.

Presented by J. F. Le Page, Esq.

376. Water-colour study of *Sycosis* affecting the follicles of the beard and whiskers, and also those of the eyebrows and temples.

The patient was a young man, aged 23, and the disease had been in existence seven years, probably making its beginning as a simple acne. The eruption was gradual in its invasion, occupying for three years the right side of the face only, and then spreading to the left and involving both sides equally.

Bagg.

377. Plaster cast of the lower part of the face of the same patient.

378. Water-colour drawing of *Sycosis* in a less severe form, affecting chiefly the region of the beard and upper lip. The pustules pierced by a hair are more isolated and distinct than in the drawing No. 376.

Bagg.

379. *Folliculitis keloid*, *Acne keloid*, *Dermatitis papillaris capillitii* (Kaposi), are various names which have been given to this rare condition of Chronic Folliculitis, followed by overgrowth of the fibrous tissue of the corium. Model of the nape of the neck, showing two oblong growths of a purplish-red colour, bounded above by a prominent crest-like border, along which the disease is in an active state and subsiding below to the level of the adjacent skin. Several pustular follicles are seen along the crest, and one near the right extremity of the larger growth. The crest is papular and here and there incrustated, and the lower border of the growths is marked by rays of white fibrous

tissue of the nature of cheloides ; hence Lailler names the disease "Acne keloïdienne." It was from a case of this kind that the hypertrophic hair-follicles Nos. 356 and 357 were obtained. The model is numbered 240 in the Paris collection.

Baretta.

380. Wax model showing a similar condition of Acne keloid, but the antecedent folliculitis is more conspicuous in this model, so that the various stages can be traced.

Baretta.

381. LICHEN PILARIS *seu* SPINULOSUS. Model of the forearm, showing a chronic form of Folliculitis accompanied with accumulation of epithelial exuviae within the follicles. The morbid affection occupies the greater part of the surface of the forearm, in some places resembling Cutis anserina without hyperæmia, in others being slightly hyperæmic and studded with black points, which are the discoloured exuvial products of the follicles. These follicles project beyond the level of the skin. A large, almost circular patch, an inch and a half in diameter, is seen a little above the wrist, and two or three patches of irregular figure higher up the arm. In more marked instances of this affection, as usually seen on the neck and back, distinct horny spines project about one sixteenth of an inch above the surface. In the old Catalogue this model was labelled "Folliculitis setosa."

Baretta.

DISEASES OF THE NAILS.

382. Photograph of the hand of an Annamite, a native of Cochin China, showing the extraordinary length to which the nails are trained to grow among the people of that country.

Presented by James Collins, Esq., 1879.

383. Toe-nail of a bed-ridden person, showing the extraordinary growth in length which may result from want of proper attention.

384. Two toe-nails of a similar extraordinary length.

385. Two toe-nails, one displaying excessive growth, the other perverted growth.
386. Plaster cast of a thumb, showing *Defective Nutrition* of the nail. The defective nutrition occurred during an illness, and gave rise to a transverse groove in the body of the nail. The date of the illness may be ascertained by calculating the distance of the groove from the posterior wall of the nail, and the duration of the illness by the breadth of the groove. These curious observations were first made by Dr. Benn, and published by him in the 'Archives Générales de Médecine,' vol. xi. p. 447.

ONYCHOPATHIA is also illustrated in models 56, 281, 332, 334, 345, 371, and 398. No. 281 exhibits discoloration and detachment of the nails accompanying syphilitic onychia; Nos. 332, 334, and 345 are examples of leprous nails, the last exhibiting a state of transverse fission of the nails associated with lepra; while in Nos. 56, 371, and 398, in connection with eczema, struma, and adenosis, there exist deformity and that peculiar condition of the nail which has received the name of *Onychogryphosis*—that is, an elevation of the superficial layer of the nail by the growth beneath it of a thick wedge of an amorphous epidermic substance, a morbid product of the matrix.

