

## DISEASES OF THE SKIN.

BY MALCOLM MORRIS, F.R.C.S.ED.,

Surgeon to the Skin Department, St. Mary's Hospital.

THERE is no marked progress to record in 1898 in the therapeutics of the skin. The tide of progress flows more strongly at one time than at another, and this year has been a period of slack-water in dermatology. The Dermatological Section at the annual meeting of the British Medical Association in Edinburgh was more largely attended than on any previous occasion of the kind. Dr. Allen Jamieson's presidential address on "The Application of Rest in the Treatment of Diseases of the Skin" was remarkable alike for its philosophic breadth of view and for its practical usefulness. The discussions were well sustained, and the proceedings were followed with keen interest by numerous practitioners whose sphere of professional activity is not confined within the comparatively narrow limits of diseases of the skin. Another noteworthy dermatological event of the year is the publication of the "Transactions of the Third International Congress of Pathology held in London in August, 1896" (Waterlow and Sons, 1898). The Editor, Dr. J. J. Pringle, the General Secretary of the Congress, is to be congratulated on the great ability with which he has discharged the most troublesome and too often thankless task of collecting, arranging, and seeing through the press so large and heterogeneous a mass of material in various languages.

Another book which has appeared during 1898 deserves particular mention. This is Dr. L. Brocq's "Traitement des Dermatoses par la Petite Chirurgie et les Agents Physiques" (Paris: Georges Carré et C. Naud). The minor surgical methods described are local anæsthesia, scraping, scarification, and the cautery. A section is devoted to electricity, and the uses and indications of electrolysis, galvanisation, faradisation, sinusoidal currents, statical electricity, franklinisation, currents of high frequency and intensity are fully discussed. The therapeutic uses of the X rays, of light, and of hot air are dealt with in separate chapters. The book is a most valuable contribution to dermatological therapeutics.

I propose to review very briefly, first, some contributions to the general therapeutics of the skin; secondly, some new methods which seem to be of importance; thirdly, some new remedies.

**1. Rest in the treatment of skin diseases.**

In his presidential address on this subject at Edinburgh, already referred to, Dr. Allan Jamieson began by pointing out that perfect rest in the sense of absolute inactivity is impossible in the case of the skin. The renewal of the integument and the secretion of its glands are uninterrupted during life. Rest consists in the removal of irritants, internal or external, mental or bodily. Therefore all external causes which may be suspicious are to be eliminated, by correction of dietary, by cutaneous sedatives, of which antimony may be taken as a type, by hæmatinics, and by agents which influence metabolism, such as arsenic, or flush the sudoriferous canals, as pilocarpine. In seborrhœa, where the quietude of the skin is disturbed by increase of secretive energy in the glands, rest must be procured in the first place by removal of the accumulation of oil and degenerated epidermic scales, but besides removing these causes of irritation, anæmia must be corrected by toning up the soil, not merely by iron to enrich the blood, and by mercury to neutralise the syphilitic virus, should that be present, but by ergot or ichthyol to constrict the vessels of the periglandular plexuses; locally sulphur, which has a desiccating effect quite apart from any antiparasitic one, and the astringent action of cold water should be employed. Hyperidrosis weakens the tissues "by converting the integument into a swamp." The keratoplastic properties of small quantities of salicylic acid, 3 per cent., in a bland pulverulent medium as powdered talc or orthoform will "give rest to the weary sole." In itching conditions of the skin in children, *e.g.* lichen urticatus, Jamieson prescribes either mere ablutions with gruel or with a superfatted naphthol soap; cotton or flannelette to be worn next the skin, with inunction of starch made with double the quantity of glycerine of that in the Pharmacopœia, medicated by the addition of naphthol, camphor, chloral, tumenol, or resorcin. Internally antipyrin, in small doses at night, is valuable in promoting sleep. In senile pruritus, pilocarpine internally is useful. Glycerine of starch is likewise a valuable adjuvant, and temporary relief at least can often be procured by gentle ablutions with a superfatted menthol soap. Eczema should be treated on the same principles, as far as these can be applied, as an internal catarrh. "Just as in bronchitis we endeavour to soothe the inflamed and irritated

