

A REVIEW OF THE DERMATOLOGICAL CASES
OCCURRING IN A YEAR'S WORK IN GENERAL PRACTICE
WITH NOTES ON THE CHANGES IN INCIDENCE
AND TREATMENT DURING THE PAST TWENTY YEARS.

by

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I N T R O D U C T I O N .

When I commenced general practice, fully twenty years ago, in a large industrial centre (Dundee), an old doctor, in giving me some advice, said: "Remember, a practice is frequently made or marred by the way obstetrical cases are managed."

I have often thought since that he might well have included in his statement dermatological cases, for it has been my experience that cases of skin disease appear almost daily, and, on their treatment greatly depends the success or failure of the general practitioner. No doubt, the average medical student devotes less time to the study of dermatology than the importance of the subject deserves, and it is only after he has joined in the grim fight for existence as a medical practitioner that he realises this.

Under treatment for general diseases, patients usually show great tolerance, but, when the disease exhibits itself in the skin, they are much less docile, one of the reasons for this being that the changes exhibited under treatment are constantly under their own observation.

I wish to submit a review of the dermatological cases coming before me in the course of a year and to indicate the changes in the incidence of the various skin/

skin lesions, with notes on some of the innovations appearing under the head of treatment during the past twenty years.

Some skin diseases, referred to later, which were quite common in this district when I commenced practice are now rarely seen, and many methods of treatment, which were then fashionable, are now obsolete.

One day, lately, after pondering over some changes I had witnessed in dermatological therapeutics, I spent an interesting half-hour comparing the indexes of two books - Norman Walker's Introduction to Dermatology which appeared late in 1899 and the 1925 edition of the same work.

In the earlier edition, carbon dioxide snow did not form part of the equipment of the dermatologist; radium had not begun to cure disease, or to retard its progress; vaccines were not mentioned; neither the mercury vapour lamp nor the violet rays shed their benign influence over suffering humanity.

And, those are just a few examples of new therapeutic agents which have come into use of late years.

1926 was, with me, an average year, and I give my notes on the cases treated during that period. Those cases are drawn from a practice composed of three thousand panel patients, and a private practice of moderate size.

The number of insured patients on my list has, since /

since 1913, invariably comprised male and female in almost equal numbers.

The figures for the year under review were 1515 males and 1485 females.

When it comes to attendance, however, the ratio breaks down.

For general diseases, the number of female patients requiring attendance was rather more than four times the number representing the opposite sex.

In skin diseases, the proportion of male to female cases is more nearly equal, 77 males to 90 females, and this has been the rule for many years past.

In submitting a review of the dermatological cases coming before me in the course of twelve months, I wish to present, firstly, my cases of Dermatitis along with which I include cases of Eczema.

By dermatitis, I mean an acute, sub-acute or chronic inflammation of the skin, in which erythema, papules, vesicles, or pustules may appear with oozing or crusting and more or less intense itching. The term 'eczema' I use for a wet or scaly inflammation of the skin, due to some unknown toxic or nerve condition.

'Eczema' is a term I, for two reasons, dislike to use; firstly because its adoption leaves me with the uncomfortable feeling that I have been unable properly to diagnose my patient's condition, and secondly, because of the look of distress which the majority of my patients exhibit at the mere mention of the word. The reason for this is that all such patients can give a history of some ancestor who had suffered long from some skin disease, finally called incurable, and which the physician, probably because he failed to make a diagnosis, conveniently named Eczema.

I prefer to use the word dermatitis - with a qualifying adjective.

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The following were my cases of dermatitis during 1926 and I have grouped them as follows:-

	(Occupational
	(
	(Cosmetic
	(
<u>Dermatitis due to External</u>	(Sartorial
	(
<u>Influences.</u>	(Plant dermatitis
	(
	(Dermatitis ani
	(
	(Dermatitis artefacta

Dermatitis due to Internal Medication - Drugs.

Dermatitis due to some unknown cause - Eczema.

Cases of Occupational dermatitis are, in this area, steadily decreasing in number.

During the past fifteen years there has been, in my experience, a fall of nearly fifty per cent.

I base this statement, not merely on what I observe as a general practitioner, but on statistics formed from work I have been doing in examining compensation cases for insurance companies.

The reason for this is two-fold.

In the first place, employers of labour are not anxious to re-engage men who have been victims of trade dermatitis.

Not only is their absence from work a source of annoyance, but the date of fixing the tariff for the re-insurance of their men comes round, and a large claim's bill does not help them to secure easier terms.

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In the second place, the workmen themselves are becoming more careful and are exhibiting some efforts to keep themselves comparatively cleaner.

(a) DERMATITIS IN SUGAR-WORKERS.

In June 1926, a woman of thirty came to me suffering from an erythema of both hands and extending half way up the arms.

Some of the parts were vesicular, and all the affected areas were extremely irritable. For the past five years I have had her on my list, once a year, for a similar condition.

She is engaged in a marmalade and chocolate-making establishment. Her usual work is marmalade-making, but she is occasionally asked to assist in the chocolate department.

Whenever the latter duty is assigned her, the dermatitis appears, and ten days' work among sweets is usually sufficiently long to place her on my hands.

Generally, the forehead is affected too, but last year, she ceased work earlier than usual, and the condition was confined to the hands and fore-arms. The treatment I recommend is a sharp purge followed by the application of a dusting powder composed of equal parts of Boracic, Starch and Zinc Oxide.

The condition clears up in about three weeks.

In September of the same year, I had a very similar/

similar case. The patient was a baker, aged forty-two. He was usually engaged in baking loaf-bread, but sometimes found it necessary to assist in making sweet-cakes.

A few days of this change in duty was followed by a change in the skin of his hands and fore-arms. An erythema appeared with many papules and vesicles, and itching was intense.

The treatment I adopted was the same as in the above-noted case, but progress was much slower. I then prescribed a calamine lotion which afforded great relief.

This man returned recently with a fresh attack and has himself noted that, when engaged in ordinary bread-making, there is no trouble - only when engaged in making sugar-cakes.

Among my patients I have eleven bakers, and I have interviewed each of them regarding skin affections in their trade.

One man, an intelligent old foreman, who had been at his trade for forty years, informed me that his men suffered less now from skin trouble than they did some years ago, and he made the interesting statement that it was usually in a certain type of baker that skin trouble appeared. Men of this particular type have the bad habit of moving about with a thin layer of dough covering the hands and wrists /

wrists after they have finished a job, instead of cleaning them as they are expected to do. This covering dries and sticks, and, the more sugar it contains, the more adherent it becomes. Its hurried removal at the close of working-hours does not help to keep the skin healthy.

