

On the nomenclature and classification of disease of the skin / by L. Duncan Bulkley.

Contributors

Bulkley, Lucius Duncan, 1845-1928.
International Medical Congress (1881 : London, England)

Publication/Creation

[Place of publication not identified] : [publisher not identified], [1881]

Persistent URL

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*With the Compliments
of L. O. Bulkley*

ON THE NOMENCLATURE AND CLASSIFICATION OF DISEASES OF THE SKIN.*

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IT cannot be denied that much of the confusion which has hitherto attended the study of dermatology, and its comprehension by the general practitioner, has, to a certain degree, been owing to the chaos which has always existed in the matter of the nomenclature of this branch from the earliest time even up to the present day. As an illustration, the most marked one, it is true, may be mentioned the fact that no less than one hundred and twenty Latin names are associated with eczema, by different writers, while the total number of designations applied to this eruption exceeds one hundred and eighty! The index of Mr. Wilson's lectures on eczema contains 49 names referred to in the text, that of McCall Anderson's treatise on eczema has 43, while 34 names are found thus connected in Duhring's treatise on diseases of the skin. A little study of the nomenclature of this branch will show it to be most incongruously formed or developed, and the terms in it to be often ignorantly and wrongly applied.

The subject of the classification of diseases of the skin has

* Presented in abstract at the International Medical Congress, London, August, 1881. After the presentation of the classification a committee of five was appointed to consider the subject, and to report at the next meeting of the International Medical Congress. This committee was constituted as follows: England, Dr. Robert Liveing; Austria, Dr. Moriz Kaposi; France, Dr. Emile Vidal; Germany, Dr. Oscar Simon; America, Dr. L. Duncan Bulkley, Chairman.

also been one which has presented many difficulties, and one which many teachers in various countries have attempted to solve, but all more or less in vain, and often to the greater confusion of the subject. Nor are these matters of nomenclature and classification yet settled, for there still exist among writers and teachers considerable differences, both as regards the names employed in this branch, and the arrangement of the diseases belonging to it. The student who would seek to understand this department of medicine as taught in different countries, is at once embarrassed by the names which he meets with, and it requires no little study to assimilate the views promulgated in various medical centres upon this topic.

It has, therefore, occurred to the writer that a brief consideration of this subject might not be without value on the present occasion, while if it were possible for a system of nomenclature and classification to be, by any means, adopted or sanctioned by a medical body such as the present, representing many languages, very much would be done toward simplifying the studying of this branch. Gain would be made even if the authority of the Congress went no further than to the calling of attention to the confused state of the subject, and the recommendation that writers and teachers should abstain from further changes and innovations; although, if it were possible to agree upon some such plan as that here proposed, involving definite fixed principles, it is probable that greater uniformity of thought on this subject would be promoted in different countries. In the advanced state of the study of medicine in the present century, no writer or teacher can afford to ignore the views of others; no one, however eminent, can expect his views or theories to be accepted by others without dispute. Consequently, no one system of nomenclature and classification emanating from any teacher however distinguished, nor even that from any one medical school, could be expected fully to harmonize with the views of all at present engaged in the practice and teaching of dermatology.

There are, however, certain principles with regard to the nomenclature, and perhaps also in regard to the classifica-

tion of diseases of the skin, upon which teachers in all languages can unite, and whose universal adoption would undoubtedly simplify the subject.

In bringing forward, therefore, for consideration at the present time, the scheme which is here presented, the writer does not offer it as embodying any views peculiar to himself, nor as presenting any great novelties, as will be mentioned later. The scheme is one formed upon a basis which has received very wide acceptance, and one which is undoubtedly gaining strength year by year; it represents, in a measure, the principles brought to light by Willan, but mainly the scheme devised and put into very complete and definite shape by Hebra, nearly forty years ago, which has been largely accepted and acted upon. The scheme of nomenclature and classification here presented, is the result of a very extensive and prolonged study of the subject by the writer, and is an attempt, as far as possible, to harmonize the existing views on the subject of nosology of diseases of the skin; and it is pleasant to state that it has already been favorably received by a number of different writers and teachers in this and other countries since it was first put forth in 1877. If the stamp of authority of such a medical body as this could be placed upon such a plan as is here presented, even if for the present it were but provisional, it would form a basis around which dermatological thought could be centred, and toward the improvement of which all could labor.