In the "General Pathological Series" also will be found preparations 4019 and 4020, and further 4096 to 4102 A, illustrating deformity and disease of the nails. In preparation 4019 the nail of the great toe, of abnormal length, lies across the second toe in a hollow on its surface. In 4020 the great toe-nail pushes aside the second toe, the nail of the second toe curves over its extremity, and the nails of the other toes of the same foot are abnormal. Several gigantic toe-nails are preserved in preparations 4096 and 4097. Preparation No. 4093 exhibits a nail which curiously resembles the beak of a bird, and Nos. 4098 to 4100 present a keel-like longitudinal ridge along the middle of the nail, with a corresponding ridge on the matrix. No. 4102 is an example of *Onychia maligna*.

CLASS VI. MORBI PARASITICI—PARASITIC DISEASES.

A. VEGETABLE : LIMITED TO DISEASES DUE TO FUNGI.

(Nos. 387 to 409.)

387. FAVUS : *Tinea favosa* ; *Tinea lupinosa*. Coloured lithograph representing *Favus* of the scalp. The patient was a little boy, aged 10, and the disease had been in existence for seven years. The plate may be taken as a good example of the disease. The cup-like sulphur-yellow crusts of fungous composition form extensive patches by their coherence (*Favus confertus*), while a few isolated crusts (*Favus dispersus*) may be seen near the circumference of the large patches, and a few also in the state of active growth. The crusts are perforated with one or two hairs, showing the relation of the morbid substance to the follicles ; and the skin, where the disease has exhausted itself and the crusts have fallen off, is thinned from atrophy, and denuded of hair in consequence of obliteration of the follicles.

One of the series of "Portraits of Diseases of the Skin."

388. Coloured lithograph of the same case, drawn four months later, when the crusts had fallen and the disease was in process of cure. The destructive effects of the disease are strikingly evident in the atrophic thinning of the scalp and the very extensive loss of the hair.

One of the series of "Portraits of Diseases of the Skin."

389. Water-colour study of the scalp of the same patient at a later period of the disease. The chief points of interest are : the bald areas of considerable extent, the scanty hair scattered over the denuded surfaces, some hyperæmic redness around the circumference, the remains of crusts, and epidermic exfoliation.

Bagg.

390. Plaster cast of the scalp of the same patient, made during the incruusted period of the disease. The figure of the isolated cups and their degree of elevation, with the prominent crater in the centre of the cup, are well seen, as also the cupped character of the large confluent patches, and the atrophic thinning of the denuded portions of the scalp.
391. Engraving illustrative of the pathology of *Favus* and *Phytosis* in general. Figs. 1-3 mark the shape and elevation of the cups of *Favus*, with the relation of the favous matter to the hair-follicle. Figs. 4-9 and 12 demonstrate the progressive development and growth of the favous matter, from the stage of globular cells resembling those of pus to their plant-like and ramified forms. Figs. 10 and 11 show the presence of a fungous infiltration of the hair-tissue in the hairs of common ringworm. The observations on which these delineations are founded were published in 1847.
392. Specimen of the hair and part of a crust of *Tinea favosa*, mounted as a microscopic object.
393. Part of a crust of *Tinea favosa*, mounted as a microscopic object.
394. Model of the leg, its fibular aspect, showing the mode of manifestation of *Favus* upon the non-hairy integument. The morbid portion of the skin is indicated by its purplish hue, and presents itself in the form of two circumscribed patches of considerable extent. The peculiar cup-shaped crusts of the disease are congregated in small clusters near the circumference of the hyperæmic patches. Several of the cups are perforated through the centre by a hair, and a few incipient crusts may be seen scattered on the sound skin and marked by a red base with a yellow summit, the yellow summit being the nascent crust, which is traversed through its centre by a hair. *Baretta.*
395. Model of the thigh of a little girl, 7 years of age, showing a single large crust of *Favus* measuring half an inch in

diameter by nearly two lines in elevation. The case is remarkable for the large size of the crust, and for the absence of anything similar on any other part of the body. The patient was under the care of Guibout, and the treatment adopted for the cure of the disease was a starch poultice to remove the crust, and subsequently solutions of the perchloride of mercury as "ante-parasitic" remedies.

