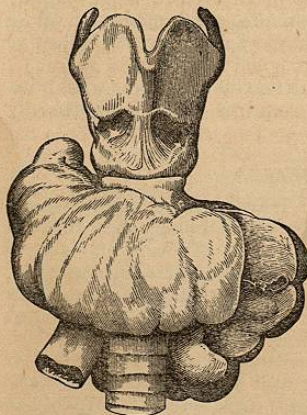


or coma. Besides hygienic management, and perhaps iron or other tonics, little treatment is recommended for it. Dr. Greenhow asserts decided advantage to have followed the use of a combination of glycerin, in two drachm doses, with fifteen or twenty minims each of spirit of chloroform and tincture of chloride of iron.

#### GOITRE.

**Synonym.**—*Bronchocele*. In low and narrow valleys of the Alps, Andes, Himalayas, or other mountains, but especially often in

Fig. 91.



Bronchocele.

Switzerland, whole families and village populations are affected with (congenital or early) enlargement of the thyroid gland, which sometimes becomes enormous. A stranger, upon a residence for a few months in one of the same localities, may be likewise affected; and, after leaving it for a high and open salubrious country, may recover from it. Associated often, but not always, with this affection of the neck, is **cretinism**; a condition of bodily and mental weakness, stunting, and deformity, most lamentable.

Occasionally, in any locality, a case of goitre or enlargement of the thyroid gland to a slight or moderate degree may be met with. I do not remember to have seen more than a dozen cases of it in Philadelphia; none of them severe.

Michaud (*Gazette Médicale*, Jan. 10 and Feb. 7, 1874) states that goitre has been several times *epidemic* in the French army, while the men were making forced marches with insufficient diet in a mountainous country.

**Causes** of goitre, among the mountains, are believed to be, 1. Excess of mineral matter, especially magnesia, iron, copper, lead, baryta, and lime, in the drinking-water; 2. Dampness and deficiency of light; 3. Other unfavorable hygienic conditions; among them, frequent intermarriage of near relations in a stationary population.

In the **treatment** of goitre, *iodine* has had the reputation of a specific. It is not, however, infallible. Dr. Guggenbuhl many years since proved that the best management for goitrous and cretin children is to remove them from their valley and village homes, to high, airy, and light situations, and there to give them good food, exercise, and other appliances of a health-producing regimen.

<sup>1</sup> Dr. J. St. Lager asserts, after careful geological exploration, that the soil where goitre prevails always contains iron pyrites; frequently also copper pyrites, galena, and baryta.

Dr. Warren Greene<sup>1</sup> reports the successful *excision* of the enlarged thyroid gland, in three cases. Desault first performed this operation with success; Gooch and Dupuytren failed with it; Hedenus of Dresden succeeded with it in six cases.<sup>2</sup> It is certainly an operation of much seriousness, to be thought of only in cases of great and troublesome enlargement. Lücke,<sup>3</sup> of Berne, asserts success with injections of tincture of iodine into the tumor.

#### DISEASES OF THE SKIN.

While much has been done within a few years, especially in Germany, to increase our knowledge of the true pathology and relations of cutaneous diseases, no such *perfection* of classification has yet been reached, as to do away with the practical advantage of the old method of describing them according to their more obvious characters.

As a clinical classification of cutaneous disorders, most convenient both for description and treatment, I prefer the following:—

Exanthemata.	Pustulæ.	Tubercula.
Papulæ.	Squamæ.	Hæmorrhagiæ.
Vesiculæ.	Maculæ.	Neuroses.
Bullæ.	Hypertrophiciæ.	Parasiticæ.
	Syphilida.	

#### EXANTHEMATATA.

In these there is active congestion, or hyperæmia, of the "derma," or true skin. Besides scarlatina, measles, and erysipelas, already considered, this order contains *erythema*, *urticaria*, and *roseola*.

**Erythema.**—Superficial, circumscribed red patches, of variable shape and size, on the face, trunk, or limbs, not painful, nor very sore, characterize this. Its causes are, all moderate but continued irritants to the skin. Its duration is generally but for a few days or a week or two. No fever attends it; nor is it either contagious or dangerous.

**Varieties**<sup>4</sup> of erythema are *erythema fugax*, or fleeting; *erythema intertrigo*, from friction of two surfaces of the skin, as in not well-cleaned children; *erythema rheumatica*, occurring now and then in rheumatic fever; *erythema pernio*, or unabraded chilblain; *erythema nodosum*, on the legs, with rounded nodelike prominent red patches, somewhat more inflamed than in the other forms; and *erythema tumescens*, with a more diffused inflammation of the subcutaneous connective tissue.

**Treatment** of erythema must depend upon its cause more than upon its particular form. The stomach and bowels may need attention, with the use of antacids and laxatives; especially magnesia and rhubarb or Rochelle salts, or the citrate of magnesium.

**Local applications** may be, finely-powdered starch or arrowroot,

<sup>1</sup> Am. Journal of Med. Sciences, Jan. 1871, p. 80.