First, with regard to the nomenclature here employed, and as to that which it is desirable to employ in this branch, in order that the studies of dermatologists in various countries may be united upon a common basis, and that, as far as relates to teaching, all may rest upon a common footing. It is undoubtedly desirable that a language should be selected which can be employed in common by those teaching in England, France, Germany, Italy, Denmark, America, and all civilized lands. The introduction of words belonging to different languages not only hinders the student at home from understanding what has been written in other countries, but is also a great obstacle to the physician who

would seek to embrace the dermatology of the scientific world, by visiting other lands and observing cases, and by attending lectures and clinics.

As far as possible, therefore, it is believed that terms relating to the individual languages of different countries should be entirely avoided as far as relates to teaching and writing, and that the common language of Latin should invariably be used. Inasmuch, however, as many of the names already well understood in many countries are derived from the Greek, or are actually Greek terms, these undoubtedly should not be changed, but may be retained as far as is necessary for the primary name of the disease, while secondary terms and expletives should be always given in Latin. It would be also advantageous if, while using these names, which may be thus universally adopted, writers should add as synonyms the terms which are employed in their own languages, either popularly or medically. Thus all would learn more or less to connect them with the proper designations of disease; and in case the Latin name should ever be omitted, the other could readily be understood.

In the classification which is here presented, this plan has been followed of adopting the Greek terms Latinized, as far as is possible, for the primary names of disease, while secondary terms and expletives are given in Latin. For convenience of study, however, the various divisions of the classification have been expressed in English; and there is no objection to this plan being followed in any or all languages, provided the actual names of diseases and the names of classes are still retained in the original tongue.

With regard to the system of classification which is here employed, and presented for your consideration, a few words of preliminary explanation are necessary. All must recognize and appreciate the service done to dermatology by Plenck a hundred years ago, and by his immediate followers, Willan and Bateman, and also by those of the French school, Bielt, Cazenave, and others, in establishing order out of chaos. This was arrived at by the classification of diseases of the skin under eight original groups or orders. As all know, these were as follows:

Papulæ.	Pustulæ.
Squamæ.	Vesiculæ.
Exanthemata.	Tubercula.
Bullæ.	Maculæ.

But as the exact study of dermatology advanced, it was soon found that this grouping of disease was by no means sufficient. For, scabies and small-pox were found under the same class of Pustulæ, and eczema and varicella were located together under Vesiculæ, lupus and acne under Tubercula, and so on, simply because at sometime in their course these diseases exhibited somewhat similar phenomena. Since the time of Willan and Bateman the attempts at arranging diseases of the skin in a systematic order have been almost as numerous as the individuals who have appeared from time to time as teachers or writers in this branch. Some have had system in their plans; others leave the subject more obscured than before. It would weary without benefiting, even to attempt to relate the classifications and plans of arrangement which have been adopted by writers of greater or less note.

It may be stated that in the main there are three plans of classification which can be and have been adopted. First, one based upon the gross external appearances presented, as was attempted by Plenck, and Willan, and Bateman, as before given. Second, that of arranging diseases upon a more or less natural or clinical basis, whereby we attempt to group them according to some supposed cause, as has been mainly followed by the French school, with the designation of

Dartrous,	Strumous,
Arthritic,	Cancerous,

and other affections. One of the most recent and earnest advocates of this plan is Mr. Wilson, who divides diseases of the skin in his clinical classification, into twenty-two distinct orders or species, as follows :