mucous membrane by keeping the air of the apartment moist and warm, so in eczema we envelop the raw, denuded, leeting surface with a soft bland aseptic medium, a starch jelly with which is combined a proportion of boric acid, the least irritating, if perhaps the weakest, of our available correctors of putrefaction." The infiltration which is one of the most obstinate characteristics of eczema, often melts down marvellously under the continued employment of the boric starch jelly. When a limb is the part affected one of the most efficient methods of causing absorption of the infiltration is by closely enveloping it in strips of the salicylic soap plaster introduced by Pick. In the treatment of erysipelas Jamieson speaks highly of ichthyol, which he has never known to fail. It should be applied in the form of a 25 per cent. ointment made up with chalk and vaseline, the part being afterwards covered with cotton wool.

### 2. Therapeutics of diseases of the skin.

In a presidential address before the Dermatological Society of Great Britain and Ireland, Crocker (*Brit. Journ. Derm.*, July, 1898) reviewed some of the principal improvements made during the last twenty years. In looking over the therapeutic gains he took as an example, first, the common boil. Previously, some thought boils were the effect of too high living, and kept the patients down with restrictions as to diet and alcohol; others again, held that they were the sign of vital depression, and kept the patients up with tonics, port wine, etc. A number of empirical remedies, *e.g.* calcium sulphide, yeast, etc., were used by some—why, no one knew, and, lastly, the pernicious habit of poulticing was adopted by many. When the discovery was made that boils were due to the local invasion of pus cocci into the follicles of the skin, then the mystery of the aetiology became clear, and treatment was simple. Persistent local disinfection of each boil is now the treatment, which, as a result is considerably shortened to what it used to be. Affections allied to boils, *viz.*, carbuncles, ecthyma, impetigo contagiosa, etc., are treated similarly. So the aim in all this new treatment is to destroy the pus cocci which set up the inflammation. Whenever the skin is disturbed by inflammation or other lesions, it is liable to be invaded either from without by various bacteria, or from organisms normally dwelling in the skin itself. Examples of this are shown in multiple gangrene of children following varicella, vaccinia, etc. Treatment similar to that described for boils and carbuncles is applicable here.

The part played by secondary invasion of organisms is of importance in chronic eczema, and explains the success of Hebra's tar bath in these cases. Thyroid extract, which has proved

successful in some diseases, is a drug which had a marked effect on the nutrition of the skin. Crocker asked whether, since external antiseptics had been so successfully used, similar effects could not be obtained by internal remedies. Something had been done in this way, *e.g.* by intramuscular injections of mercury. Other diseases, *viz.*, leprosy, psoriasis, and lupus, had also been treated in a similar manner, but at present with only partial success. He also referred to the fact that some drugs which broke up in the body and set free substances which had a microbic action were of use in some skin diseases, *e.g.* salicylin, which set free salicylic acid in the circulation, and ichthyol, which set free sulphur. Foul perspiration had been shown to be due, not to the excretion of foul sweat, but to the decomposition of the sweat after excretion by the bacterium fetidum, and local antiseptics should prevent this. Sulphur administered internally both prevents the smell and diminishes the excess. Since sulphur is eliminated by the skin, it therefore practically sterilises the sweat. With reference to the toxins, *e.g.* tuberculin, the results are as yet too uncertain to make any definite statements.

### 3. The use and abuse of internal remedies in the treatment of skin diseases.

In an address which I had the honour of delivering to the Pathological Society of Reading on October 6th, 1898, I pointed out that, though on account of their convenience and precision in application, local remedies are now largely used in dermatological practice, internal medicines are useful when employed in response to definite indications, and not administered more or less at random on the chance of hitting some blot in the constitution on which the cutaneous affection may be supposed to depend. The alteratives most generally of service in my experience are arsenic, antimony, and mercury. Arsenic does good in chronic eczema and similar conditions, but should never be given in acute cases. Antimony, on the other hand, is beneficial in subduing inflammation. Ichthyol has a peculiar property of controlling vascular tension, and is, therefore, useful in rosacea and other conditions characterised by vaso-motor disturbance.