<sup>2</sup> Copland, Dictionary of Medicine, Art. *Bronchocele*.

<sup>3</sup> Lancet, Jan. 2, 1869. M. Mackenzie injects solution of perchloride of iron.

<sup>4</sup> Here, as in other affections of the skin, only the *principal* varieties are named. Wilson makes sixteen varieties of erythema.

dusted on, dry; cold cream (unguent. aq. ros.); lime-water and oil, equal parts (olive or lard oil); glycerin and prepared chalk; ointment or glycerite of zinc [F. 177, 178, 179, 180]; glycerocerate of lead; or glyceramyl [F. 148].

For erythema *pernio*, or frost-bite of mild degree, astringents are serviceable; as bathing the feet in tepid infusion or decoction of oak-bark; or solution of alum; or applying cerate or glycerite of carbonate of lead. Some recommend cabbage-leaves.

**Urticaria.**—*Nettle-rash.* Elevated, round or oval, red or white patches or *wheals* characterize this. They may come and go in an hour, over the arms, trunk, or legs. Much burning, stinging, or itching attends them. The affection commonly lasts only a week or two; sometimes it is chronic and tedious.

Disorder of the stomach (as from unwholesome food) is rather more likely to cause nettle-rash than any other kind of eruption. Mild purgatives, especially salines or the antacid magnesia, with or without powdered charcoal, are commonly suitable for it, after a dose (two or three grains) of blue mass. Light diet is necessary. Vinegar and water, glycerin and rose-water, or the starch-powder, etc., mentioned for erythema, will answer for local applications. Much use of *cold* lotions should be avoided, lest the eruption be over-hastily repelled, inducing gastric, hepatic, or other internal disturbance instead.

**Roseola.**—Bright, and yet generally *dark* red, damask rose-colored patches, irregular in shape and of various size, over any part of the body, without much if any fever, belong to this affection. It is generally of but a few days' duration. Sometimes a certain amount of resemblance is presented by it to scarlet fever or measles; but the peculiar sore-throat of the former, and the catarrhal symptoms of the latter, are wanting.

Scarcely any treatment is called for in roseola; no local application, as the rash is but slightly irritating; and only such medicine as the general condition of the patient may indicate.

#### PAPULÆ.

These, *pimply* eruptions, involve *depositive* inflammation of the skin, which is raised in small, red, round, or conical points or minute tubercles, not very hard, and often, though not always, transitory. Papular affections are *lichen* and *strophulus*. Several dermatologists now classify these as varieties of *eczema papulosum*.

**Lichen.**—Pimples numerous, but of small size; red, and more or less heated and irritated. The principal forms of it are *lichen simplex*, common on the face, neck, etc., *lichen tropicus*, or *prickly heat*, and *lichen agrius*. The last-named is the most inflamed and painful; sometimes quite severe. *Lichen simplex*, though mild, may be obstinate in its persistence; annoying ladies occasionally by remaining long on the face. As with *eczema*, some authors assert the frequent association of a lichenoid eruption with the gouty diathesis. In *lichen tropicus*, from which children, especially, often suffer in summer-time, the eruption is not prominent, but the sense of irritation is very unpleasant.

*Lichen agrius* may become, in violent or neglected cases, a

scabby, confluent eruption, with cracks or fissures, and a serous, perhaps purulent, discharge. This is not, however, very common.

**Treatment.**—Even for the simple form, and still more for *l. agrius*, constitutional alteratives are likely to be needed, doing more good than local applications. In *l. tropicus*, starch-powder, glycerin and rose-water, or glyceramyl, or weak lead-water will suffice, without any medicine. But in the other forms rectification of any error of *balance* in the system must first be made. The plethoric must have low diet; the anæmic, lean meat, perhaps bitters, aromatic sulphuric or nitric acid, or iron. Costiveness must be overcome, as by cream of tartar and sulphur, rhubarb and aloes, or other mild but decided laxatives. Blue mass may be given, a grain twice daily for two or three days. Then arsenic may be prescribed; of Fowler's liq. potass. arsenit. three drops twice daily at first, increased every week one drop until ten, twice daily, have been taken; omitting the remedy if headache, nausea, diarrhœa, or puffiness of the face occur.

In lichen *agrius*, rest in bed may be required; with lime-water and oil dressing, or poultices of bread and milk, or flaxseed meal, or slippery elm bark powder, glyceramyl, etc.

**Strophulus.**—Red gum is a common name for this papular eruption of infancy. Indigestion, reflex irritation from dentition, and over-thick clothing or living in hot rooms, produce it. The eruption is not severe, consisting of many small red pimples, close together, and often nearly all over the body. Attention to the stomach and bowels is necessary. *Lancing the gums is proper* (all authorities to the contrary notwithstanding) if they be swollen, tender, or so tense as evidently to distress the child. To the rash, only very soothing applications should be made, as starch-powder, ointment of oxide of zinc [F. 181], or glyceramyl. Care with the diet, if fed instead of being nursed, is of course also of great importance.