Is it not probable that here we have skin damaged and hairs pulled out, and a suitable ground prepared for the production of at least some of the cases which we diagnose as baker's dermatitis?

(b) CEMENT-WORKERS.

In August 1926, a youth of eighteen, who was working in cement, consulted me about a dermatitis. There were reddened areas running down both thighs, with papules and vesicles present. The hands were affected, and so was the forehead. Inside both nostrils little crusts had formed. I was greatly assisted in making a diagnosis by his appearing at our first interview in his working-clothes, which bore unmistakable signs of the nature of his occupation.

There was considerable crusting on the forehead.

For nostrils and forehead, I used Ammoniated Mercury 5 grs. to one ounce of vaseline. After thorough cleansing of the hands and thighs, I used dusting powder - Boracic, Starch and Zinc Oxide in equal/

equal parts.

His master carried on a large building trade, and I persuaded him to give this young man work which did not involve handling cement.

The dermatitis quickly disappeared.

He returned to me recently with his skin in a similar condition - eleven months after his first attack. He had, again, been working in cement and only for a fortnight.

Abnormal dryness of the skin, or over-sweating have been stated to be pre-disposing factors. This patient suffered from the latter, and informed me that he had always sweated very freely on moderate exertion, either at work or play.

(c) DERMATITIS FROM HANDLING FURS AND SKINS.

Sequeira in his second edition of Diseases of the Skin, page 88, mentions among cases of occupational dermatitis a form found in Jute and Flax-workers. Though practising for many years among those engaged in this industry, I have not come across a case which I recognised as this, nor have any of the local practitioners, as far as I can learn.

In April 1926 I thought I had met my first case of Jute Dermatitis.

I was consulted by a man who, I knew, had long worked in a jute-mill; his age was fifty-two. The dorsal/

dorsal surfaces of both hands were swollen and reddened, and many vesicles and pustules were present. The condition extended half-way up both fore-arms. Itching was intense. He told me he was sure the condition was caused through his work, and it was only later, that I discovered he had left the jute-mill, and had, for a month, been engaged handling furs and skins brought from the Continent.

I tried many remedies, including Calamine lotion, and Unguent, Sulph. and Carbolic.

There was little improvement until I used intra-muscular injections of Collosol Manganese (Crookes). I gave .5 cc. the first day: 1 cc. the 5th day; 1 cc. the 10th day and 1.5 cc. the 15th day. By this time, the disease was practically gone. I advised him to give up this work among skins and furs, and there has been no recurrence.

(d) PAINTER'S DERMATITIS FROM TURPENTINE:

Early in 1926 a painter, aged sixty-seven, consulted me about an intense vesicular dermatitis affecting both hands and spreading up the arms to the elbows. I had known him for many years and he had never suffered from any skin lesion.

On making further inquiries, I found he had been taken off his regular work for a month, and had been engaged in his master's store, making up paints and,
in/

in doing this, he had to use turpentine freely.

For his dermatitis I prescribed a sharp purge, and the application of a mild antiseptic powder, and the condition cleared up after he had been off work for about three weeks.

There was a recurrence a week after his return to the painter's store.

He gave up his work altogether and remained healthy till a few weeks ago, when he returned with his hands as bad as ever.

I found he had been assisting a relative in a small store, and one of his duties was to prepare a furniture polish the chief ingredients of which were bee's wax and turpentine.

(e) TEAK DERMATITIS:

An old joiner paid me a visit in October 1926 after an absence of fully two years. "Teak again", he said, whenever I saw him. He had had teak dermatitis several times before and had ceased working with this particular wood.

The recurrence was due to his having to work temporarily with teak again, owing to a fellow-workman turning ill.

He called merely to have a prescription repeated and this was -

R/

R/

Ac Boracic ʒi
 Zinci Oxidi
 Calamin Praep aa ʒiii
 Glycerini ʒi
 Aq. ʒiv.

This he had found sufficient for his previous attacks.

DERMATITIS FROM COSMETICS.

In this district, the use of face powders, face creams, and hair dyes is, unfortunately becoming more and more prevalent.

The powders and creams used damage the skin both mechanically and chemically.

Its lubricating and excretory ducts are closed and then carbonate of lead, arsenic, or other agents with a specific and harmful action are brought into contact with it.

Face-eruptions, usually in the form of papules, follow, and the family doctor is being called upon to treat an increasing number of such cases annually.

The use of hair-dyes is also a source of trouble. Some of the women here seem to change the hue of their hair with the various seasons of the year.

Here, again, they are in ignorance of the dangerous agents they are using - lead, arsenic, silver compounds, pyrogalllic acid, paraphenylendiamine - to mention/

mention a few. And this will probably continue until there is a closer regulation of the sale of cosmetics.

My outstanding case of dermatitis following the use of hair-dye in 1928 was a florist's assistant, a woman of forty-three, who became distressed because her raven locks were becoming white, and consulted a local 'professor' who had never been within the gates of a University.

He gave her a lotion which, fortunately, she applied for three nights only, and to a limited part of her scalp.

On the fourth day, she developed what is described in many text-books as Weeping Eczema.

The condition spread half-way down the forehead and round the back of the ears.

Such cases are very intractable, but the removal of the apparent cause and the application of a boracic-starch poultice, followed by a dusting-powder containing pulv. amyli, pulv. acid boracic and Zinc Oxide effected a cure in fourteen days.

DERMATITIS - SARTORIAL.

In the first three months of 1926, eleven female patients consulted me about a papular dermatitis which, in all cases, affected the neck and chin. I was puzzled at first as to the cause of this, but came to see that the parts affected were, in every case, /

case, in contact with fur necklets worn. I thought it highly probable I was dealing with cases of Fur Dermatitis.

The suggestion to cease wearing this article of dress met with strong opposition, but I got over the difficulty by advising the wearing of a silk scarf next the skin, with the fur above this.

For the dermatitis I simply prescribed a dusting-powder comprised of Boracic, Starch and Zinc Oxide in equal parts and found this quite satisfactory.

The clinical picture presented by this form of dermatitis differed from that mentioned above under the heading "Occupational dermatitis - furs and skins". In the latter there was swelling, with intense itch, and papules, vesicles, and pustules were present. In my cases of fur dermatitis there was a papular rash with only a few vesicles and the itching was much less severe.