1. Eczematous affections.
2. Erythematous “
3. Bullous “
4. Furuncular “
5. Nervous “
6. Vascular “
7. Hæmic “
8. Developmental and nutritive affections.
9. Hypertrophic and atrophic “
10. Alphous “
11. Strumous “
12. Carcinomatous “
13. Zymotic “
14. Syphilitic “
15. Leprous “
16. Pigmentary “
17. Phytodermic “
18. Ungual “
19. Diseases of the hair system.
20. “ “ sebiparous system.
21. “ “ sudoriparous “
22. Traumatic affections

The third method of classification is that which attempts to arrange diseases according to the pathological processes occurring or predominant in each disease. This is the plan which was first proposed by Hebra in 1845, and which has since been modified and simplified by himself and others, and has gained a much larger following than any other one single plan. In Hebra's classification there are found twelve groups of diseases, as follows :

- I. Hyperæmiæ cutaneæ.
- II. Anæmiæ cutaneæ.
- III. Anomalix secretionum glandularum.
- IV. Exsudationes.
- V. Hæmorrhagiæ cutaneæ.
- VI. Hypertrophix.
- VII. Atrophix.
- VIII. Neoplasmata.
- IX. Pseudoplasmata.

- X. Ulcerationes.
- XI. Neuroses.
- XII. Parasitæ.

It will be seen here, however, that the pathological plan is not wholly followed, for certain groups, as the third, eleventh, and twelfth are not thus based, but rest on another footing. The classification and revised nomenclature recently put forth by Auspitz contains so many and such radical innovations that it is difficult to be understood and appreciated even by those well versed in dermatology: how far its features will be accepted and adopted remains yet to be seen. It claims to have a natural basis, but can hardly claim to rival in simplicity and practical utility that here presented.

From this it will be noted, therefore, that all plans of classification are and must be more or less imperfect, and to a greater or less degree artificial. Indeed, in the present state of dermatological science all of them cannot but be more or less incomplete, for, with increasing knowledge in regard to the nature of these diseases will come greater simplification and perfection in their nosology. The classification which one hundred years ago served to bring light out of darkness, and in a measure satisfied writers for many years, namely, that based on the coarse, lesional conditions of the disease, as first detailed by Plenck, is no longer sufficient for the present time. Nor can such plans as those proposed by Alibert, Hardy, or others, who group them upon the supposed causation, entirely suffice the requirements of to-day. The science of more modern times demands the surest possible foundation for classification as well as therapeutics; and that grouping of diseases which places those together which are in reality most closely allied, is the one which is surest to stand.

The present classification is based, as will be seen, very largely upon that of Hebra, the main principles of which have stood the test of nearly forty years of hard work and active criticism, together with the flood of light thrown upon the subject by the microscope; and it may be said that there are no real innovations here other than attempts at

simplifying the subject, still within the bounds originally laid out by that master mind of modern dermatology, Hebra. In preparing this nomenclature and classification, however, I have taken advantage of suggestions from Wilson, Neumann, Duhring, Fox, and others, including French and English writers, and in the comparatively few points in which there are essential differences from the scheme proposed by Hebra I have sought to throw into the scale the weight of the united authority of more than two writers. This is not presented as a classification which I should wish to have adopted as a final one; but it is offered as a report of progress, representing, as I conceive, the present state of information and judgment of the greatest number of those who are, from clinical and didactic experience, the best able to understand the requirements and proprieties of a nomenclature and classification of diseases of the skin. This scheme is open to criticism, as I am well aware, and I am also open to conviction in regard to any of its elements, and expect to make such changes in it in the near and far future, as advancing studies in dermatology may show to be advisable.

As just mentioned, this nomenclature and classification is not all that could be desired, as it is based on several modes of grouping disease, namely, etiological, clinical, pathological, and histological data. But I shall not attempt to defend this, because its different elements have received the sanction of those well versed in dermatology, and practically it has proved most serviceable in teaching.

As will be seen, diseases of the skin are here divided into eight classes, which is as few as could be expected in so vast a subject, which deals with at least one hundred distinct conditions of disease upon the skin. Most of these classes are again subdivided into groups, which are readily intelligible to all.