#### VESICULÆ.

These are *effusive* inflammations of the derma; characterized by numerous and small water-blisters; the smallest are *sudamina*; the largest, *herpes*; *eczema* having vesicles of intermediate size, and scattered. *Sudamina* are met with in low fevers, consumption, etc., mostly when perspiration alternates with the febrile state in an enfeebled system.<sup>1</sup>

**Eczema.**—This has been the subject of much disputation; as to whether it is a *disease per se*, going through stages not only of effusion, but also of incrustation, suppuration, desquamation, etc.; or, only a phase of cutaneous irritation and inflammation, called vesicular, whatever its cause, and eczematous, to distinguish it from the herpetic eruptions. I am satisfied that, while the eczematous vesicular eruption admits of a very distinct description and recognition, it may come from or after a papular rash, and may in the same case be transformed (or progress) into a pustular or scabbing disease. Hebra and many other authori-

<sup>1</sup> Von Bärensprung has suggested that *sudamina* may be owing to the detention of perspiration under the cuticle, from obstruction of the ducts of the sudoriparous glands.

ties in dermatology now affirm this to be the true account of its common history. In the language of Erasmus Wilson,<sup>1</sup> "It is a superficial and chronic inflammation of the skin, with a tendency to the exudation of an ichorous fluid; the fluid being sometimes detained in minute vesicular elevations of the epidermis, sometimes free, and sometimes infiltrated in the tissues of the skin."

Golding Bird and Mapother have insisted that the *gouty diathesis* has to do with chronic eczema. Routh calls attention to its not infrequent dependence on *nervous exhaustion* (aneuresis).

*Eczema simplex, rubrum, infantile*, and *impetiginodes*, are its principal varieties. Besides others named in the books, there are also *eczema solare*, from heat, and *eczema mercurialis*, from the impression of mercury on the system. The *simple* form has but little inflammation; but there is always some soreness, and the vesicles may run together and break, oozing serum or lymph, or scabbing lightly. *Eczema rubrum* is more inflamed, with redness, heat, and some tumefaction. *Crusta lactea* or milk crust is a name often given to *eczema infantile*, of the nursing-time. It affects the face, sometimes very unpleasantly; scabbing, running, and cracking all over it. *E. impetiginodes* appears to be an intermediate stage, or transition, between *eczema* and *impetigo*; water-blisters appearing at first, and pustules afterwards.

**Treatment.**—An inflammatory state attends the eczematous eruption, nearly always; especially in *e. rubrum* and advanced *crusta lactea*. Saline laxatives, diuretics and diaphoretics (Rochelle salts, bitartrate of potassium, citrate, etc.) are often called for, perhaps to be repeated in moderate doses. Light diet is, in like case, proper. In children, small doses of calomel occasionally do good. Locally, weak lead-water when there is no scabbing; lime-water and oil when there is great irritation; decoction of bran; flaxseed infusion with bicarbonate of sodium (℞j in fʒiv); glyceramyl;<sup>2</sup> glycerin with rose-water; solution of sulphite of sodium (℞j in fʒj); carbonate of lead cerate; ointment of iodide of zinc;<sup>3</sup> these are among the many applications used with advantage. McCall Anderson advises, in chronic eczema, a preparation of carbolic acid in glycerin and alcohol.<sup>4</sup> The whole bath, tepid or slightly warm (never hot) two or three times a week, will be beneficial. In chronic eczema, the "Turkish" or dry hot air bath (130° to 150°) is highly recommended by some. Hardy and Hebra make considerable use of a covering of India-rubber cloth over the parts affected; removed daily for thorough cleansing. This is thought to be especially available for the hands, feet, and scrotum.

The "Vienna plan" is to strap the affected part with strips of linen spread with lead plaster. *Electricity* sometimes is a useful part of the treatment. Possibly the *jaborandi* (*pilocarpus pinnatus*)

<sup>1</sup> Journal of Cutaneous Medicine, April, 1869.

<sup>2</sup> Or the following: Rub together in a mortar four parts of yolk of egg with five parts of Bower's or Price's glycerin. This has the advantage over unguents of being removable by water.

<sup>3</sup> Benzoated ointment of oxide of zinc is regarded by E. Wilson as a "specific" for eczema in its advancing stages.

<sup>4</sup> Crystallized carbolic acid, 2 drachms; glycerin, 6 drachms; rectified spirit, 4 ounces; distilled water, 1 ounce. Sponge with this solution two or three times daily.

of Brazil, a newly introduced and powerful diaphoretic, may be found to have a serviceable alterative action upon the skin in this affection.