In the late autumn, I had three other cases which I unhesitatingly concluded to be due to the wearing of furs.

Whether the dermatitis was caused by paraphenylenediamine or bisulphide of arsenic or by some other chemical agent I was not permitted to find out. Some of the furs worn were cheap but at least two of them were expensive.

I have not seen a case of fur dermatitis where a white fox-skin was worn.

PLANT DERMATITIS.

Many panel patients in Dundee have the habit of announcing the diagnosis of their case to their doctor, and asking him to supply the treatment.

Early in the Summer of 1926, a young gardener called me, and asked to be treated for Erysipelas. At first glance, I thought his diagnosis was correct, but further examination and inquiries made me conclude he was suffering from an erythematous type of dermatitis following the handling of the Primula Obconica.

On the same day, a much older gardener called me, and, likewise gave a diagnosis, but with his I at once agreed.

~~It~~ He was of the same type - erythematous.

He had had a previous attack and knew that the primula was the cause.

In his case, I found that neither he nor his two sons could handle this plant with impunity, but all the female side of the house was immune.

I was aware that Cranston Low's researches had shown that the susceptibility to primula dermatitis was sometimes hereditary and I tried to trace this idiosyncrasy further back in the family, but was disappointed.

I could get no reliable information.

In both cases I prescribed a purgative and had the affected parts covered with starch and boracic powder. A week sufficed to restore the skin to its normal condition.

DERMATITIS ANI.

Of this condition, I had four cases for the year - a smaller number than usual. All were males. There were neither haemorrhoids, fissures, nor parasites present, and sugar was absent from the urine. In each case the itching, especially at night, was intense and the dermatitis was papular, the surrounding skin being swollen and leathery.

For many years I have noted that in all the cases of dermatitis ani I have been asked to treat the hair round the anus has been more abundant than normal.

The condition, I have concluded, is due to friction, heat, and moisture inflaming the skin and forming a suitable nidus for the growth of organisms.

Treatment. - I have tried washing the parts thoroughly with soap and water after each evacuation and then applying Bichloride of Mercury Solution, 1-4000.

I have tried 5 per cent solution of Liquor Picis Carbonis and also weak Carbolic lotions. What I find gives /

gives the best results is to have the bowels regulated. The hairs all around the affected parts are shaved off and this is followed by a thorough cleansing with soap and water. Tincture of Iodine is painted on and the treatment is repeated in 48 hours. The iodine causes a good deal of smarting for about a minute, and then relief follows. The patient can easily remove the hairs by means of a safety razor.

All the patients I have treated in this way during the past two years report very favourably on the result.

The application of a safety razor once a month seems to be all that is required in many cases - plus thorough cleanliness in the parts.

DERMATITIS ARTEFACTA:

During the past twenty years I have met but two cases which I diagnosed as self-inflicted dermatitis. I met my second case in June 1926.

The patient was a draper's assistant, aged twenty-eight. When I was introduced to him, he had just had a sharp attack of influenza, and had quarrelled with his doctor because of the latter's alleged "lack of human sympathy."

He was a well-developed man, but was rather anaemic. His relatives informed me that he was always difficult/

difficult to please and demanded very considerable service from the other members of the home. I found him so querulous that, after my second visit, I concluded my successor would be appointed at an early date.

I treated him for anaemia and, at the end of three weeks, had him up and going about.

One morning, about this time, I was asked to call early as he had had a relapse.

I found him in bed and he showed me a fairly large blister over the left upper arm which, he said, had been intensely painful all night.

I applied boracic ointment and it was healing nicely when other two blisters appeared on the left forearm. At intervals of a few days blisters appeared on various parts of the body and I was greatly puzzled. The suggestion to consult a dermatologist met with his strong opposition.

This went on for nearly a month.

One evening, I paid him an unexpected visit, and on entering his bedroom, found a strong odour of Liquor Epispasticus.

I recognised the odour, as I had just been using the same escharotic for a case of ringworm.

He reluctantly produced the vial from under his pillow.

I pointed out to him how he, being a panel patient, was /

was guilty of defrauding his Society by prolonging his incapacity for work by a few weeks.

My remarks, fortunately, appealed to his better nature, and he returned to work within a week and has, to my knowledge, worked steadily since. I kept him on tonics for several weeks.

Being unsuspecting of the nature of the case I had never tested the sensibility of the palate.

DERMATITIS DUE TO DRUGS.

Since the National Health Insurance Act came into operation the amount of drugs used in this district has gone up by leaps and bounds, and the frequent circular letters sent to panel practitioners by the Scottish Board of Health show that that body views the extraordinary consumption with alarm. Drug dermatitis has, naturally, increased too, though to a less extent, than one would have expected. The many practitioners I have interviewed on this point all admit some increase.

Belladonna was responsible for a dermatitis in four of my cases in the year under review - three males, and one female.

In all four, the application of a belladonna plaster was the exciting cause.

A typical rash, resembling that of scarlet fever, appeared within forty-eight hours. Itching was fairly intense in all.

Treatment consisted in merely removing the cause and prescribing a purgative medicine.

Why a rash should appear on one skin and not on another under similar conditions, is still one of the unsolved problems in dermatology. I recently used this drug in twin sisters. One developed a typical rash/

rash within a few hours, while the skin of the other remained normal.

Bromide: I had but one case exhibiting a bromide rash. The patient was a merchant, fifty-nine years of age, who had long been suspected by his family of being addicted to drink. As a matter of fact, he took very little alcohol, but consumed daily, in his office, large quantities of Bromide of Potassium, sufficient to send him home at nights in a confused condition.

The habit had been indulged in for years before I saw him. An acneiform rash, papulo-vesicular, was present on forehead, cheeks, sides of the nose and chest.

Treatment was difficult as the man had become a slave to the drug and secured supplies from various chemists.

The rash did not disappear until he had been some weeks in a nursing-home where he died from cancer of the right lung.

Some dermatologists assert that there are no internal remedies of any special use against drug eruptions.

In a case of bromide dermatitis which I had quite recently I was advised to encourage the activity of the kidneys by giving water copiously, to keep the bowels/

bowels acting freely, and to try the effect of Liq. Arsenicalis in two minim doses thrice daily.

The result was so encouraging that I shall have no hesitation in repeating the treatment in any future case I may meet.

Eczema:

My sole case in 1926 was to me both interesting and puzzling.

The patient was a boy of two months. He was the sixth member of the family I had seen with a like condition at the same age.