### 4. Concentrated light rays.

At the Congress for the Study of Tuberculosis held in Paris in the summer of 1898, Bang said that Niel R. Finsen, of Copenhagen, when making microscopic observations of the circulation in the living tadpole's tail, noticed that under the influence of light (the effects of heat rays being excluded) the flat elliptic red corpuscles become spherical and smaller. Bang confirmed these experiments, and found, moreover, when

the rays were sufficiently powerful, the corpuscles became fragmented and gave rise to part of the pigment deposited in the skin. In another research, Finsen found there was some relation between the quantity of hæmoglobin in the human blood and the chemical energy of the sun according to season. As early as 1859 Charcot expressed the opinion that eczema solare was not due to the heat of the sun's rays, but to the chemical luminous rays. This has since been demonstrated by other observers. These and other experiments led Finsen to treat smallpox by means of red light, the blue, violet, and ultra-violet rays being excluded. This method has now been applied in some 200 cases by various medical men, and always with good results, when the directions laid down by Finsen were followed. The temperature falls and no scars are left. This may be called negative photo-therapy, as the essential thing is to exclude certain rays. Three years ago, however, Finsen introduced a positive photo-therapeutic method by directly employing the electric rays to the following ends:—(1) To produce a specific reaction in the skin; (2) to endeavour to destroy the micro-organisms. The bactericidal influence of light is now a well ascertained fact—thanks to the work of Downes, Blount, and others. This led Finsen to use the electric rays in the treatment of lupus vulgaris in those obstinate cases which had resisted other measures. (See *Brit. Journ. Derm.*, October, 1898; *Monatsh. f. prakt. Derm.*, Bd. xxvii., July, 1898; and *Presse Médicale*, No. 65, 1898.)

Finsen's method consists in the concentration of sunlight or luminous rays from an arc lamp through a series of powerful lenses, between two of which is placed a solution of methylene blue, which shuts off the hotter but less chemically active rays—to wit, the ultra-red, red, orange, and yellow. The arc lamp is hung in the centre of four similar pieces of apparatus so that four patients can be treated at the same time. The bactericidal action of the light is found to vary as its concentration; with a strength of current of 25 ampères Finsen was able to weaken bacteria in four or five minutes, and kill them in fifteen to twenty. He found that the penetration of the tissues by light was impeded by the blood, and he therefore rendered them anæmic by pressure before exposing them. He has applied the method to the treatment of lupus vulgaris in 59 cases, in 23 of which a complete cure is claimed, while in all the rest, without exception, great improvement has taken place. His plan is merely to expose a portion of skin about the size of a halfpenny to the concentrated light for one or two

hours a day, the treatment lasting from a few days to several weeks. If recurrence is noted after some months, a further course is prescribed. The application of the rays causes an immediate hyperæmia of the parts treated, and at times a formation of vesicles followed by desquamation. When a lupus nodule or patch has been subjected to this treatment for a sufficiently long time, the raised edges become level, the hyperæmia disappears, and the skin recovers its normal aspect. Ulcerated patches cicatrise. Extension of the disease is said to be always checked by the treatment. So hopeful is the method considered to be that the Danish Government has endowed Prof. Finsen's institute with a sum of 20,000 kroner. Strong testimony to the success of the treatment is borne by Dr. Emil Popper in a recent number of the *Wiener medicinische Presse* (No. 46, 1898).

##### 5. The Roentgen rays.

Dr. E. S. Schiff, at a meeting of the Imperial Royal Medical Society of Vienna on November 11, 1898, showed a case of lupus erythematosus which had almost entirely cleared up after two months' treatment with the Roentgen rays; one portion of the disease which had been left untreated served by contrast to illustrate the value of the remedy. Dr. Schiff stated that he had had good results in the treatment of lupus vulgaris by this method, which was applicable to much larger surfaces than that of Prof. Finsen, the value of which he was also able to substantiate. Prof. Kaposi spoke highly of both methods and attributed their action partly to the hyperæmia induced, as in the case of insolation, and partly to chemical changes set up in the cells.

Kümmell (*Arch. f. klin. Chirurgie*, Bd. lvii., Heft 3) has treated ten cases of lupus with the X rays. He says that recovery proceeds with more certainty and rapidity in proportion as we avoid burning the skin by the rays, this accident always necessitating interruption. Favourable results are not to be explained by the dermatitis which sometimes occurs, nor by any specific action. The strength of the rays and nearness of the tubes have no special significance therapeutically. The rays have some direct action upon the lupus tissue; possibly electro-chemical or trophoneurotic. The foregoing propositions may also be affirmed of the concentrated light, and the therapeutic results are equally as good. The scarring which follows the rays is far smoother than that which follows any of the older plans, and up to the time of writing the author has observed no contractions in connection with scarring.