Chronic eczema requires alterative treatment internally. Arsenic is the alterative, par excellence, in obstinate cutaneous affections. Its peculiar action on the skin tends to displace the morbid process, and thus to restore, after its own transient influence is withdrawn, healthy nutrition and reparation. Five drops of Fowler's solution may be given at first, twice daily, increased gradually until the dose amounts to ten drops; sometimes even more. The medicine must be intermitted if the head, stomach, or bowels show its decided action. In case of its failure, particularly where syphilitic taint is possible, Donovan's solution (liq. arsenici et hydrargyri iodidi) may be given; three drops at first, cautiously increased. A combination of *arsenic with iron* has lately been much commended. Scrofulous or otherwise feeble children may need cod-liver oil. In *crusta lactea*, or *eczema infantile*, the mother or nurse must be instructed not to burden the child with clothes, nor keep it in an overheated room. Daily bathing is particularly important to an infant suffering with such an eruption. Dr. Bulkley, of New York (*Archives of Scientific and Practical Medicine*, February, 1873), speaks highly of the use, in obstinate chronic eczema, of *liquor picis alkalinus* [F. 263].

**Herpes.**—This has larger, more separated and less numerous vesicles than eczema; it is less apt to become chronic. **Varieties:** *herpes phlyctenodes*, *herpes zoster*, and *herpes circinatus*. The first is the most frequent; receiving also local names, according to its seat: as *h. labialis*, *præputialis*, etc. *Herpes labialis* is commonly called "fever blisters."

*Herpes zoster* is not very common. Half of the body, about the waist, is covered with vesicles, on an inflamed red surface. Sometimes neuralgic pains, quite severe, attend it. It generally affects the right side. Its duration is but for a week or two; unless in the feeble or old, in which it may be followed by ulcerations of a tedious, perhaps dangerous character.

*Herpes circinatus* is distributed in circular patches or rings. Minute vesicles appear around the circumference. By these, and the absence of the microscopic vegetation, and less disposition to chronicity, it is distinguished from *tinea tonsurans*, or true contagious ringworm. *Herpes iris*, of writers, is an aborted *h. circinatus*; the rings being incomplete.

Herpes rarely appears in old persons; often in children and adolescents. All causes of irritation of the surface of the body may induce it: as febrile or catarrhal attacks, stimulating diet, violent exercise, etc.

For the treatment of herpes, the plan stated for eczema is, in principle, here also suitable. Cucumber ointment may be added to the applications recommended. *Herpes zoster* requires confinement to bed. The severe pains, in this, may call for anodynes. Purdon and others give also for it ergot and iron; viewing it as essentially a neurosis. Belladonna ointment is a good local application for it. *Herpes labialis* is sometimes very annoying, especially to ladies. Pure *cologne-water*, applied at the very start, may

abort the vesicles. Magnesia powder is used by some to dust about the lips. Calomel ointment is recommended when the eruption is chronic, coming out in successive crops.

#### BULLÆ.

These are eruptions of large vesicles. *Pemphigus* and *Rupia* are the most distinct.

**Pemphigus.**—Bullæ of a circular or oval shape, from half an inch to two inches in diameter, and flattened. They may be distributed over any or all parts of the body. Fever, sometimes considerable, precedes and accompanies the eruption. I have seen it as a very serious illness. After the vesicles mature, they burst, or dry away, leaving thin brown scabs. Ulceration may occur, but it is not deep or obstinate, unless in a particularly unhealthy constitution. The duration of pemphigus is from one to three weeks, or more in bad cases. *Pompholyx* is the name given to a rare variety of pemphigus, in which the space continuously covered by bullæ is large, and there is little or no fever. A fly-blister causes artificial pompholyx.

Pemphigus is not usually considered to be contagious. One family came under my notice, however, in which five individuals were attacked by it, partly in succession, after travelling. It was difficult in that case not to suppose contagion.

In the treatment of pemphigus, gently refrigerant laxatives at first, diuretics and diaphoretics next, and often quite early tonics and supporting regimen, are called for. English observers assert the good effect of arsenic in pemphigus; some European authorities, as Hebra and Hardy, deny its efficacy. In one acute case I was obliged to stimulate quite freely; the eruption being as confluent as in any case of smallpox, and prostrating, like an extensive burn. No local applications, other than the mildest lotions or unguents, will be suitable. The early puncture of each bulla with a small needle is recommended; but the raised cuticle must not be removed.

**Rupia** is probably but a modification of pemphigus; with smaller blebs or bullæ, followed by thicker conical scabs of dark color; after whose removal ulcers are left, which may be weeks in healing. *Rupia simplex* is the variety in which the scabs are low and the ulcers slight; *rupia prominens*, in which they are elevated into irregular cones; *rupia escharotica*, when the ulceration is deep and extended. *Syphilitic* rupia is quite common; but every case of rupia is not, by authorities, admitted to be syphilitic. My observation goes to sustain this non-admission.

Treatment of rupia requires to be, generally, tonic and alterative. Quinine, cod-liver oil, and iodide of potassium, with good but simple diet, are apt to be wanted for it. In prolonged cases, arsenic and iron may be given at the same time, or in combination.

#### PUSTULÆ.

*Suppurative* inflammation of the skin (excluding smallpox, furuncle, and carbuncle, as well as the malignant pustule or *charbon* of

the French, a rare affection said to be received from cattle) appears in the two forms *Ecthyma* and *Impetigo*.