CLASSIFICATION OF DISEASES OF THE SKIN.

- CLASS I. **Morbi cutis parasitici.** Parasitic Affections.
 " II. **Morbi glandularum cutis.** Glandular Affections.
 " III. **Neuroses.** Neurotic Affections.
 " IV. **Exsudationes.** Exudative or Inflammatory Affections.
 " V. **Hæmorrhagiæ.** Hæmorrhagic Affections.
 " VI. **Hypertrophix.** Hypertrophic Affections.
 " VII. **Atrophix.** Atrophic Affections.
 " VIII. **Neoplasmata.** New Formations.

Class I. **Morbi cutis parasitici.** Parasitic Affections.

- A. VEGETABLE. {
- | | | |
|--|---|---|
| 1. Tinea trichophytina
(or trichophytosis)
(<i>parasite—Trichophyton tonsurans</i>). | { | corporis (or tinea circinata).
capitis (or tinea tonsurans).
barbæ (or sycosis parasitica).
cruris (or eczema marginatum). |
| 2. Tinea favosa
(or favus) | { | (<i>parasite—Achorion Schænleinii</i>). |
| 3. Tinea versicolor
(or chromophytosis) | { | (<i>parasite—Microsporon furfur</i>). |
- B. ANIMAL. {
- | | | | | |
|------------------------------------|---|-------------------------------------|---|--------------------------------|
| 1. Phthiriasis
(or pediculosis) | { | corporis
capitis
pubis | { | (<i>parasite—Pediculus</i>). |
| 2. Scabies | { | (<i>parasite—Acarus scabiei</i>). | | |

Class II. **Morbi glandularum cutis.** Glandular Affections.

- A. DISEASES OF THE SEBACEOUS GLANDS. {
- | | | | | | | |
|--|---|--|---|---|---|-----------------|
| I. Due to faulty secretion or excretion of sebaceous matter. | { | 1. Acne sebacea | { | oleosa
cerea
cornea | { | (or seborrhœa). |
| | | 2. Acne punctata | { | nigra (or comedo).
albida (or milium). | | |
| | | 3. Acne molluscum (or molluscum sebaceum). | | | | |
| II. Due to inflammation of sebaceous glands with surrounding tissue. | { | 4. Acne simplex (or vulgaris)
5. Acne indurata.
6. Acne rosacea. | | | | |
- B. DISEASES OF THE SWEAT-GLANDS. {
- | | | |
|-----------------------------------|---|-------------------------------------|
| I. As to quantity of secretion. | { | 1. Hyperidrosis.
2. Anidrosis. |
| II. As to quality of secretion. | { | 3. Bromidrosis.
4. Chromidrosis. |
| III. With retention of secretion. | { | 5. Dysidrosis.
6. Sudamina. |

Class III. Neuroses. Neurotic Affections.

1. Zoster (herpes zoster or zona).
2. Pruritus.
3. Dermatalgia.
4. Hyperæsthesia cutis.
5. Anæsthesia cutis.
6. Dystrophia cutis (or trophic disturbances).

Class IV. Exsudationes. Exudative or Inflammatory Affections.

