Notes on psoriasis / by R.W. Taylor.

NOTES ON PSORIASIS.[1]

BY

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IN this brief paper I wish to call attention to an old and unaccepted view as to the etiology of psoriasis and to offer some conclusions as to its prognosis and treatment. No point in its history is more obscure than its etiology, since most articles written on the subject tell us what are not its causes, and none of them what they are. Long ago I was struck with the suggestion made by Erasmus Wilson, that psoriasis is "a manifestation of the syphilitic poison after transmission through at least one, and perhaps several generations." At the time I was inclined to ridicule the view, as indeed did most dermatologists, and it has since gained no upholders. I was inclined in those days to think that syphilis always showed itself in, and caused by transmission, definite and specific lesions. Larger experience and study have shown me, as well of course as others, that it may lead to lesions of nutrition, or, as they may be called, sequelæ, which are not specific in appearance or nature. With the view entertained by Wilson impressed on my mind, a dozen or so years ago, I began to observe for myself. In every case where it was possible, I collected facts as to the medical history of patients, of their brothers and sisters, of the parents of the patient, and as far as I could, about the grand-parents. Be it distinctly understood, I began the inquiry as a doubter and not anxious in any degree to confirm Wilson's theory. I will not inflict on the members a tiresome series of cases, but will give the general facts drawn from careful observation. But there will be nothing stated, let it be distinctly understood, which has not been observed and carefully weighed. Let me say right here that, in many cases, I could get no trustworthy information of the condition of the parents, in others where I could get a reliable history of them, I failed to convince myself that one or both had suffered from syphilis, but again, in fully twenty-five per cent of the cases, I convinced myself indubitably that one of the parents had been syphilitic. In the greater number of my cases, the father gave a history of syphilis, in a small proportion the mother had been infected. In none of these parents was the disease in an active stage, the infection having taken place from five to fifteen years before the birth of the child. Some of them had suffered severely; others had had mild attacks of syphilis, and strange to say, in all of them the lesions of the integument and mucous membranes had been the most prominent symptoms. In but one case had manifestations of the disease been present in the

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parents as late as three years prior to the birth of the child which subsequently was the victim of psoriasis. In three cases, there was distinct transmission from father to child, and a reasonably clear history of syphilis in one case in the grandfather of the younger patient. These facts, carefully collected, I think warrant me in calling attention to the view of Wilson, which has been repudiated and indeed deemed scarcely worthy of mention by almost every writer of prominence. I don't wish to indulge in a piece of special pleading. I simply say my experience warrants me in the impression that antecedent syphilis in the parent, in whom at the birth of the child no evidences of the disease, beyond in some cases a condition of debility or poor nutrition, may have had some influence in the production of psoriasis in the offspring of that parent. We certainly must admit that there is some reason why only a few, say in general one, less frequently two, and exceptionally three children are psoriatic, while others are free from the disease. In all of my cases (I mean in which I obtained a history of syphilis in the parents) the psoriatic children have been the older ones, or those born at a time nearest the infection of the father or the mother. I have met with one undoubted case of hereditary syphilis in a girl (notched teeth, keratitis, etc.) whose brother born three years later developed psoriasis in his fifth year. I may add that there was no history of psoriasis in the ancestors or relatives of the child. I have been struck with the fact also, that where several children or persons of older growth of a family have been afflicted with psoriasis, the disease has manifested itself in consecutive subjects, and that it has not skipped one or more, appearing in later born children. The first seems to indicate that the causes which produced the disease in the two children did not exist in subsequent ones. Then considering that the mother had been syphilitic, we have presented to us, I think, food worthy of reflection. I think that in general psoriasis shows itself before puberty; some writers, however, think that it usually appears later in life. I have seen a case of a well-marked psoriasis in an infant two years old, and I am convinced that, in the majority of cases of the disease, some manifestations of it have shown themselves in early years. In many cases the eruption is so slight in early years as to attract no attention, being confined to a few spots on the elbows and knees, or on the trunk, and in consequence of the absence of itching it comes and goes in this limited form for years. Then later on, when a general eruption appears, the patient dates that period as the origin of his or her disease. I have many times established this fact by questioning patients and their parents. We are sometimes told that the patient never had the eruption until after vaccination, scarlatina, or other exanthemata, or acute dermal inflammation. The question arises, were not these inflammations the means of awakening a latent morbid tendency? I think, then, that