Baretta.

396. Photograph of *Favus* of the scalp. This figure, with the two following, were presented by Professor E. H. Gregory, of St. Louis, Missouri. They exhibit a view of the disease very different from that shown by the previous illustrations of the affection as it occurs in England and France; and the comparison is instructive as marking the difference of form of the same disease in different countries and in different states of society. In this photograph there is no trace of favus-cups, but an accumulation amidst the hair of a thick layer of mortar-like substance, rough and shapeless in figure, and occupying the greater part of the scalp.
397. Photograph of the back of the same patient. The crusts are circular in figure, and have the appearance of thick dabs of rough plaster adhering to the skin. On the arms several of these circular patches are blended, and give rise to a mass of considerable prominence and extent. There is no trace of isolated crusts, and no indication of the origin of the disease by small separate cups.
398. Photograph of the right forearm of the same patient, on which the favous masses more nearly resemble rough oyster-shells than anything else. Moreover, there is a circular marking on the surface of the crusts that denotes the manner of enlargement of the masses to be one of general centrifugal growth.
399. *TINEA TONSURANS* et *CIRCINATA*: *Porri*go of Willan; *Herpes tonsurans* of the French; *Common Ringworm*. Model of the back of the head and neck of a child 7 years of age,

showing several annular patches of common ringworm, with a few small scattered spots presenting the early appearance of the disease before its increase by peripheral growth. The terms *Tinea*, *Phytosis*, *Porrigio*, and *Herpes* refer to certain known and obvious characters of the disease:—“*Tinea*” indicates the shearing of the hair as though eaten off by the moth-grub; “*Phytosis*” implies the development of a vegetable fungus; “*Porrigio*” relates to the scurfiness of the patches; and “*Herpes*” to its creeping onwards by the circumference. The term “*tonsurans*,” given to it when it attacks the scalp, would be inapplicable to the non-hairy parts of the skin, as the neck, hence the other specific term “*circinata*.” The term “ringworm” is expressive of annular figure and the ravages of the moth-grub. The narrow red boundary and papillated border mark the presence of a folliculitis, while the area of the rings is roughened with scurf and the remnants of broken hair. The undulating border of the large patches marks their constitution of several circular patches which have become blended in progress of growth; and within the rings on the smooth skin of the neck the area has recovered its normal appearance.

The model is numbered 259 in the Paris Collection.

Baretta.

400. Hair affected with *Tinea tonsurans*, mounted as a microscopic object.
401. Another specimen of diseased Hair from the same patient.
402. Another specimen of Hair affected with *Tinea tonsurans*.
403. Model of the forearm and part of the upper region of the breast, showing patches of *Tinea circinata*, or, as termed by Bazin, under whose direction the patient was treated, “*Herpes circinatus*”—the word *Herpes* being used, not in the English and Willanean sense of a large vesicle, but in

the primitive sense of *creeping*, therefore a creeping eruption. On the forearm are seen five circular circumscribed patches with a broad, papillated, and furfuraceous border and fading centre. The papulæ at the periphery of the patch are of largest size and at the height of their morbid activity, diminishing in bulk towards the centre, where they have entirely subsided. It is evident that the pathological characters of this form of eruption differ from those represented in Nos. 406, 407. The patches on the arm range in size between three quarters of an inch and an inch and a quarter in diameter, while that on the breast measures two inches.

Baretta.

404. Model of the back of the hand of a boy aged 16, employed in a slaughter-house. The eruption has the usual annulate form of *Tinea circinata*, and, as is not uncommon in this disease, there is a concentric ring, marking an earlier period of arrest than that of the outer ring. Before treatment the surface presented a pale red hue, with minute desquamation, gentle elevation, and slight prominence of border; but it has been brought into its present red and inflamed state by the use of tar-ointment and other stimulant applications. To the same cause is to be attributed the papular unevenness of the inflamed skin. A fungous growth was found in the sheaths of the hair-follicles near the border of the rings, but none in the cuticle of the area.