**Ecthyma.**—Large, round, prominent pustules, upon any part of the body, not numerous; ending in thick dark scabs, followed by slight (or in cachectic states, obstinate) ulcerations. Ointment of tartar emetic, or pure croton oil, or other strong cutaneous irritants, will produce it. Often, however, especially in syphilitic persons, or after acute fevers, etc., it occurs without any local exciting cause. Sometimes it is chronic.

In treatment the causation is of great importance. If a local irritant produce it, local emollients, perhaps with general refrigerants, are to be used for its relief. Otherwise, diet, and *balancive* measures will be more in place; tonics for the feeble, purgatives and light regimen for the plethoric, etc.

As an eliminant and refrigerant in both *ecthyma* and *impetigo* (as well as *rupia*) I have found apparent benefit from the use of a prescription employed by Dr. Anderson, of Scotland; equal parts of *wine of colchicum* and *wine of ipecac.*, say ten drops of each, thrice daily [F. 182]. Arsenic is called for in obstinate cases, as in other diseases of the skin; Fowler's or Donovan's solution, in small doses carefully increased.

**Impetigo.**—Small and somewhat numerous pustules: varieties, *impetigo figurata* and *impetigo sparsa*. *I. figurata* is most common on the face, in circumscribed clusters of pustules, which may become confluent and scab. To this, in children, as well as to *eczema infantile*, the name of *crusta lactea* is given by authors. *I. sparsa* has the pustules scattered over more or less of the whole body. *Impetigo contagiosa* is named and described by Tilbury Fox.<sup>1</sup> It is not common, but I have known cases to which the term might well apply. Dr. Fox finds it to be quite curable by the application of a weak ointment of ammonio-chloride of mercury to the ulceration that occurs under the scabs. Several leading modern authorities (Hardy, Hebra, Wilson) regard *impetigo* as only a stage or variety of *eczema*.

**Treatment.**—When much irritation or inflammation exists, lead-water, glyceramyl, ointment of oxide of zinc, lime-water and olive oil, flaxseed tea and bicarbonate of sodium, light poultices of flaxseed meal, slippery elm bark, or bread crumb, are to be applied. Daily use of castile soap and water is serviceable. Purgatives may be needed. Diet must be according to the general condition of the patient. *Impetigo* may affect the hairy scalp; if so, the hair must be cut and kept very short. Colchicum and ipecac. may be given in acute cases [F. 182]; arsenic in those which become chronic.

#### SQUAMÆ.

Scaly diseases are, *Lepra* (Alphos of Wilson), *Psoriasis*, *Leprosy of the Hebrews*, *Spedalsked* or Norwegian leprosy, *Pityriasis*, *Pellagra*, and *Ichthyosis*.

**Lepra.**—Always chronic, and very difficult to cure. Not regarded as contagious, though I have seen it occur successively in

<sup>1</sup> Journal of Cutaneous Medicine, October, 1859.

four persons in immediate contact (an infant at the breast, its wet-nurse, another infant suckled by her, and her husband). It is characterized by red desquamating patches, of various sizes, approximating to a circular shape, on any part of the body; especially on the arms and legs. Besides syphilitic lepra, its varieties are lepra *vulgaris*, with small patches and few thin scales, and lepra *inveterata* (*alphos diffusus* of Wilson) where they are large and desquamate extensively.

In both, the *margin* of the patch is the highest, reddest, and most squamous part.

**Psoriasis.**—Described under the names of ps. *vulgaris*, *gyrata*, and *inveterata*, psoriasis differs mainly from lepra in the irregular and varied forms of the desquamating patches; and in the absence or less degree of depression near their centres. Wilson's view that psoriasis is only a kind of chronic eczema, does not seem to me to accord with the facts of its ordinary history. It is sometimes hereditary; as is also lepra. Bence Jones has suggested its possessing some relation to the rheumatic diathesis. No disease of the skin is so hard to eradicate, unless it be ichthyosis. Tilbury Fox asserts that it is much more common in England than elsewhere.

**Treatment.**—For lepra and psoriasis alike, all sorts of alterative agencies, local and systemic, are, if cautiously used, suitable for tentative practice. Our object is, to obtain the *making of a new skin* unaffected by the morbid habitude of nutrition. Frequent bathing should be practised. Tar ointment, citrine ointment, ointment of sulphuret of potassium [F. 183], etc., may be applied. Buck, of Lübeck, uses acetic acid locally. Arsenic, and the iodide of arsenic and mercury (Donovan's) should be given, carefully, but repeatedly, through long periods. Wilson and others latterly give a combination of arsenic with *iron*. Other medication must depend upon the conditions of each case. Dr. Broadbent<sup>1</sup> has lately proposed phosphorated oil, in four to eight minim doses, for the treatment of psoriasis, as well as for eczema; asserting success in four out of six cases of the former. Hardy, besides phosphorus, uses copaiba internally, in the treatment of psoriasis.<sup>2</sup>

**Ichthyosis.** (Fish-skin disease.)—This is rare. I have seen but one case of it. Hard, thick, dry scales form continuously, over a part, or, sometimes, nearly the whole surface of the body; without much redness, soreness, or even itching. It is congenital and incurable. Frequent and thorough ablutions, and mild emollient applications (as glyceramyl), are palliative of it. Intermediate between ichthyosis and the normal state of the skin is a condition, somewhat less intractable, to which the term xeroderma (Lailier) has been applied. For this especially, glycerin (Demarquay), externally applied, appears to be useful.