we can place psoriasis in the category of diseases incidental to the development period of the human subject. With the data at our command, it would be folly to attempt to draw conclusions. I think that the facts here stated are food for thought and should be incentives to observation by my worthy colleagues. Then at some future day we can pretty correctly determine the moot point as to whether syphilis has a more or less remote relation to psoriasis. I think I may mention the fact that in certain exceptional cases the papular syphilide presents appearances so closely resembling psoriasis as to be at least perplexing. Then again the indolent subacute course of the non-specific disease is very similar to that of the same syphilide. So much for etiology; now as regards prognosis. I think that our views as to the curability of psoriasis are susceptible of modification. We are taught that relapses are inevitable, and that Hebra's classical case of the psoriatic man who suffered also from hemoptysis, being the only person he ever knew of not suffering a relapse of his skin affection, has had too much influence upon us. It has certainly been the cause of a gloomy prognosis in hundreds of cases. Without burdening my hearers with dry details of illustrative cases, I will state concrete facts, vouching for their truth. I have almost convinced myself that, if psoriasis is treated early and persistently in the young subject, it may be cured. In several instances, the early eruption has been promptly cured by me; in none of them has there been a relapse in a period of six and eight years. I think that frequent attacks of the disease engraft on the skin a morbid tendency, or rather, expressed in a homely way, that the skin takes on a bad tendency, which may be even permanently engrafted on it. I should suggest this modification of our opinion as to prognosis of psoriasis—namely, that relapses are not inevitable, but that they are most severe and frequent in those cases which have been neglected or inefficiently treated in early life. From careful and prolonged observation I think I am able to affirm that a combination of arsenic and mercury (as in Donovan's solution) will yield better results in young psoriatic subjects than will arsenic alone. In old and inveterate cases, I think that the latter alone is our best internal remedy. My belief is strong that, if psoriasis is attacked in its early stages by efficient internal and external treatment, before it engrafts itself deeply upon the nutrition of the skin, it can be thoroughly cured. I may here mention the fact (as analogical evidence) of the persistence of the so-called syphilitic palmar and plantar psoriasis, when for any reason it has become chronic, and of its amenability to treatment if attacked early.

DISCUSSION.

DR. WM. A. HARDAWAY said that he was fully aware of the peculiar view taken by Wilson that psoriasis was a remote result of syphilis, but,

as Dr. Taylor had said, it is a theory which has not been accepted, and it seemed totally untenable. He inquired if Dr. Taylor acknowledged syphilis as the only cause of psoriasis.

DR. TAYLOR replied that he did not acknowledge or assert or state anything as a cause; he merely reported certain facts, and would let every one draw his own conclusions.

DR. HARDAWAY, continuing, said that it would then be very hard to discuss the question from such a stand-point. He recalled a case of psoriasis in which the disease first appeared at the age of sixty-five years. We know that hereditary syphilis does not occur so late in life; the age at which the psoriasis appeared, therefore, was against its hereditary character in this instance. He had seen it stated that it usually appears first at puberty, but he had seen it at all ages, and in some cases he had satisfied himself that it had been inherited. He recalled a series of cases in which a gentleman and his child, a sister of the father and her child, a brother and his children, in fact, almost the entire family (he could not recall the exact number) were subjects of psoriasis. This gentleman said that his father was free from the disease, but thought that his grandfather had it. With reference to the treatment, he would simply say that he had recently given chrysophanic acid internally in a few cases of psoriasis with good results.