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|---|---|----------|---|-------------|---|----------|---|----------|---|---------|---|--------|---|--------------|---|-----------|---|-------|---|---------------|---|--------------|---|-----------|---|------------|---|-----------|---|-----------|---|-------------|---|----------------|---|----------|---|-----------|
| A. INDUCED BY INFECTION OR CONTAGION. | <ol style="list-style-type: none"> 1. Rubeola (or measles). 2. Rötheln (or German measles). 3. Scarlatina. 4. Variola. 5. Varicella. 6. Vaccinia. 7. Syphilis. 8. Pustula maligna. 9. Equinia (or glanders). 10. Diphtheritis cutis. 11. Erysipelas. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. OF INTERNAL OR LOCAL ORIGIN. | <ol style="list-style-type: none"> I. Erythematous. <ol style="list-style-type: none"> 1. Roseola. 2. Erythema. 3. Urticaria. II. Papular. <ol style="list-style-type: none"> 4. Lichen. 5. Prurigo. III. Vesicular. <ol style="list-style-type: none"> 6. Herpes. 7. Hydroa. IV. Bullous. <ol style="list-style-type: none"> 8. Pemphigus. 9. Pompholix (or cheiro-pompholix). V. Pustular. <ol style="list-style-type: none"> 10. Sycosis (or folliculitis pilorum). 11. Impetigo. 12. Impetigo contagiosa. 13. Ecthyma. VI. Multiform, <i>i. e.</i>, erythematous, papular, vesicular, pustular, etc. <ol style="list-style-type: none"> 14. Eczema. 15. Dermatitis. VII. Squamous. <ol style="list-style-type: none"> 16. Dermatitis exfoliativa (or pityriasis rubra). 17. Psoriasis. 18. Pityriasis capitis. VIII. Phlegmonous. <ol style="list-style-type: none"> 19. Furunculus (furunculosis). 20. Anthrax. IX. Ulcerative. <ol style="list-style-type: none"> 21. Onychia. 22. Ulcus. | <table border="0"> <tr> <td style="padding-right: 5px;">{</td> <td>simplex.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>multiforme.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>nodosum.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>simplex.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>planus.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>ruber.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>scrofulosus.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>febrilis.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>iris.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>progenitalis.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>gestationis.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>vulgaris.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>foliaceus.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>calorica.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>venenata.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>traumatica.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>medicamentosa.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>simplex.</td> </tr> <tr> <td style="padding-right: 5px;">{</td> <td>venereum.</td> </tr> </table> | { | simplex. | { | multiforme. | { | nodosum. | { | simplex. | { | planus. | { | ruber. | { | scrofulosus. | { | febrilis. | { | iris. | { | progenitalis. | { | gestationis. | { | vulgaris. | { | foliaceus. | { | calorica. | { | venenata. | { | traumatica. | { | medicamentosa. | { | simplex. | { | venereum. |
| { | simplex. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | multiforme. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | nodosum. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | simplex. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | planus. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | ruber. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | scrofulosus. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | febrilis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | iris. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | progenitalis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | gestationis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | vulgaris. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | foliaceus. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | calorica. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | venenata. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | traumatica. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | medicamentosa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | simplex. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| { | venereum. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Class V. Hæmorrhagiæ. Hæmorrhagic Affections.

- | | | |
|------------|---|--------------------------------------|
| 1. Purpura | { | simplex. |
| | | papulosa. |
| | | rheumatica (or peliosis rheumatica). |
| | | hæmorrhagica. |
2. Hæmatidrosis (or bloody sweat).
3. Scorbutus.

Class VI. Hypertrophiciæ. Hypertrophic Affections.

- | | | | |
|------------------------------|---------------------|---|----------------------------|
| A. OF PIGMENT. | { | 1. Lentigo. | 4. Nævus pigmentosus. |
| | | 2. Chloasma. | 5. Morbus Addisonii. |
| | | 3. Melanoderma. | |
| B. OF EPIDERMIS AND PAPILLÆ. | { | 1. Keratosis pilaris (or lichen pilaris). | |
| | | 2. Ichthyosis. | |
| | | 3. Cornu cutaneum. | 6. Verruca { |
| | | 4. Clavus. | vulgaris. |
| | | 5. Tylosis (or callositas). | senilis. |
| | | | acuminata. |
| | | | necrogenica. |
| C. OF CONNECTIVE TISSUE. | { | 1. Scleroderma. | 4. Elephantiasis (Arabum). |
| | | 2. Sclerema neonatorum. | 5. Dermatolysis. |
| | | 3. Morphœa. | 6. Frambœsia (or yaws). |
| D. OF HAIR. | 1. Hirsuties. | | 2. Nævus pilosus. |
| E. OF NAIL. | 1. Onychogryphosis. | | 2. Onychauxis. |

Class VII. Atrophiæ. Atrophic Affections.