The disease commenced on the scalp and spread over the whole body, the palms of the hands and the soles of the feet along escaping.

There were present all the conditions described as forming an eczema, viz. erythema, papules, vesicles, pustules, a serous discharge and crust formation, and, along with this, evidence of itching.

The parents were spare but healthy people, although the mother was of a nervous temperament. I had had their blood tested and the Wassermann reaction was negative.

The house was a clean one and the children were well-cared for in every way.

The mother persisted in nursing the first five and recovery was slow - ten to eleven weeks. This sixth/

sixth child she allowed to be artificially fed after the disease manifested itself, and recovery was very much quicker, namely, a little over four weeks.

He was fed with milk two parts to barley water one part. Twice a week a grey powder was administered and bicarbonate of soda was given in five grain doses twice a day.

The crusts were removed by boracic-starch poultices, and dusting-powder followed - pulv. ac. boracic: pulv. amyli. and Zinc Oxide in equal parts.

All the children of this family are thin and of very fair complexion.

After getting over this serious attack none of them have ever shown any skin blemish whatever.

Sir Malcolm Morris, in his sixth edition of Diseases of the Skin, says that two conditions at least are necessary for the production of Eczema: first, a special irritability of the skin, possibly inherited: secondly, an exciting influence which brings this irritability into action.

All I can say about the irritability of the skin of those children is that the rays of the sun had a marked effect.

A sunny day spent at the seaside was sufficient to send them home with the skin almost peeling from their faces.

After long pondering, I formed the conclusion that/

that the exciting influence lay in some form of toxic absorption from the gastro-intestinal tract. Undoubtedly, there was little or no vomiting when artificially fed, whereas, when nursed by the mother there was a good deal which the mother always made light of and described as "just the usual infant's vomit". If this mother presents to her husband a seventh child, and to me another case for observation, I shall watch with interest the results of artificial feeding, dating from the day of its arrival.

A form of dermatitis which I was unfamiliar with in the year under review has recently appeared in this district in ever-increasing numbers, namely, a dermatitis due to excessive and improper use of ultra-violet rays.

It has become quite the fashion here to possess the apparatus necessary for the production of those rays and I find them used by my patients for all sorts of conditions.

Father has them shedding their influence over a bald head; mother applies them to her chest for a slight bronchitis, and the children have to place themselves under them for their whooping-cough. The result/

result is inevitable, and I now see many cases of erythematous dermatitis, in some instances with blistering, due to excessive radiation.

The dermatitis is usually of short duration and the treatment easy, namely, the application of an antiseptic dusting-powder and the recommendation to forsake ultra-violet rays and return to wireless as a hobby.

Refs: Sequeira: diseases of the Skin, page 88,
2nd Edition.

Sir Malcolm Morris: Diseases of the Skin,
6th ed., p. 297.

In the subjoined table will be found the next group of skin diseases which I wish to present.

	(Acne Vulgaris
	(
	(Lupus Erythematosus
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<u>Skin diseases due to</u>	(Erysipelas
<u>infection by known Organisms.</u>	(
	(Furunculosis.
	(
	(Impetigo Contagiosa.

ACNE VULGARIS:

In this disease, which usually presents itself on the face, and upper part of the trunk, the characteristic lesions are the comedo, the papule, and the pustule. There is present an inflammatory condition of the sebaceous follicles due to the presence of the acne bacillus. The skin is oily, flabby, and anaemic and there is frequently more or less seborrhoea of the scalp.

Etiology: Briefly put, the disease is due to an infection of acne bacillus on a seborrhoeic skin where, from some internal cause, there is a vaso-motor disturbance.

Incidence: For many years past I have noted a slow but steady increase in the number of cases of acne coming before me.

In 1926 it was the skin disease to which I was most/

most frequently asked to attend.

The number of cases I saw was fifty-one, of whom forty were female.

The ages varied from fourteen to thirty-one.

Most writers on dermatology state that the disease affects males more than females. I quite agree with this. I notice, on my rounds, more males affected than females, but, locally at any rate, the young male is more shy about consulting a doctor than the female is.

Some characteristics of the patients treated: Of the forty females seen fifteen suffered from anaemia, constipation, and carious teeth. Fourteen suffered from constipation and anaemia. Of the remaining eleven, three had well-marked seborrhoea capitis.

I found, invariably, that those who exhibited the disease early had commenced to menstruate at an earlier age than usual.

Many writers state that uterine disturbance is frequently associated with this disease. I found nothing of this nature, except amenorrhoea in a few of the cases, which I considered to be a result of the anaemia present.

In the male section, five had carious teeth and three of those five had, in addition, seborrhoea capitis of long standing. Of the remaining six, two were anaemic and two of constipated habit.

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In the males, pustules were more numerous and of larger size than in the females.

The majority of the patients were engaged in indoor work.

In two, only, did the disease manifest itself on the trunk.

Treatment. To the general practitioner, treatment of this common disease is all important. Much has been written about free choice of doctor for panel patients, and the panel patient is not slow to exercise that privilege, especially when the disease affects the skin, and progress is not considered sufficiently rapid.

"If Dr X. cannot cure a trifling thing like skin trouble, what use could he be in a case of real illness?" is a common local saying.

The treatment I adopt in my cases of acne is as follows:-

Local Treatment. I advise steaming the affected parts over a jug containing hot water. This is done for ten minutes each night, after which a rough towel is used. I then direct the patient to apply a lotion recommended by Sir Norman Walker and consisting of Sulph. Praecip. ʒi. Calamin ʒii. Zinci Oxidi ʒii. Glycerini ʒi. Aq. ad ʒvi. This is painted over the affected parts before retiring.

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In the morning a sulphur and camphor soap is used in washing.

At one time, I used various ointments but have long since discarded their use in favour of the above lotion.

When comedones are very numerous, I use an extractor myself, but, as a rule, do not advise the use of one by the patient. The majority of them use it so badly that they do more harm to the skin than good.

Where necessary, I make a small incision in the pustules and clean out with the aid of carbolic lotion, 1-30.

For the Seborrhoea Capitis present, I prescribe and direct to be rubbed into the scalp once daily an ointment composed of Ac. Salicyl grs xii. Sulph. Praecip. grs. xxxv. Lanolini ℥i.

Once a week, the scalp is washed with hot water and soft soap, and thoroughly rinsed and dried.