DR. L. A. DUHRING remarked that he would merely state that from his own stand-point, he could not say that syphilis is ever the cause of psoriasis; he had simply no facts to offer in corroboration of that view. On the contrary, all know that the papulo-squamous syphiloderm takes on an appearance so very much like psoriasis that the most practised observer finds himself puzzled about the diagnosis. However, the two should be distinguished, and, with care, they can be, as the clinical history of the squamous syphiloderm is well-known, and is given in all the books. From the paper, he was at a loss to know whether Dr. Taylor takes particular pains to distinguish this disease or not. There are a great many causes which may produce what is called psoriasis; and for those who look upon a certain syphilitic manifestation as psoriasis, then syphilis may cause psoriasis. He regarded this view as a bad one to take, as it confounds symptoms with diseases. It would seem that this view before it could be accepted would require a good deal of thought, and would need to be established by a large number of cases and a more exhaustive paper than that which had been just presented.

Dr. JAS. C. WHITE said that the paper appeared to him to indicate that the author had satisfied himself that syphilis is one of the antecedents of psoriasis. According to his own opinion, no two diseases could be more dissimilar. The whole course of the diseases, the fact that syphilis may occur primarily in a person suffering with psoriasis, the amenability to treatment, the contrast with other syphilitic manifestations, all show complete diversity. But if Dr. Taylor meant a coincidence, he asks whether psoriasis occurs after syphilis more frequently than other skin diseases—eczema, for instance.

DR. TAYLOR, interrupting,. said that he did not offer any theories whatever, but merely submitted facts; and if others found the inquiry interesting, he would like them to pursue it further. Eczema is an entirely different question from psoriasis; it may be due to traumatism; he had never seen psoriasis so caused. He merely would say that in a

disease in which the etiology is so little understood, the cases he had submitted might suggest a possible explanation.

Dr. White said that he would like to ask Dr. Taylor with regard to the character or social standing of the cases he had reported.

Dr. Taylor said that they were of all classes, from the highest to the lowest; both hospital and private patients were represented. He had observed certain facts, which he brought before this body in order that further light may be thrown upon them; the authorities give no cause, but state merely negations. Dr. Duhring, in his work, simply states that syphilis has nothing whatever to do with it.

Dr. White said this was precisely the point which he desired to bring out. Out of a certain number of cases, he would expect to find a larger number of cases of syphilitic parentage, owing to the social standing of the class which furnishes the greatest number of cases of psoriasis, than he would in the same number of cases of eczema, for instance; in other words, there would be a smaller number of cases of eczema with a history of syphilis than there would be of psoriasis.

Dr. Taylor said that he simply stated the fact that in a certain proportion of cases he had found a syphilitic history, and would leave it for others to inquire into the cause or connection.

Dr. White asked if the reporter had always been satisfied with the history of syphilis. If a man sixty-five years of age has psoriasis, what can he tell about his grandfather? He further inquired were the cases taken in sequence, or were they selected?

Dr. Taylor replied that he did not pick the cases; he had no desire to pick cases in order to present any theory, but he had reported the whole series of his cases, and had the complete notes of each case. He had not read them, as he did not wish to weary the Society; he simply presented his concrete facts.

Dr. Chas. G. Smith remarked that there seemed to be a greater tendency from year to year to give syphilis a larger share in the causation of chronic skin disease. With regard to the question under consideration, he did not understand Dr. Taylor as bringing the view forward as a mature conclusion, but rather as a suggestion. It would seem that the fact that arsenic has such an influence upon psoriasis would lead to the view that it is not syphilitic.

Dr. Taylor said that some syphilitic lesions are best treated with arsenic, as is well known. He would observe also that in the younger cases, Donovan's solution has more effect than in the older ones.

Dr. A. R. Robinson said that he had asked all of his patients with psoriasis this question about syphilis, and in a considerable number he found it in the family; but he was satisfied that there are not a greater number of cases with syphilitic parents than he would expect to find in other skin affections, so that he would not conclude that it is a cause. Psoriasis occurs at all ages. There are many other points of difference between it and the papulo-squamous syphiloderm; there is not the proliferation of cells, etc.; and then, again, if it is syphilis, it is strange that it does not appear oftener on the palms of the hands, as syphilis so frequently does. He had not seen a case of psoriasis which had it in this situation.