- | | | | |
|----------------|---|--|------------------------------|
| A. OF PIGMENT. | { | 1. Albinismus. | 2. Leucoderma (or vitiligo). |
| | | | 3. Canities. |
| B. OF CORIUM. | { | 1. Atrophia cutis { | propria. |
| | | linearis (or striæ atrophicæ). | |
| | | maculosa (or maculæ atrophicæ). | |
| | | 2. Atrophia senilis. | |
| C. OF HAIR. | { | 1. Alopecia. | 2. Alopecia areata. |
| | | 3. Trichorexis nodosa (atrophia pilorum propria, or fragilitas crinium). | |
| D. OF NAIL. | | Onychatrophia. | |

Class VIII. Neoplasmata. New Formations.

I. BENIGN NEW FORMATIONS.

- | | | | |
|---------------------------|---|--|-------------------------------------|
| A. OF CONNECTIVE TISSUE. | { | 1. Keloid. | 2. Fibroma (or molluscum fibrosum). |
| | | 3. Xanthoma (xanthelasma or vitiligoidea). | |
| B. OF GRANULATION TISSUE. | { | 1. Lupus { | vulgaris. |
| | | erythematosus. | 2. Scrofuloderma. |
| | | | 3. Rhinoscleroma. |
| C. OF BLOOD-VESSELS. | { | 1. Nævus vasculosus. | |
| | | 2. Angioma (or telangiectasis). | |
| D. OF LYMPHATICS. | { | 1. Lymphadenoma cutis. | |
| | | 2. Lymphangioma cutis. | |
| E. OF NERVES. | | Neuroma cutis. | |

II. MALIGNANT NEW FORMATIONS.

- | | | |
|--------------|---|---|
| 1. Lepra | { | tuberosa } (leprosy, or elephantiasis Græcorum). |
| | | maculosa } |
| 2. Carcinoma | { | epitheliomatousum (epithelioma and rodent ulcer). |
| | | papillomatousum (or papilloma). |
| 3. Sarcoma | { | idiopathicum. |
| | | pigmentosum (or melanosis). |

This nomenclature and classification is essentially the same as was presented by the writer first in the *ARCHIVES OF DERMATOLOGY* four years ago (April, 1877), and again brought forward, with slight modification, two years later (April, 1879). The great aim from the first has been to avoid any innovations, and while simplifying the presentation of the subject to the greatest degree possible, to harmonize, as far as could be done, the views of others on the subject. This scheme is, therefore, now offered for your consideration and criticism, with the revisions which have seemed proper after still another two years' further occupation in cutaneous medicine, and after much study and thought on the subject of its nosology; also after almost daily employment of this nomenclature and classification in teaching.

It has seemed best to place the class of parasitic affections first, as being the first group of diseases which has reached the ultima Thule, or final element in classification, namely, an etiological basis. This group has long been accepted, even in classifications claiming a histological foundation. It will be seen here that the term "tinea" has been adopted from many writers, to indicate all of the vegetable parasitic affections. Alopecia areata, which has sometimes been placed here under the designation tinea decalvans, is omitted; for, although there has been some recent discussion with regard to its parasitic nature, the weight of evidence is so slight that it does not seem wise to re-admit it yet to this group. Under animal parasitic diseases but two affections are placed; although this group might be increased by the addition of other parasites which sometimes infest the human skin.

The second class is also one which is recognized in other classifications, and corresponds to a similar group in Hebra's arrangement; it is eminently a useful one from a clinical standpoint, embracing all affections occurring in connection with the glands of the skin. It will be seen that the various forms of inflammatory acne, as well as those exhibiting only functional derangement, are located

here, because both pathologically and clinically as well as therapeutically they should all be considered together. The diseases of the sweat glands are also well recognized and make a separate clinical group.