The disease is supposed to have originated in the handling of the skins of calves and sheep affected with mange, and, according to the statement of the patient, is not uncommon among those employed in slaughter-houses. The diseased skins of the animals are distinguished by the dull and faded appearance of the hair, its tendency to fall out and break, and a mealy desquamation of the epidermis. The disease was cured in a month by a few applications of tincture of iodine. The model is numbered 268 in the Paris Collection.

Baretta.

405. Model of the front of the neck, chest, and shoulders of an adult female. The patient was under the care of Hillairet, who names the disease "*Erythema marginatum*"; but the pathological characters of the affection so closely resemble

those of the circinate forms of *Tinea* that its natural place would appear to be in the present group. In the model the right shoulder is occupied by a large patch of eruption bounded by a prominent red margin. The patch has resulted from the confluence of a number of circles; hence the boundary is scalloped and irregular. It extends upwards for a short distance upon the base of the neck, backwards to the scapula, forwards to the sternum, for a short distance downwards on the shoulder; and, between the latter and the front of the chest, there are a number of annuli of various sizes, depending, as it were, from the inferior margin of the patch, like the fringe of an epaulette. At the sternal extremity of this patch are two annuli, one an inch and the other two inches in diameter, with smaller satellites. A large circle, nearly two inches in diameter, with four smaller rings, is situated immediately to the right of the middle line of the sternum, and there is a twin circle just over the right mamma. Around the latter are upwards of two dozen spots ranging in size from two to six lines, together with three or four rings. The eruption, as a whole, forms a very remarkable picture. The areas of the rings are lighter in colour than the margins, and are marked by the outlines of previously existing rings and scattered papulæ; while the smallest patches are solid, and have not yet commenced to subside in the centre, so as to give rise to the annular character. The treatment consisted of alkaline baths and alkaline syrups, and the patient was discharged considerably improved. *Baretta.*

406. *TINEA CIRCINATA*: *Ringworm* of the non-hairy skin. Water-colour study of *Tinea circinata*. The upper patch was seated on the temple of a lad 13 years of age, the lower on the thigh of a boy of 12. Both present inner rings indicative of stages of growth, and the lower patch exhibits a chain of small rings originating in separate centres of development. The pathological constituents of the patches are a narrow papulated border or ring, more or less red, and a tawny wrinkled area marked with papular rings or scattered papulæ. *Bagg.*

407. Coloured lithograph, exhibiting a variety of the ring-like patches of *Tinea circinata*. The same general characters are apparent in all.

One of the series of "Portraits of Diseases of the Skin."

408. *TINEA VERSICOLOR*: *Pityriasis versicolor*, Willan. Coloured lithograph of this affection in a man 32 years of age. The morbid pigmentation of the skin is uniformly diffused over the neck, the sides of the chest, and the front of the abdomen, and assumes the character of small oblong islets in the hypochondriac regions, flanks, and upper arms. The nipple on one side is completely encircled by a broad patch of discoloration, and only partially so on the opposite side. The disease had existed without alteration for six years.

409. Water-colour study of *Tinea versicolor* on the back of a man of adult age, a celebrated prize-fighter, who believed that the disease had originated in his being hocussed in order to prevent him from conquering his adversary. The lesion assumes the islet-like character, and is dotted with small brown puncta of a deeper tint than the superficial patches. In the lower part of the drawing the appearance of one of his nipples is shown, deeply pigmented and of a dark brownish-red tint.

The disease in this patient was remarkable for intense and annoying pruritus.

Bagg.

B. DISEASES DUE TO ANIMAL PARASITES.

(Nos. 410 to 420.)

410. *SCABIES VULGARIS*. Model of the hand, front and back, representing an aggravated form of Common Itch: a hospital case. Attention is first drawn to the moist eczematous and excoriated state of the interdigital spaces, and the grooves of flexion at the wrist and in the palm. On the back of the hand are seen papulæ, and around and in the midst of the

eczematous patches are vesico-pustules ; the artist has also imitated with fair success the cuniculi or burrows of the acarus, especially near the two excoriated patches in the palm of the hand. Other cuniculi are seen on the dorsum of the hand, and notably on the fingers. Critically, the lines marking the cuniculi are too dark and too regular, and the raggedness of the end corresponding with the entrance of the acarus is wanting ; moreover they are not usually found on the back of the hand and fingers.