He had found patients get well on arsenic and iodide of potassium quicker than with arsenic alone. He had given arsenic to a child for a

month with little effect, but after adding five grains of iodide of potassium to each dose, the child got well inside of a month. With regard to the possibility of external causes giving rise to psoriasis, he certainly had seen some cases caused by external irritation of the skin. In some cases, it has followed vaccination, appearing upon the identical spot of puncture, and, therefore, not due to some change in the whole system, but to a local disorder of the skin.

With reference to the supposed cause, he could not see any connection nor any evidence upon which to base the view that there is any connection between psoriasis and syphilis.

DR. ROHÉ finding that vaccination had been mentioned as one of the causes of psoriasis, stated that he would presently report two cases, and he remarked in this connection that he had never seen any such connection referred to in medical literature, and he had therefore prepared the notes of the cases for reading before this Associatian. With regard to syphilis, he had never been able to get any evidence that syphilis in the parent had anything to do with the generation of psoriatic children.

DR. HEITZMANN said that it is hardly necessary to repeat that syphilis and psoriasis are entirely distinct, and so long as it is stated as a mere coincidence that in a number of cases there was a remote history of syphilis, it is all very well, but there is nothing to argue about. Why should not a syphilitic father have a psoriatic child? or one with any other disorder? He failed to see anything to prevent it.

DR. PIFFARD said, that at present there were three different views of the etiology of psoriasis: 1st, the suboxidation theory; 2d, the parasitic view advanced by Lang; and, 3d, the syphilitic hypothesis, as mentioned by Dr. Taylor. Personally he accepted the first of the assigned causes—the suboxidation theory. The second need not be considered. Now, taking up the third, if we compare the course of psoriasis with the ordinary course of syphilis, there is no similarity; the diseases differ at almost every point, there is not one point in which they come in contact. Psoriasis, moreover, is a disease which has been known for many years and was accurately described in ancient times, the records, of which have come down to us. Syphilis, on the contrary, was not then known, certainly it was not accurately described. If we turn to the sacred writings, we find it stated in the New Testament that Christ healed ten cases of psoriasis; the English version says "leprosy," but it is a mistranslation, psoriasis being the modern equivalent of the Greek term $\lambda\varepsilon\pi\rho\alpha$, the word used in the original.

Now if syphilis did not have an ancient origin, as many believe, then certainly psoriasis could not have originated from it. The coincidence of the two diseases in the same individual has been noted by Dr. Hyde in a paper which will soon be read. Several cases had come under the speaker's observation, in which primary syphilis had occurred in a person already suffering with psoriasis, without being at all modified. He would hardly have expected that the two lesions of the skin, papular syphilis and later, the tubercular eruption, would appear associated with the psoriatic lesion, but it did so, and the latter steadily progressed and recurred from time to time.

Dr. Taylor brings forward the statement, that arsenic and mercury and Dr. Robinson that iodide of potassium, are useful in the treatment of psoriasis, of which there is no doubt whatever. The speaker had seen

distinct cases of psoriasis disappear under these remedies, and they were not cases of the squamous syphiloderm by any means, and under the care of another gentleman he had seen the lesions of psoriasis disappear very promptly from the use of large doses of iodide of potassium internally, externally, mercury sulphocyanide.

The whole discussion may be summed up by saying that (1) mercury and iodide of potassium are useful in psoriasis, and (2) that in a certain number of cases of psoriasis there is an antecedent history of syphilis; but not more so than in acne, eczema, or other skin diseases.

From Dr. White's remarks he inferred that he believed that syphilis is very common among the lower classes. The speaker's experience had been just the contrary, the hard chancre in males is more frequent in the upper than in the lower classes.