General treatment:

Teeth are given the necessary attention, and the diet is attended to. Fruit and vegetables I either increase or add to the diet. All highly-seasoned foods are excluded and the amount of meat is reduced. Meat reduction is necessary in a large proportion of the cases in this district.

For/

For long, I have been convinced that constipation does much to aggravate acne and I was greatly interested to read recent research had proved that the toxins of constipation acted as vaso-dilators.

The majority of my patients were jute-workers, and in no class of patient is constipation more marked.

On several occasions, I have tried the experiment of giving my usual treatment for acne without making an effort to combat the constipation present. The result, in every case, was that very slow progress towards recovery was made until a laxative was prescribed and taken regularly. Then, improvement was marked, and early.

Internal remedies are believed by many authorities to have little effect on Acne Vulgaris, but I still have faith in the efficacy of the following mixture:- Ferri Sulp. grs xxx. Mag. Sulph. ʒi. Acid Sulph. Dil. ʒi . Aq. ad ʒvi. ʒi t.i.d. p.c.

In all my fifty-one cases, the condition was confined to the face, except in two, a student of eighteen, and a young jute-worker.

Here, the disease manifested itself on face, back of the neck, and chest.

Recovery was very much slower than in the others until I prescribed yeast which was obtained from a local brewery.

The result was very gratifying to both patients and/

and to me.

Resorcin I have not used.

In three cases, where improvement was slow, I used stock vaccines - acne and staphylococci mixed. Three injections were given at intervals of two weeks and they seemed to make for improvement.

X-ray treatment I have not yet been able to test, although I hear good reports following its use. My patients were working-folks who could not undergo this treatment as it necessitated serious periodic interference with their working hours. In all acne cases, I strongly advise exercises in the open air.

Dr Gardiner of Edinburgh states that in phthisical patients it is not uncommon to see a pretty severe crop of acne lesions affecting the back. In September last I sent to Ashludie Sanatorium a joiner who had incipient phthisis, affecting the right lung. When examining him, I noticed well-marked acne between the scapulae; otherwise, his skin was clean and healthy looking. On his return home, four months later, looking a vigorous, healthy man, I found all traces of acne gone, although no special treatment had been adopted for its removal.

Another proof here that attention to the toning up of the body generally and abundance of fresh air are potent factors in the treatment of Acne Vulgaris.

LUPUS ERYTHEMATOSUS.

In years gone by, I used to have quite a number of cases diagnosed as lupus in some form or other, but the number has steadily decreased. In 1926, I had but one case, and the diagnosis I made was Lupus Erythematosus.

The patient was a woman of twenty-four, engaged in a jute-spinning mill.

The dorsal surface of the proximal phalanx of the left middle finger was covered with a reddened raised patch, somewhat flattened in the centre and with well-defined borders.

The condition had been present, she told me, for about two years, and she had tried various ointments recommended from time to time.

She did not look too robust, but examination did not reveal the presence of any disease. Teeth were well kept; the pharynx was healthy, and there were no enlarged glands.

I sent her to hospital for confirmation of diagnosis and treatment.

She attended there for four weeks and small doses of X-Rays were given involving eight sittings.

This has effected what seems to be a permanent cure.

ERYSIPELAS: /

ERYSIPELAS:

This acute streptococcal infection of the skin is easily diagnosed. The bright-red, glazed patch, usually on the face, its brawny, firm feeling, and its sharp margin are familiar to all practitioners.

Incidence: In 1926 I had three cases only - one male and two female - the smallest number I have had. All were over thirty.

On looking over my notes of past years, I find the number of cases of erysipelas varies from fourteen to three, per annum.

Treatment. Locally, I apply freely an ointment composed of Ichthyol 3i, Lanolini 3 i, and have long done so.

Internally, I gave Tinct. Ferri Perchloridi in 5 m doses three times daily.

I have been advised to give this drug in much larger doses and have followed this advice on three occasions, but have returned to my original small dose.

My patients, when given the larger dose of 15 m. suffered from sickness and vomiting until it was withdrawn.

Several times I have tried the effects of Anti-streptococcic Serum but have been rather disappointed.

There was certainly a slight drop in the temperature /

temperature soon after its injection but the duration of the disease did not seem to be shortened.

I have not used quinine or collosol manganese which some writers strongly recommend, simply because I get good results from the above simple methods of treatment.

FURUNCULOSIS:

The furunculus or boil, the result of the activities of the Staphylococcus Pyogenes Aureus, is too well-known to require any description.

Etiology. The Staphylococcus makes its way into the skin by the side of a hair follicle or through the opening of a sweat gland and soon makes its presence felt.

Friction makes its entrance all the easier.

Predisposing factors are anaemia, constipation, overwork, nephritis and glycosuria.

Incidence: Patients who seek advice about some other condition often exhibit small boils on some part of the skin.

The number who came to me seeking treatment for boils alone was, in 1926, ten - seven males and three females.

There is never much variation in the figure for successive years, and males are always in the majority.

Their/

Their ages varied from 17 to 52.

Furunculi, I seldom see in the well-to-do - probably because they are better nourished and enjoy a warm bath much more frequently than the artisan.

Some characteristics of patients examined: Three of the men were robust and healthy-looking, and in each, the site of the boil was the neck. In all of them I concluded that the cause lay in the friction of a dirty jacket on a skin by no means clean.

All were engaged in the iron-trade.

Two were youths who suffered from marked constipation. Here, as in Acne Vulgaris, I consider the toxin of constipation to be a potent factor.

The remaining two men were overworked and anaemic. One, a grocer's assistant, exhibited boils on the forearm, while the other, a clerk, showed them on that common site - the back of the neck.

Women, as far as my experience goes, seldom have furunculi on the neck.

Of my three female patients, one had a large boil on the side of the chest; the other two suffered from axillary boils.

Both the latter were jute-spinners.

In jute-spinners, the axilla is as common a site for boils as the neck is among working-men. Long ago, I satisfied myself as to the reason for this. Here, in/

in the axilla, are heat, moisture, and hairs, and one has only to watch a jute-spinner at her work for a few minutes to see that in the constant moving of the arm the necessary friction is fully supplied.

None of my cases had albumen or sugar in the urine.

Treatment. Local: The first thing necessary in this locality is to persuade the patient not to indulge in poultices. When seen early, I advise the application to the boil of Unna's Mercury and Carbolic plaster. This gives good results.

If the boil has reached the softened stage, I make an incision and apply boracic lint and a gutta-percha tissue protective.