### 6. Serum-therapy.

Fileti and La Mensa (*Giorn. Ital. delle Mal. Ven. et della Pelle*, Fasc. i., 1897, p. 89; *Brit. Journ. Derm.*, October, 1898) tried the effects of Maragliano's anti-tubercle serum in ten cases of lupus and scrofuloderma. Both subcutaneous injection and local application of the serum were made use of in different cases. In one case, a healthy child of nine years, whose lesion consisted in a patch of lupus on the hand, complete cure resulted in a period of forty-six days, during which time six injections of serum were given, and latterly local application of the serum was employed. In none of the other cases, however, did any good appear to result from the treatment, so that probably in the one case apparently benefited, the recovery was only a coincidence. The authors conclude that either serum treatment of local tuberculosis is useless, or that these affections, commonly regarded as tuberculous, are not so in reality.

Brocq (*op. cit.* p. 263 *et seq.*) cites cases reported by other observers in which the Roentgen rays have been used with benefit in acne, rosacea, and lupus vulgaris. He thinks the results so far obtained are sufficient to show that the method will be of real service when the mode of application is better understood.

### 7. The new tuberculin.

In "The Year-Book of Treatment for 1898" (p. 352 *et seq.*) an account was given of the results of a trial which in conjunction with Dr. Arthur Whitfield I made of Koch's TR. in six cases of lupus vulgaris. I there stated that I had never seen any treatment do anything like so much good. "The change for the better in the affected parts was in most cases a veritable transformation." Further on, however, it was stated that, as the pages of the "Year-Book" were passing through the press, "in all the cases but one the good effect seems to have become exhausted." I have only to add that further experience has confirmed the feeling of disappointment with the new tuberculin hinted at in the words which have been quoted. As far as lupus vulgaris is concerned, the new tuberculin is little, if at all, better than the old.

### 8. Treatment of psoriasis and eczema by scarification.

Jacquet (*Bull. Gén. de Thérap.*, Jan., 1898) records successful results obtained by him from the superficial scarification of patches of psoriasis and eczema in certain cases. The patches are scarified in parallel lines, one to one and a half millimetre apart, in one direction only, with a very pointed instrument,

penetrating to the superficial layer of the dermis. Bleeding is encouraged, and the scarified layers are bathed with boiled water, and then covered with tarlatan dipped in boiled water. When the patient reaches his home cold potato starch poultices are applied until the next sitting—generally three or four days later. A reaction is set up in the patches, but no scars result. Before commencing the treatment the patches are prepared by the application of continuous cold plain starch poultices. Six to sixteen sittings suffice to effect a cure. It is a treatment for special cases characterised by isolated discs in limited number. Infants bear the treatment without any discomfort.

### 9. Thyroid extract in scleroderma.

In a paper on diffuse scleroderma (*Journ. Cut. and Gen.-Urin. Dis.*, Feb., 1898), Prof. William Osler reviews the thyroid treatment of scleroderma. In some of the cases treated with extract of the gland, the result was apparently successful, in others the treatment failed. In six cases under his own care the patients took thyroid gland extract for periods ranging from ten days to nineteen months. Altogether, his personal experience and the results recorded by others, do not, in his opinion, favour the treatment of the disease by the thyroid gland extract. "It may be tried without harm, and, should it fail, frictions and saline preparations should be used."

### 10. Treatment of lupus erythematosus.

In the Dermatological Section of the British Medical Association, one of the discussions was on "The Nature and Treatment of Lupus Erythematosus" (*British Med. Journ.*, Sept. 10th, 1898). The most notable contribution from the therapeutic point of view was made by Unna. As regards internal remedies, he said he could point to favourable results from the use of carbonate of ammonia, ichthyol and salicylate of soda in all cases in which a tendency to œdema and hyperæmia of the skin paralysed the effect of external applications. He added, however, that he would not like to state that the disease had in a single instance ever been cured by any of these internal remedies alone, without the aid of external means. He divided the external remedies in use in the treatment of lupus erythematosus into six categories. Three of these include mild remedies, which may be recommended in all cases: (1) The drying, (2) the compressing, and (3) those remedies which tend to reduce hyperæmia. Next there are two categories of much more doubtful value: (4) The necrotising, and (5) the inflammatory, and to these may be added (6) the specific remedies, still to be marked with a point of interrogation. The drying remedies rightly deserve a very wide application, either in

powder, paste or wash, with powdery precipitate. He is in the habit of giving, after a strong night treatment, the following mild powder of skin colour during the day :