The patient was under the care of Hardy ; and the model is marked in the Saint-Louis collection "No. 266. Gale avec sillons."

Baretta.

411. SCABIES VULGARIS. Model of the left hand, dorsal aspect, showing an aggravated form of Common Itch. *Baretta.*

412. SCABIES VULGARIS. Coloured lithograph of Common Itch as it frequently manifests itself on the sensitive skin of a child. The polymorphic character of the disease, consisting of papulæ, vesiculæ, pustulæ, and excoriations, is clearly exhibited, as well as the concentration of the disease in the interdigital fossæ and in the grooves of flexion of the palm and of the front of the wrist.

One of the series of "Portraits of Diseases of the Skin."

413. Water-colour study of *Scabies vulgaris*. *Bagg.*

At the back of this drawing is one of Centrifugal Syphilis of the palm of the hand.

414. Proof engraving of the *Acarus scabiei* ; its dorsal and ventral aspect, with a view of the pentalobate foot of the animalcule and its ova. The specimen is a male, as is shown by the pentalobate foot on the posterior pair of legs.

415. *Acarus scabiei* : female specimen.

416. Four specimens of *Acarus scabiei*, mounted as a microscopic object.

417. Several specimens of *Acarus scabiei*.
418. Specimen of the *Acarus scabiei*.
419. Specimen of the *Acarus scabiei*.
420. A lock of hair infested with nits of *Pediculus capitis*. Almost every individual hair is loaded with these objects ; in some places they are close together in regular series like leaves growing from a twig, and in others they form a double series.

The lock was taken from the head of an elderly lady who had long complained of irritation of the scalp, but was unable to discover the cause.

*Index of the Old and New Numbers of the Models in the
Dermatological Collection.*

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1st Lecture.

Large Glass Picture

91. *Chamaebris* ✓

90. *Chamaebris* - *Surgens* ✓

VI - 51. - *Carminum* - *frax* ✓

XVIII - 11. *Pinus* - *Chamae* - *Tongue* ✓

75 Class IV. *Negundo* & ^{No 75} *Tuberculatus* *Pinus* ✓
tuberculatus *lucida* *Stim* ✓

77. *diti* No 77. *Tuberculatus* - *Scurm* - ✓

LV. 11. 1. *Utr* - *abresum* - *non* *specul*

L. 111. 2. *Carminum* *pinis* ✓

L. 111. 3. " " ✓

XLIX 6. *Carminum* *pinis* ✓

XLIX 7. " " ✓

XLIX 8. " " ✓

XLIV. 6. *Syphilitis* *albus* *of* *lucida* ✓

Cl V *Syphilitis* *Mychilus* ✓

Cl IV. 165 *Rodent* *Utr* - *Nese* ✓

288

Cases - Glass

177. Circinate maculas erythematoid.
231. Lymphoblasts lymphoblasts?

265. Rubeola fac prominens - face

234. Papulae circinate erythematoid fac.

244. Varicella prominens

~~121~~ ~~Yaws~~ ~~hypert.~~

~~102.~~

~~132~~ ~~Yaws~~ ~~hypert.~~

217. 2nd Papulae & large Tubercles face.

288. Lymphoblasts erythematoid of face. - St. Louis

Large Glass Portraits

102. Rubeola Lymphoblasts erythematoid ✓

97. Franchet's Lymph. Lymph. Lymph.

? Franchet's Lymph. Lymph. Lymph. Specimen

See in St. Louis Hist. Mus.

94. Lymphoblasts erythematoid ✓
93. Lymphoblasts erythematoid ✓
121. Lymphoblasts erythematoid ✓

U. I. Lymphoblasts erythematoid
133. Lymphoblasts erythematoid
126. Lymphoblasts erythematoid

U. I. Lymphoblasts erythematoid 32 Iodide eruption

29. Brandy

33. Pseudotubercles due to Lymphoblasts