Dr. Hyde said that he greatly regretted that he had not found the opportunity that he desired to complete the notes which he had brought with him, and upon which he proposed to base a paper on the coincidence of syphilis and psoriasis; although announced in the programme, and should have appeared in connection with this discussion, he would be unable to read it. As it was based upon facts observed by himself which had special interest to him, he would, however, state this much. He had had under observation two cases of inveterate psoriasis, both of which were unmistakably typical cases of the disease, and both of which were unmistakably affected with syphilis. One of them he had the opportunity of seeing but little of, but with the other one it was quite the reverse; for six years he had this patient under constant observation with every recurrence of the disease, and there were many of them. He was a very good patient and willing to follow out the experiments and instructions. He (Dr. Hyde) had not only become familiar with the disease itself, but also its peculiar course and appearance in this patient, when he contracted syphilis. Not only did the primary symptoms pass through a regular course, but at the proper period a skin eruption made its appearance. With this there was a peculiar efflorescence which was of great interest, exhibiting a mixed form. When the eruption first appeared it was abundant, covering the body all over, but it was an unmistakable psoriatic eruption. No difference could be distinguished from the former attacks; the palms of the hands and soles of the feet were spared; but at the same time he was afflicted with adenopathy and mucous patches and other familiar signs of syphilis. When the psoriasis declined it left an unmistakable syphilitic eruption.

Dr. Taylor inquired of Dr. Robinson whether he had gone into the history of his cases of psoriasis with a view of ascertaining a syphilitic etiology?

Dr. Robinson said that he had, and had found the co-incidence occasionally; but not, in his opinion, any oftener than in other skin diseases, and not nearly so often as he would expect to find in a similar series of cases of acne.

Dr. Taylor asked if Dr. Robinson had looked for syphilis, and if he had, what was the percentage?

Dr. Robinson thought that Dr. White had answered this very fully. Unless a much larger number of cases of antecedent syphilis could be brought forward than occur in other forms of skin disease, the argument cannot be sustained.

DR. TAYLOR said that he had submitted no argument, but merely cases, and had withheld his own view as to the etiology of psoriasis, and its relations to syphilis. He would say, however, that he utterly repudiates the suboxidation theory.

DR. HARDAWAY regarded the case reported by the President as an exceedingly interesting one; and inquired what was the period between the initial lesion and the appearance of the psoriasis.

DR. HYDE said that he believed that it was sixty-five days from the first appearance of the sore; his recollection was that it was fully four weeks from the time when the other eruption came out to the time when the papulo-lenticular syphilitic eruption was noted.

DR. TAYLOR said there was one fact with regard to treatment that should be mentioned. If a child is treated early and systematically, it can be cured, but if neglected and only treated occasionally it will keep on having relapses. Inveterate cases exist, because they were not properly treated in the beginning, and the skin has been allowed to take on bad habits.

DR. PIFFARD inquired the number of children treated, what was the percentage of cures, and how many were permanent?

DR. TAYLOR said that he could not state precisely at the moment, but he recalled four cases which he had cured by this method, which he still had under observation, and which have had no return of psoriasis for five or six years, and that he had treated many more, but those reported were those which he had been able to keep under observation long enough to report positively as to the results. The prognosis of psoriasis, as he has pointed out in the beginning, is usually regarded as very bad. He had tried to show that it is not hopeless if treated early and systematically; and he thought if mothers were told, that by following out the treatment carefully the child may escape further manifestations, it would be better for both patient and physician.

DR. HARDAWAY recalled a case sixteen years of age, treated successfully by chrysophanic acid, no mercury or arsenic whatever was given. Therefore, if a case will recover under local treatment exclusively with chrysophanic acid and green soap, we cannot draw any conclusions as to its constitutional character from the therapeutics of others treated with iodides. By giving remedies internally, we merely take a circuitous route to accomplish what we can do directly by local treatment.

THE PATHOLOGICAL ANATOMY AND THERAPEUTICS OF TUBERCULAR LUPUS.

1. The intradermic neoplasm of which lupus is constituted, presents some histological analogies to tubercle, but these do not suffice to establish the identity of the two products.

2. Experimental physiology unites with the results of clinical observation in differentiating lupus from the products of tubercle, and in displacing the former from the position it has hitherto held in the list of local tuberculous cutaneous affections.

3. Local measures alone are of any real value in the treatment of lupus. Those most approved of at present are linear scarifications and scraping. Cauterization by puncture, when properly indicated, may also be followed by the happiest results. It sets up a brisk inflammation which promoted a cure by modifying the vitality of the tissues in which the disease is propagated.—BASIN, *Thèse de Paris*, 1881.