Oxide of zinc  
Boli rubræ  
Boli albæ aa 2, 0.  
Carbonate of magnesia aa 3, 0.  
Amyli oryzæ 10, 0.

M. f. Pulvis cuticolor.

This can also be used with advantage round an obstinate and vigorously-treated patch, where peripheral œdema and extension are feared. Among the pastes the most important is the zinc sulphur paste, with the addition of ichthyol or cinnabar ; then the lead vinegar paste (litharge boiled in vinegar) or the following paste, which is very drying :

Past. zinci sulphuratæ 20.  
Resorcini  
Ichthyoli aa 1.  
M. f. Pasta.

The compressing remedies form a second group, which act mildly and always effectively. The best of these is collodion. Next to this we have gelanthum, zinc gelatine, and, lastly, the compressing bandages introduced by Engmann and Unna. Most to be recommended are collodion and gelanthum, more so as vehicles for other good remedies—ichthyol, soft soap, and salicylic acid with collodion, and the same and caustic potash (1-1,000) with gelanthum, have proved of special value. It is necessary to take care that the collodion is perfectly neutral, as in many instances the collodion of commerce has a strongly acid reaction. For more indolent cases Unna prescribes

Collodii 20		Collodion 20
Sap. virid. 2-4	or	Sap. virid. 2
M.		Acid. salicylici 2
		M.

For irritable cases :

Collodii 20		Collodii 20
Ichthyoli 2	or	Ichthyolsulfon. 2

A third group is formed by mild remedies which produce hyperæmia, induce dryness of the cutis without causing dryness of the surface or mechanical pressure. Among these are pyraloxin, chrysarobinum, oxydatum, ichthyolsulfon, mercury, pyoktanin, and, lastly, the soaps and alkalies. Pyraloxin, which Unna introduced two years ago for the treatment of lupus erythematosus, psoriasis and eczema, is a pyrogallol modified by oxidation, which has lost its inflammatory and toxic properties on

the healthy skin, but yet lessens hyperæmia and inflammation in the diseased parts. Pyraloxin, oxidated chrysarobin, and mercury must be applied in the dry form of plaster mulls or pastes, and may be combined with drying remedies, namely :

Pasta zinci 20  
Pyraloxini 2-5.  
M. f. Pasta.

They may also be mixed with soaps, lathered on the skin, and then covered with a wet bandage.

Sapon. kalini unguinosi 20.  
Ichthyol sulfoni 2-5.  
M. f. Sapo unguinosus  
S. Salve Soap.

Of the necrosing, ulcerative, and inflammatory groups of remedies, Unna does not speak with much favour.

J. Hutchinson (*Arch. of Surgery*, Jan., 1898) records a case of lupus erythematosus, presumably cured by the continued topical use of undiluted carbolic acid. The acid was painted over the edges of the patches once or twice a week, and boric acid ointment (gr. xx. to ʒi.) applied daily, and especially after applying the acid. Three-minim doses of Pearson's solution of arsenic were also given with nux vomica and tincture of orange peel. Hutchinson has repeatedly recommended carbolic acid as the safest and most effectual form of caustic to use for patients with forms of lupus, etc., who are not under close observation.