**Pellagra** is a serious constitutional disease, attended by a scaly thickening of the skin, endemic in Northern Italy, France, and Spain. Slow fever, diarrhoea, great prostration, and sometimes insanity, are its principal symptoms. Some authors have asserted its dependence upon "zeism," or the effect of the exclusive use of

<sup>1</sup> Lancet, April 22, 1871.

<sup>2</sup> Annales de Dermatologie, etc., No. 6.

maize as food; but careful investigation shows that its cause is, more probably, a parasitic *disease* of the corn, analogous to the ergot of rye. Pellagra does not appear to be curable, unless at an early stage, by removal from the influence of its cause.

**Pityriasis.**—This is a chronic affection in which very numerous small white scales (dandruff) form upon the skin, particularly the scalp (p. capitis). *Seborrhœa*, i. e. increased secretion of the sebaceous glands, is its pathological cause. *Kerion* is a parasitic affection of the hair follicles, with derangement of the secretion. It is not common. Some redness, and often a good deal of itching, may attend it. Dandruff is difficult of cure in many cases. If it be upon the head, keeping the hair short, and washing daily with castile soap, followed by a spirituous lotion, or glycerin and rose-water, will do the best for it. Cleanliness and frequent bathing in tepid, cool, or, if the vigor of the system permit, cold water, are of essential importance in all cases. Pityriasis *rubra* is described by T. Fox as characterized by superficial hyperæmia of the skin, with "hyperplastic growth" of the cuticle, which exfoliates abundantly. It occurs especially in those who have suffered from mental anxiety or overwork. He advises diuretics in its treatment. P. *rubra* is not common in this country.

The term *pityriasis versicolor* is sometimes applied to an *epiphytic* disease (i. e., one connected with a vegetable parasitic growth), better called *chloasma versicolor*.

**Spedalsked** is a disorder known in Norway and Sweden; especially among the fishermen. It is also met with in Crete. Accounts of it are given in medical journals and books,<sup>1</sup> but a mere reference to it will suffice here. (See *Elephantiasis Græcorum*.)

**Leprosy of the Bible** (Lepra Hebræorum, Morphœa) is of great historical interest.<sup>2</sup> It is still recognizable in the East, though not frequently met with. I saw a case of it in Alexandria, in 1859.

In the Book of Leviticus, three varieties of leprosy are described: dull or darkish white "freckled spots;" dusky or shadowed; and *bright white* (*bahereth lebhana*), the worst of all. *Tsorat* (whence *psora*, and sore), or malignant disease, was applied to the last two only. *Lepra* is an early Greek synonym of this term.

Mason Good thus describes the old leprosy: "A glossy, white, and spreading scale upon an elevated base; the elevation depressed in the middle, but without change of color; the black hair on the patches, which is the natural color of the hair in Palestine, participating in the whiteness, and the patches themselves perpetually widening their outline."

In favorable cases, after spreading over much of the person, though without ulceration, the disease would die out; the scales would dry up and gradually disappear. In bad cases, ulceration would occur, with extensive sores, as well as desquamation. Then the leper was made an outcast, and treated as one dead; "unclean for life."

<sup>1</sup> See Brit. and For. Medico-Chirurg. Rev., 1850, p. 71.

<sup>2</sup> See Neligan's Treatise on Diseases of the Skin, edited by Dr. Belcher (Philadelphia ed., 1866, p. 289).

Not only the books of Moses, and others of the Bible, but also Hippocrates, Galen, and Celsus (under the names *λευκη*, and *λεπρα λευκη*) speak of ancient leprosy as a *white scaly* disease. It thus differs decidedly from either kind of elephantiasis.

The report of a Committee of the London College of Physicians<sup>1</sup> states that leprosy now exists in Egypt, Abyssinia, Algeria, Morocco, Senegambia, Cape of Good Hope, Madagascar, Mauritius, Isle of Bourbon, Syria, Arabia, Persia, Bokhara, Cashmere, India, Ceylon, Java, Sumatra, China, Kamskatka, Australia, Ægean Islands, Crete, Cephalonia, Malta, Greece, Russia, Esthonia, Finland, Courland, Sweden, Norway, Iceland, coasts of North Italy and Southeastern France, other shores of the Mediterranean, delta of the Rhone, Spain, Portugal, Mexico, Brazil, West Indies, New Granada, Venezuela, Ecuador, and La Plata. It is said to be on the increase in the West Indies, and has been known recently in New Brunswick.<sup>2</sup> A number of cases have occurred lately in the Sandwich Islands. It exists in two forms: 1. tubercular; 2. non-tubercular. Anæsthesia of the skin is frequent in both; and so is enlargement of nerve-trunks.