As the next best recognized and most clearly defined clinical class, with the beginning of histological support, as far as relates to herpes zoster and dystrophia cutis, or trophic disturbances, we place the neuroses of the skin, a class which is continually being more and more clearly defined, and which already receives recognition in many classifications. The question naturally arises, how far this class should be increased by the addition of certain other affections exhibiting nervous phenomena, especially by such eruptions as erythema and urticaria. But as the desire has been to avoid innovations as far as possible, these have been yet retained where they have long been located. There is danger, of course, of extending this class too widely and upon too slender a foundation. Thus, for instance, true prurigo and eczema exhibit nervous phenomena of itching, burning, etc., in a most marked degree, and yet one is not prepared by any means to place them among the neuroses of the skin. About the propriety of the location of the six which are comprised in this class, however, there can be but little doubt. There is little need for explanation or apology for the term *dystrophia cutis*, which I have introduced to indicate the skin lesions resulting from injury or disease of nerve trunks.

The next, or fourth class, which includes very many of the most important and common diseases of the skin, is undoubtedly open to more or less objection. But until the diseases placed under it can be better located elsewhere, I do not think it wise to attempt their transference to other positions. It will be seen that there are two groups recognized within this class: First, a certain number of diseases which are induced by infection or contagion; and second, others of recognized or undetermined internal or local origin. All these diseases are characterized by a certain amount of exudation or inflammatory action which forms the basis of their grouping; while in the second

group the diseases are classed according to predominant primary lesions, following the names of Willan.

The only real innovation in the first group belonging to this class, is in placing syphilis here among other infectious or contagious diseases, rather than among those characterized by new formations, as has been previously the case in the classification of Hebra and others. Some time ago Mr. Jonathan Hutchinson wrote very ably and forcibly in reference to the propriety of locating syphilis among the exanthemata, and study and observation have led me more and more to recognize the soundness of this suggestion. While the late forms of syphilis are undoubtedly characterized by new deposits in the texture of the skin and other organs, the essential character of the disease undoubtedly lies in its earlier period, when we have the general eruption, the more or less febrile disturbances, and the greater contagiousness of the disease. The late phenomena are indeed sequelæ; as a disease it belongs more properly with small-pox, whose eruption it sometimes simulates quite closely.

In the second group of this fourth class it will be seen that the diseases are arranged more or less together according to their gross lesional aspects; this group being subdivided into nine others, following much the original classes of Willan. It will be noticed in the first special group that erythema simplex and multiforme, which in Hebra's classification were separated, have been placed together, with other more decidedly inflammatory affections. This, in a measure, simplifies the original classification of Hebra by doing away with the class of hyperæmiæ; another class of Hebra's, namely, anæmiæ, is likewise omitted, as practically non-existing.

A new term is found in the sixth sub-group, namely dermatitis medicamentosa, a term recently suggested by Duhring to indicate the eruptions produced on the skin by the internal administration of certain drugs. Another sub-group has also been added, namely, phlegmonous, to include furuncle and anthrax; and yet another one, namely, ulcerative, to embrace onychia and ulcers, which latter have been

placed in a separate class by Hebra and others. It is true that ulcers are, in the main, secondary lesions, and objections may be raised against their being granted a place in a classification which deals with separate primary diseases. But inasmuch as they appear at times to be primary affairs, it is convenient to have a niche where they may be located nosologically; and as ulcers have been granted even the place of an independent class by Hebra and others, it was thought desirable to admit them here.

The next, or fifth class, is a very simple one, characterized by hemorrhages within the skin, and little comment is demanded, and little objection can be raised in regard to the diseases here located.

The class of hypertrophic affections corresponds very closely in its elements with the same one in the classifications of other writers. A single new term is introduced in the group of hypertrophies of the epidermis and papillæ, namely, *keratosis pilaris*; this was adopted two years ago by the American Dermatological Association in place of the term *lichen pilaris*, because the latter was so manifestly inappropriate, the elements of epidermal hypertrophy in this lesion being more nearly related to horny growths than to the inflammatory diseases commonly known as lichen. Under the head of hypertrophy of connective tissues, *scleroderma* and *morphœa* are arranged as separate and distinct affections, in conformity with the views of many recent writers upon the subject; *sclerema neonatorum* is also reckoned as a distinct disease. The other elements of this class do not require explanation.