For long, I have had the tissues round the boil smeared with an ointment composed of Ammoniated Mercury 5 grs. to one ounce of vaseline, and when this is done I rarely see a second crop of boils appearing.

General treatment: Anaemia and constipation, so often present, are attended to. Perhaps the treatment is old-fashioned, but I always advise a wine-glass of yeast to be taken three times daily. It is readily obtainable from a local brewery and, because it has acted so well, I have remained conservative in my therapeutics.

Stannoxy1, an oxide of tin preparation, I heard much of a couple of years ago. I have tried it, but the/

the results were disappointing.

In two cases which were slow in yielding to my ordinary method of treatment, I tried a stock vaccine and had every reason to be pleased with the results.

Photo-therapy has been recommended here, as in so many other conditions lately, but I have not yet given it a trial.

In September last I was called to a milliner, aged fifty, who was evidently in a low state of health. She had numerous small boils in various parts of her body. These, she said, had been coming and going for over a year.

I found her urine to be loaded with sugar.

Insulin treatment was commenced at once. Four months later the woman was so improved in appearance that her friends scarcely recognised her.

The multiple boils slowly disappeared as she regained tone, without any local treatment whatever.

IMPETIGO CONTAGIOSA:

A streptococcal infection usually seen on the face, and sometimes on the scalp, characterised by the presence of yellow crusts. In the early stage, small vesicles are seen with streptococci present. Soon they become infected secondarily with staphylococci present on the skin; the vesicles become turbid, dry/

dry up, and the yellow crusts are formed.

Incidence: In each succeeding year, I see fewer cases of this disease, so common among children of the poorer classes.

In 1926 I had only ten cases - nine children (six males and three females) and a mother who was infected by the child she was nursing.

This figure represents about twenty-five per cent of the number I was asked to treat fifteen years ago.

There are several reasons for this. Baby Clinics have, in recent years, been established in different wards of the city and many of the cases are treated there. School Board Medical Officers do much to prevent epidemics of this disease and teachers help greatly by striving to reduce the number of scalps showing Pediculosis Capitis in their classes.

Etiology: The presence of a streptococcus - usually streptococcus pyogenes.

Predisposing factors are - want of cleanliness; a low condition of health generally; carious teeth or other local source of infection; pediculi capitis. In my ten cases, I noticed in two the presence of Pediculi Capitis; two had carious teeth; one had otorrhoea, and two disordered digestion.

Treatment: Local. Pediculi or other evident sources of infection are first attended to. The crusts are removed/

removed by boracic-starch poulticing. As I have often remarked to other practitioners, it is a saving of time and temper to order the ingredients for the poultice at the first visit and to make and apply it at the subsequent visit. Otherwise, the poultices are usually badly made and the results correspond.

After the crusts have been removed, I apply an ointment composed of 5 grs Ammoniated Mercury to an ounce of vaseline.

This is the ointment I have used ever since I commenced practice and the results have been so uniformly satisfactory that in treating Impetigo I can promise early and complete recovery.

General Treatment: A tonic is generally advisable and for my cases, I prescribe:

Syr. Ferri Phosph. Co. *ʒii*

Extr. Malti Liq *ʒii*
m.

Sig. *ʒi* t.i.d.

Ecthyma, an aggravated form of Impetigo contagiosa I have not seen for three years.

<u>Diseases due to known parasites</u>	(<u>Animal</u> : Scabies.
	(<u>Plant</u> : Ringworm.

The above table indicates the two diseases which I wish to present next.

SCABIES.

This infective, intensely itchy disease is due to the activities of the female *Acarus Scabici* which burrows in the skin. She usually chooses the parts where the skin is thinnest, as the sides of the fingers, and the front of the wrists.

The lesions formed are vesicles, which may develop into pustules.

Incidence: Like *Impetigo Contagiosa* this disease is, locally, becoming rarer, and this is due to the same preventive measures.

In 1926, I had only five cases - three boys and two girls. Twenty years ago, four to five times this number were seen in the course of a year.

Treatment is external and is directed to the destruction of the parasite and the alleviation of any dermatitis produced by scratching.

Sulphur is still the great remedy and can be used freely, provided due care is taken not to set up a sulphur/

sulphur dermatitis in delicate skins.

For children, I prescribe the combination recommended by Knowsley Sibley, namely Sulphur Sublimate and Balsam of Peru, of each four per cent, in vaseline. In adults, I use Ung. Sulphuris and Ung. Zinci Oxidi in equal parts.

At the commencement of treatment, the patient is placed in a hot bath and the affected parts scrubbed with hot water and soft soap.

One of the above ointments, depending on the age of the patient, is then rubbed into the body from the neck downwards and linen clothing is placed next the skin. For four consecutive days, the skin is rubbed once a day with the ointment.

After that a hot bath is again given and fresh clothing supplied.

The disinfection of the clothing is undertaken and well done by the Public Health Department.

In the bed occupied by the patient I always advise the sprinkling of a teaspoonful of flowers of sulphur between the sheets.

When treatment is thoroughly carried out, the duration of the disease is short, as a rule.

The accompanying pruritus, while distressing to all victims of the disease, seems to affect some patients more than others.

It/

It may merely be chance, but I have observed, for a long time, that the patient, young or old, who is regarded as delicate seems much less perturbed by the itching than the hardy and robust. My attention was first directed to this nine years ago, when attending, for scabies, a weak, asthmatic man, and a strong muscular clergyman, at the same time. Both attacks seemed about equal in severity. The weakly patient was very uncomplaining. The other passed the hours of night in seeming torture, and the hours of day he spent in detailing the extent of his sufferings, in terms one does not expect a graduate in divinity to make use of.

RINGWORM OF THE SCALP.

This has been called the *bête noir* of dermatology and certainly its treatment is one of the worries of the general practitioner.

Ringworm and diphtheria are the two diseases which most frequently cause rupture in the friendly relations between doctor and parents.

Incidence: Fortunately, the number of cases appearing here for treatment diminishes annually.

Ten years ago, I had three times as many cases as I am now asked to treat annually, and my fellow practitioners all report a large fall in incidence.
In/

In 1926, I had only four cases - two boys in one family and a brother and sister in another home. All were ordinary scaly ringworm - the microsporon audouini.

"Black-dot" ringworm and kerion I have not seen for several years.