It is hereditary. It may be congenital, but generally begins about puberty. Bad diet and other personal unsanitary conditions are most promotive of it. Hygienic improvements prevent or mitigate it. Medical treatment appears to be incapable of curing it.<sup>3</sup> E. Wilson<sup>4</sup> gives the duration of tubercular leprosy as from ten to fifteen years; of the anæsthetic, fifteen to twenty years. Life may last under it for five, ten, or twenty years. It has no proved connection with syphilis; nor is there decisive evidence of its contagiousness. Segregation of the leprosy does good, by preventing or limiting the marriage of lepers. Climate can have but little to do with its causation, as it prevails in places as remote and unlike as China and Norway; late writers asserting the identity of the Norwegian "spedalsked" with the leprosy of other places.

#### MACULÆ.

*Ephelis*, *Vitiligo*, and *Chloasma* may be included under this term; or perhaps better under that of *Decolorationes*.

*Ephelis*; *lentigo*.—Sunburn and freckles best correspond with these names, which, however, are by some authors extended further. Neither are of importance unless in regard to appearance. For the removal of freckles (which often disappear spontaneously with time) or the yellowish-brown spots called *chloasma*, or *melasma*, all applications may fail; dilute nitro-muriatic acid (fifteen to thirty drops in an ounce), left for some time in contact with the discolored spot, is more likely than anything else to take effect.

*Vitiligo*.—Literally *veal-skin*. Unnatural whiteness from deficiency of coloring matter. When universal over the body (nearly

<sup>1</sup> See Med. Times and Gazette, Feb. 23, 1867.

<sup>2</sup> A pamphlet has been written by Dr. Brognat-Landre, on its prevalence in Surinam.

<sup>3</sup> Carbolic acid, externally applied, is recently asserted to have cured some cases. Oil of cashew-nut (*Anacardium Occidentale*) has acquired some reputation in Trinidad, under the hands of Dr. Beauperthuy. The oil of the *gurjun* tree has been used, with reported success, in India.

<sup>4</sup> Lectures on Dermatology, Lancet, Feb. and March, 1873.

always then congenital) it is *albinismus*. We see albinos, sometimes families of them, occasionally, in all the races of mankind; as well as among the lower animals. *Leucoderma*, white skin, and *leucopathia*, or white disease, are names given by some writers to both the general and the local affection.

When local, vitiligo is seen mostly in rounded patches or spots, which slowly increase in size, though without regularity of shape. The head, chest, back, and thighs are the most frequent seats of them. The hairs on the parts involved become white; or fall out, causing baldness—*calvities* or *alopecia*.

Treatment for vitiligo must be, first, general, for improvement of nutrition in the whole system; and then local. Very hard it may be to cure the affection, although its importance is chiefly for appearance; no danger attends it. *Tannic acid* and *oil of turpentine* are the preferred local applications for it. Total *albinismus* is quite incurable.

*Chloasma* (pityriasis) *versicolor* will be spoken of under *Parasitica*.

For *alopecia*, baldness, or premature loss of the hair, very many remedies are in vogue. Shaving the head repeatedly (*i. e.*, after an illness) may often save the hair. Stimulating applications sometimes help and sometimes hurt the case [F. 185, 186].

#### HYPERTROPHIÆ.

Morbid excesses of development of the skin or tissues connected with it are thus named: *Nævus*, *Clavus*, *Verruca*, *Elephantiasis Arabum*, *Scleroderma*.

*Nævus*.—*Mole*, *mother-mark*. This is always congenital. Discoloration and elevation of the part exists, with abnormal development of the capillaries and small veins of the skin; making a small, commonly flat, vascular enlargement. It is seldom more than an inch in diameter. Erectility sometimes belongs to the vessels of *nævus*.

Caustic, the ligature, the knife, and vaccination of the part, have all been employed for the removal of such formations. They may leave scars worse than the mole; the operation ought to be exceptional. I have known it, performed early in infancy, to be quite successful.

*Verruca*.—*Wart*. An hypertrophy of the skin, with great development of the cuticle, especially upon a small surface; such is a wart; of which no one needs a further description. Some persons and families are especially liable to them; why, we cannot say.

Treatment.—Strong nitric acid; chromic acid; caustic potassa; or, in slight cases, nitrate of silver, carefully applied only to the wart, after paring off nearly all the insensitive portion of it, will always, at least after repetitions, remove warts.

*Clavus*.—*Corn*. Most persons are well acquainted with this sort of localized hypertrophy of the skin of the foot, from irritating friction and intermittent pressure. Prevention is more easy, by far, than cure. Corns are either *hard* or *soft*; the latter may become inflamed; the former hurt only under decided pressure.

Pare a hard corn with a sharp knife or razor closely, but *not* so as to hurt or draw blood. Soak the foot then in warm water for five or ten minutes, and pick out carefully the centre or "core." Two thicknesses of adhesive plaster, with the centre cut out (making a ring), should be put over the corn; and a third piece, its centre not cut out, placed upon it and them.