#### 11. Injections of calomel in lupus.

Asselbergs (*Annales de Dermatologie et de Syphiligraphie*, vol. ix., No. 1, p. 10, Jan., 1898; *Brit. Journ. Derm.*, June, 1898), having treated twenty-five cases of lupus by injections of calomel, is led to the conclusion that their action upon true lupus is indubitably beneficial. All the cases treated have undergone various modifications, from simple reduction to complete disappearance of all lupic elements. The retrogressive influence is most marked after the first injections, and the infiltrations and ulcerative processes are the phenomena earliest and most successfully combated. It is chiefly in the treatment of old, ulcerative, turgescient, and deeply infiltrated lupus that the calomel injections render most service. In forms of erythematosus lupus, erythemato-tuberculosis, and tuberculosis non-exedens, there is less hope from this remedy. The action of the injections upon the tuberculous nodules is uncertain. In many of Asselbergs's cases the cure was complete; in others tuberculous nodules persisted, and had to be removed by galvano-cautery, etc. In two cases fresh foci of disease appeared after the cessation of the

remedy. On the whole, Asselbergs regards it as a valuable adjuvant to treatment. Certain cases, where ordinary therapeutics have failed, can be greatly benefited, if not cured. Other cases require a mixed treatment, viz. injections and cauterisations combined.

### 12. Thyroid colloid in lupus.

Pearce Gould showed not long ago to the Clinical Society (*Brit. Med. Journ.*, Nov. 5th, 1898), a woman, aged 47, who for years had suffered from lupoid ulceration of the face, with tuberculous lesions in other parts. The administration of tabloids of thyroid colloid caused complete healing over in three weeks. He stated that he had seen similar but less rapid improvement in other cases. Pringle expressed the opinion that thyroid colloid tabloids effected more improvement than anything else, but pointed out the tendency to relapse unless the treatment were continued indefinitely.

### 13. New remedies.

E. Kromayer and H. Veith (*Monatshefte für praktische Dermatologie*, Bd. xxvii., No. 1, July, 1898, p. 11) have been working at some new products derived from pyrogallol, chrysarobin, and resorcin; they are lenigallol, engallol, and saligallol (which are acetyl or salicylate compounds of pyrogallol), and lenirobin and enrobin (which are similar derivatives of chrysarobin). Their general conclusions are as follows:—

1. Lenigallol and lenirobin are at least as valuable as the substances from which they are made, and in addition they possess to a much smaller degree, or not at all, their unpleasant properties, such as poisonousness, tendency to cause irritation of the skin or conjunctiva, and staining of the clothes. It is evident, therefore, that they can be widely used. Lenigallol is extremely useful in acute and subacute cases of eczema, especially in children.

2. Engallol and enrobin are the most powerful "reducing" substances known; but, as they possess all the undesirable qualities of the substances from which they come, they must be used with great precautions.

3. Saligallol has the action of pyrogallol, but to a slighter degree. Its value is, however, due to its resinous consistence, so that it forms an excellent skin varnish, which can be used as a vehicle for engallol and enrobin, or for other drugs.

### 14. Chinosol.

A. Beddies and W. Tischer (*Allgemein. med. central. Zeitung*, 1896, Nos. 59 and 60; *Treatment*, Oct. 27, 1898), in a paper on the various uses of this antiseptic, give the following prescription for its employment in some skin diseases:—

#### FOR SYCOSIS.

Chinosol ...	...	...	...	2 parts.
Ichthyl ...	...	...	...	1 part.
Acid. salicyl.	...	...	...	1 "
Lanolin ...	...	...	...	40 parts.

#### FOR ACNE, COMEDONES, ETC.

(a) Chinosol ...	..	...	...	1 part.
Amyli ...	...	...	...	10 parts.
Vaselin ...	...	...	...	10 "
(b) Chinosol ...	...	...	...	5 parts.
Hydrarg. perchlor.	...	...	...	1 part.
Vaselin ...	...	...	...	200 parts.

#### FOR ECZEMA, HERPES, AND PSORIASIS.

(a) Chinosol . .	...	...	...	1 to 20 parts.
Pulv. amyli	...	...	...	50 "
Zinci oxidi	...	...	...	50 "
Lanolin ...	...	...	...	80 "
(b) Chinosol ...	...	...	...	1 to 10 parts.
Pulv. amyli	...	...	...	10 "
Zinci oxidi	...	...	...	10 "
Vaselin ...	...	...	...	10 "

#### FOR ALOPECIA.

Chinosol ...	...	...	...	1 part
Resorcin ...	...	...	...	1 "
Zinci oxidi	...	...	...	1 "
Amyli ...	...	...	...	1 "
Vaselin ...	...	...	...	3 parts.

#### FOR HYPERIDROSIS.

Chinosol ...	...	...	...	1 part.
Amyli ...	...	...	...	9 parts.
Talc ...	...	...	...	40 parts.