Treatment: Following my usual custom, I had the hair in all four scalps cut very short. The parents of the two brothers consented to the application of X-Rays at Hospital and I followed this up with the use, twice daily, of an ointment composed of -

Sulph. Praecip. ʒi
Hydrarg. Am. grs. xxx
Vaselini
Lanolini aa ʒi

The brother and sister were not permitted X-Ray treatment and very slow progress was being made. I applied to the affected areas Liquor Epispasticus till blistering was pronounced.

In a few days the diseased hairs were easily removed and I then made use of the above-mentioned ointment.

I have used this method many times and have been satisfied with the results.

Now-a-days I recommend X-Ray treatment for ringworm of the scalp, but without giving a guarantee of complete cure.

At one time I condemned this treatment, my reason being/

being the disastrous results I had with my first case.

X-Ray treatment was then in its infancy. I sent a boy to hospital for the new cure. He got rid of his ringworm and every hair on his scalp and eyebrows, all at one sitting, and became the permanent wearer of a wig.

RINGWORM OF THE BODY. (TINAE CIRCINATA).

A disease characterised by the presence of rings of slightly elevated hyperaemic areas with sharp borders. The rings vary in size and, in my experience, are found most frequently on neck, chest, and arms in the order given.

Incidence. This disease does not appear to make any change in its frequency. In 1926, I had five male and two female patients suffering from it - a fair average for the last twenty years.

Treatment. Here, the fungus, endothrix or ectothrix, sometimes the microsporon, is on the surface and easily reached.

Of the many remedies advised I still prefer the ordinary tincture of iodine.

I direct this to be applied once daily for a week and for a few days thereafter advise the application of an ointment composed of Ammoniated Mercury 5 grs in an ounce of vaseline.

RINGWORM OF THE BEARD. (TINAE BARBAE).

I have not seen this for several years.

I had a case recently where the diagnosis was given by the patient as ringworm of the beard, but I believed the condition Impetigo Contagiosa, and my reason for believing this was strengthened when I met him two days later carrying a boy who suffered from undoubted Impetigo.

SKIN DISEASES RELATED TO GENERAL BODILY DISTURBANCES.

- (a) Erythema Pernio.
- (b) Herpes Zoster.
- (c) Erythema Nodosum.

(a) ERYTHEMA PERNIO OR CHILBLAINS.

The picture presented by this condition of localised erythema usually affecting ears, nose, toes, fingers or heels is familiar to all.

There is more or less pruritus and vesicles may appear and ulceration follow.

Etiology: Externally, cold, but this alone does not produce chilblains.

Predisposing factors include anaemia, defective circulation, increased vulnerability of the vessel walls and, in some cases, a tuberculous focus.

Some characteristics of patients examined: In the first three months of 1926, I had ten cases of Erythema Pernio. All were young females and the heels and toes were the parts affected. Two of them had, in addition, the ears slightly affected.

Eight suffered from Anaemia and Constipation. The latter condition is believed to increase the permeability of the vessel walls.

Two of the cases I had previously treated for cardiac valvular lesions.

As I explained to each of them, all the circumstances favoured the development of chilblains, namely, severe weather, silk stockings, and slim, tightly-fitting shoes.

Treatment: In seven of the cases the skin was unbroken and I advised painting the affected parts with tincture of iodine on alternate nights.

Where ulceration had taken place, I prescribed an ointment composed of Ung. Iodoform, ℥ii, Ung. Ac. Borae, ad ℥i, which I have long used and with good results.

I also advised what is difficult to get carried out, namely, careful regulation of the bowels.

For the duration of the cold months, I prescribed for each, cod liver oil and malt.

For recurring attacks, I find the best internal remedy to be 5 grs calcium lactate, thrice daily.

My cases were related to Anaemia, Constipation and disease of the Circulatory System, but Erythema Pernio in its worst form is to be seen in Reynaud's Disease.

(b) HERPES ZOSTER:/

(b) HERPES ZOSTER.

An acute inflammatory condition occurring along the line of a sensory nerve and characterised by the appearance of papules which rapidly become vesicles. It is a descending acute neuritis arising in posterior root ganglia according to the researches of Head and Campbell.

In 1926, the oldest and the youngest patients I have ever met suffering from Herpes Zoster were the only two cases I had.

One was a man of 83, and the other a girl of 12. My average number for a year has been six. Both were typical cases and, in each, the site of the eruption was the chest-wall.

Much has been written recently about the relationship between Varicella and Herpes Zoster, and some maintain that the two are identical, but the subject is still sub judice.

My girl patient had certainly been in a house, two weeks previously, where there were children suffering from Varicella, but she was suffering from chorea, and for four weeks had been taking a mixture containing Liq. Arsenicalis Hydrochlor.

It is possible that the arsenic I had been giving her had set up a neuritis which was followed by the herpetic eruption.

The /

The old man suffered from chronic rheumatism.

Treatment. For the local condition I prescribed an antiseptic dusting-powder and the application of cotton-wool and a bandage. I find this prevents any breaking of the vesicles and the risk of secondary infection.

Internally, I prescribed for both cod liver oil and malt and they made a good recovery.

Sometimes, but not often, I have found it necessary to prescribe an opiate in Herpes Zoster.

I never allow patients suffering from this disease to leave bed until the eruption has entirely disappeared. Past experiences have taught me that, here, it pays to hasten slowly. On many occasions where I have allowed the patient to move about before the eruption had gone, there were early recurrences.

(c) ERYTHEMA NODOSUM:

Erythema Nodosum is characterised by the appearance of nodules, bright red to a dusky hue, on the extensor aspect of the leg, below the knee and on the fore-arm.

It is accompanied by more or less constitutional disturbance.

Most text-books say that it appears in adolescents and prefers the female sex in the proportion of/

of two to one.

As far as my experience goes, I should add to this statement "and it appears four times more frequently on the leg than on the arm."

In Dundee, it is responsible for many urgent late calls, and the practitioner is usually informed, when he breathlessly arrives, that "this is a case of spotted fever, doctor."

Some authorities regard this condition as tuberculous, while others say it is connected with rheumatism. In all my cases there has been a history of rheumatism or of chorea.

In 1926, I had four cases - all young females - and an average number.

Three had definite history of rheumatism, and one had, I knew, a bad attack of chorea six years previously.

The application of cotton-wool to the affected parts, three weeks rest in bed and the administration of Salicylate of Soda sufficed in each case. For some time I used Acid Acetyl Salicyl. for this condition, but have returned to Soda Salicyl. which, I think, acts quicker.

The three above-mentioned diseases show a connection with some general bodily disturbance, and three others which have already been referred to under different groups exhibit a like connection.