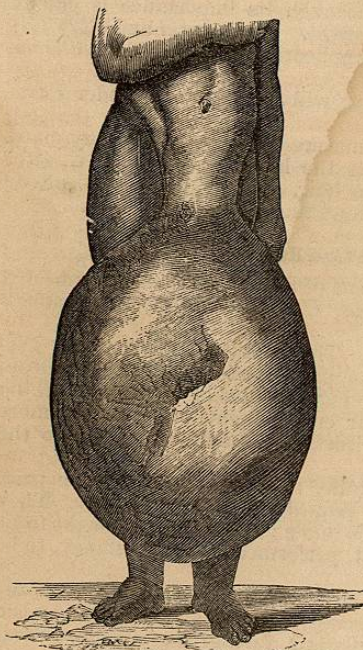
Soft and *inflamed* corns require removal of all pressure for a while, and poulticing, etc., first; then the above treatment.

**Condylomata.**—These are fleshy tumors or outgrowths, more or less hard and wart-like sometimes; in other cases soft; of syphilitic origin often, but not always. Especially apt are they to occur about the anus, prepuce, and vulva.

To remove such formations, if they be small and hard, nitric acid, pure, may be used, with care to limit its contact to the part to be destroyed. When large and soft, if troublesome enough to require destruction, the ligature is generally preferred. It may be, with a needle, passed through the centre of the mass, and then drawn and tied tightly around the base.

**Elephantiasis Arabum.**—*Bucnemia Tropica* of Wilson; "Barbadoes Leg." Enormous enlargement of the leg, scrotum, or neck, most often met with in warm countries, but occasionally anywhere, is thus named. Hard and nearly immovable the parts become at last. The connective tissue, as well as the dermoid texture proper, is greatly hypertrophied. Impediment to the return of surplus material of nutrition by the lymphatics is the probable pathogenetic cause; the nature of the impediment has seldom been discerned.

Ligature of a large artery is asserted to have arrested the growth of elephantiasis.<sup>1</sup> Vanzetti cured a case by digital compression of the supplying artery.<sup>2</sup> No other treatment has ap-



Elephantiasis Arabum.

<sup>1</sup> Carnochan (1856), Statham, Butcher, and others have reported successful operations.

<sup>2</sup> Gazette des Hôpitaux, 1867.

peared to be worth trying for it; but Dr. Olavide,<sup>1</sup> of Madrid, has reported two cases, in which great diminution followed the internal and external use of iodine.

**Scleroderma.**—First described by Curzio, 1755, forty-six cases of this affection are on record.<sup>2</sup> Its characteristic is, general hardening of the skin. It resembles elephantiasis Arabum, except in being less localized. Thirty-three of the cases were in women, thirteen in men. Its invasion is gradual, its course prolonged for months or years. The general health is not always impaired. Seven of the cases had a fatal termination. Hebra divides it into two varieties; *sklerema atrophicum* and *sklerema elevatum*; of which the former is always incurable. No special indications for the treatment of either form have been made out.

#### TUBERCULA.

*Acne, Molluscum, Lupus, Elephantiasis Græcorum, Frambæsia, Keloid.*

**Acne.**—Tuberculous elevations, from inflammation of the skin around sebaceous follicles, in which the secretion is detained, or is of a morbid character—are called *acne*. Three varieties may include all those named by authors, viz., *acne simplex*, *acne pustulosa*, and *acne rosacea*.

*Acne simplex* or *punctata* has small and moderately red, rather hard tubercles, on the face principally. When very hard and chronic, it may be called *acne indurata*. Black points commonly mark the obstructed follicles. *Acne pustulosa* reaches a more mature suppuration, and is often painful, especially if upon the scalp.

*Acne rosacea* always affects the face; usually in adults, and most often in high livers. A good deal of soreness attends the eruption. First, the pimples are hard, red, and small; as they mature they grow somewhat larger; finally a little sanguinolent pus escapes, leaving a small scab. Rose-redness around the pimples, or patches of them, has given rise to the name. It is generally a difficult disease to cure, and very unsightly. Not unfrequently it is hereditary. Tilbury Fox thinks it prevails most amongst lymphatic persons, and those predisposed to phthisis.

**Treatment.**—Errors of digestion brought on by gluttony or intemperance, or more moderate imprudence, often cause *acne*. They must be rectified for its cure. Attention to the state of the bowels, and to the action of the skin generally, is indispensable. Saline cathartics are useful in plethoric cases. Various mineral waters are recommended—saline and sulphurous especially. The pustules, when they mature, should be carefully punctured with a needle, avoiding irritating disturbances. Solution of carbonate or bicarbonate of sodium (ʒj in Oj) in water or flaxseed infusion, will be a good wash. Sulphur, or sulphuret of potassium, in lotion or ointment, is also advised; or ointment or glycerole of nitrate or amide of mercury (hydrarg. ammoniat.) [F. 187].

<sup>1</sup> El Siglo Medico, March 9, 1873.

<sup>2</sup> Day, Am. Journal of Med. Sciences, April, 1870; Irish Hospital Gazette, Feb. 15, 1873.