The only point worthy of special comment in the seventh group, of atrophic affections, relates to that peculiar condition of the hair which has been the subject of study of late years, namely, *trichorexis nodosa*; this is here placed as a synonym for *atrophia pilorum propria*, and *fragilitas crinium*. The varieties and special characteristics of the various nutritive diseases which may affect the hairs are by no means as yet well established, and this portion of the classification will undoubtedly be subject to change with fuller study and knowledge of these affections.

The next group, that of neoplasmata, is seen to embrace the two groups in Hebra's classification, of neoplasmata, and pseudoplasmata; these are here represented in the two designations, benign new formations and malignant new formations. The diseases, and their arrangement in this group, are very much those recognized by Hebra and others, with the exception of the exclusion of syphilis from its position here, which, as we have seen, should be placed among contagious diseases, in the fourth class.

It will be noticed that the name *lepra* is given here as the proper designation for true leprosy, or the elephantiasis Græcorum of older writers, and that it is consequently entirely separated from any connection with psoriasis, with which it has occasionally been associated as a synonym; this is in accordance with the views and writings of very many recent authors, and it is hoped that unanimity of opinion will soon prevail on this as on certain other undecided points. It will be also noticed that *lepra* has but two varieties here recognized, namely, *lepra tuberosa* and *maculosa*, the designation *lepra anæsthetica* not appearing. The reason of this latter is, that it is questionable whether any such affection as neurotic leprosy exists, as distinct and separate from *lepra tuberosa* or *maculosa*; these latter certainly exhibit the anæsthesia, but it is doubtful if this latter symptom is ever manifested without the other phenomena belonging to the tuberosa and macular forms.

One single further thought may be added in regard to an error in nomenclature which is very common, and yet productive of much harm and confusion, and which should by all means be avoided by those aiming at clearness and simplicity in nomenclature and classification. This refers to using the name of one disease adjectively with another. Thus, it is very common to have such terms as these used: syphilitic lichen, and syphilitic acne, lupus, and psoriasis. This has even gone so far as to result in compound words, as, lupus-psoriasis, varicella-prurigo, and the like. All such combinations are confusing to those learning the branch, and not wholly intelligible to those well versed in it. It is manifestly improper to modify the name of one disease ad-

jectively by the name of another entirely distinct in nature and character. Thus, lupus, psoriasis, acne, and lichen are distinct and well recognized morbid conditions, and are not caused by syphilis. The proper terms to indicate these phases of the syphilitic eruption are, the papular, pustular, tubercular, etc., syphiloderm or syphilide; or, if it is desired to indicate the resemblance to these other eruptions more closely, the expressions lupoid or lichenoid syphiloderm (that is, a syphilitic eruption *like* lupus or lichen) are unobjectionable, or such terms as a psoriasiform or acneform syphilide.

In concluding this brief consideration of the very important subject, I would again call attention to the necessity of unity and agreement among writers in this branch, and to the importance of the avoidance of all innovations. This scheme is not considered perfect, quite the reverse. The subject is still one of much study on the part of the writer, and many changes must result from further research, both clinical and microscopical. And it is earnestly desired that the subject shall be largely discussed, until the dermatological thought of the world can be united upon a nomenclature based upon a universal language, as the Latin (together with such Greek terms as are now in use), and on a classification which will, as far as possible, group together diseases having points of similarity. The thought also arises to the mind, as to how much trouble and perplexity might have been avoided if writers in the past had been more content to adopt and use names previously suggested by others, and if they had avoided the serious blunder so often committed of attempting the formation of new terms, and the destruction of old ones. While we must acknowledge that it is far better that a name should signify in its composition the nature and cause of the disease, we cannot but deplore the fact that the continued innovations which have been made in this department of dermatology have caused the study of diseases of the skin to become such a *pons asinorum* to many, and the nomenclature and classification of this branch to become a by-word among the profession for intricacy and obscurity.