Those /

Those are Lupus, connected with Tuberculosis, Furunculosis, one of the complications of diabetes, and Erysipelas which sometimes occurs in patients suffering from lupus, carcinoma or sarcoma.



A SEBORRHOEIC GROUP OF CASES.

- (a) Rosacea.
- (b) Seborrhoea Capitis.
- (c) Psoriasis.

ROSACEA:

An eruption characterised by redness appearing chiefly on the forehead, nose, and malar regions and accompanied by the formation of papules and sometimes pustules. In most cases Seborrhoea Capitis is present in some degree.

The disease is closely connected with the vasomotor system and there is usually found some disturbance in the digestive system, dyspepsia and constipation very often being present.

Text-books say that the disease affects women more than men. By chance, it has happened that the majority of my cases have been members of the male sex.

I had only two cases of Rosacea in 1926 - about one third of my usual number. Both were railway employees. One was engaged, inside the station, while the other was a driver. Ages were forty-two and fifty-three respectively.

The younger man had suffered for about ten years from the disease, and it was well-marked on forehead, cheeks /

cheeks and nose.

He had used ointments only, and produced a sheaf of prescriptions for ointments of a very varied character which he had applied to his face at different times.

Strange to say, he had never been advised any other form of treatment.

There was a certain amount of Seborrhoea Capitis.

The elder man had been a victim for twelve years at least. He had adopted no treatment, as he was firmly convinced he could never be cured while he drove a railway engine.

The condition, he said, was due to "alternate heats and colds", facing the heat of the furnace, and then hanging over the cab of the engine to watch signals.

He consulted me about what was probably a cause of his skin condition, namely, indigestion.

In his case, Seborrhoea of the scalp was well-marked.

Both men were very temperate in the use of alcohol, but intemperate in the consumption of food.

Bowels were constipated. Teeth were, in both, artificial.

I cut down the food consumption very considerably, and ordered a small dose of Cascara Sagrada to be taken every morning.

For/

For the face, I ordered a lotion containing Sulphur Praecip. ʒi , Calamin ʒi , Glycerin ʒii , aq. ad ʒiv .

This was applied with a brush nightly.

The scalp was anointed at night with an ointment composed of Ac. Salicyl. grs xii, Sulph. Praecip. grs xxxv, Lanolini ʒi and was thoroughly washed with hot water and soft soap in the morning.

During the first week this was done once in 24 hours; during the second week, twice only, and then once a week. In both cases the result was very satisfactory, the skins being clear in four and five weeks respectively.

I have made a point of seeing both men several times since, and there has been no recurrence.

The scalps still receive attention and an occasional application of the Sulphur-Calamine lotion is made to the face.

I long had faith in mercurial ointments for the treatment of Rosacea but the results were much less satisfactory than the above.

Recently, I had a female patient suffering acutely from Rosacea. The disease manifested itself in the usual places, and many pustules were present. She was engaged in a fruiterer's shop and was in danger of losing her situation because of her unsightly appearance.

I found no Seborrhoea Capitis in her case, but she had several decayed teeth in the lower jaw; pyorrhoea was present, and there was hyperacidity of the stomach, with marked constipation.

Correction of those health-destroying conditions and the application of the Sulphur-Calamine lotion above-mentioned have produced in a few weeks a very marked improvement in her appearance.

SEBORRHOEA CAPITIS:

This disease appears in two forms -

Seborrhoea Capitis Sicca and Seborrhoea Capitis Oleosa - and both are due to the excessive production of sebum by the sebaceous glands. Seborrhoea of the scalp is, in all probability, due to the activity of organisms, but which is still a matter of doubt.

Norman Walker says, in his latest edition of Introduction to Dermatology, that possibly three form a triple alliance, namely, the white skin coccus, Melassey's spores, and the bacillus of Seborrhoea.

I had no patients coming before me in 1926 complaining either of dandruff or of the oily form of Seborrhoea, but sixteen men consulted me about falling hair, and, in all, there was present Seborrhoea of the scalp in some form and in varied degree.

I have rather more patients who consult me about defluvium capillorum than the general practitioner usually/

usually has and I attribute this to an experience I had in 1916.

A young man, at that time, consulted me about his rather extensive loss of hair, a loss which caused him much distress. He evidently had syphilis, and, under the usual antisyphilitic treatment, his hair was restored. He was exceedingly grateful, and, for long, I had to endure unmerited local fame as a hair specialist. This man sent to me men of all ages, suffering from all degrees of baldness. I could do absolutely nothing for the majority of them, but the examination of so many scalps brought home to me the large number of men who were suffering from *Seborrhoea Capitis*.

Of the sixteen cases coming before me in 1926, three suffered from *Seborrhoea Capitis Oleosa* and thirteen from the dry scaly form.

In the first named group there were patches of varying size covered with layers of greasy scales, and with more or less thinning of the hair.

I advised the soaking of those patches with olive oil; the scales were removed, and the scalp thoroughly washed with hot water and soft soap. Most textbooks advise washing with spirituous soap lotion but the results appear to me quite as good though the spirit is omitted.

At night the scalp was anointed with an ointment composed/

composed of Ac. Salicyl. grs xii, Sulph. Praecip. grs xxx, Paraf. Moll. $\mathfrak{z}i$.

In the morning, another washing of the scalp followed, and the hair was dressed for the day with Brocq's lotion, which so many dermatologists recommend and which is composed of Sulph. Praecip. grs xxx, Spt. Camphor $\mathfrak{z}i$, Glycerini $\mathfrak{z}\mathfrak{p}$, aq. ad $\mathfrak{z}i$.

This treatment was carried out daily for a week. During the second week, twice only, then once a week, and, later, once in three weeks. But Brocq's lotion was applied daily.

In my cases of Seborrhoea Capitis Sicca there was more marked thinning of the hair. Treatment was the same as for the oily form except that it was unnecessary to use olive oil to remove the scales.

I have found the above treatment to be of much service even in bad cases.

PSORIASIS:

A disease characterised by reddish papules covered with silvery scales.

It is a chronic inflammatory disease and occurs on the scalp, the trunk, and the extensor aspects of upper and lower limbs. It is often associated with some constitutional change, usually of a rheumatic character. Syphilis, lichen planus and tinae circinata are the diseases which simulate it most.

Incidence:/

Incidence: In 1926, I had eight cases - five males and three females. The number, in my experience, shows little change, year by year.

Until the pathology of the disease has been cleared up and more successful methods discovered for combating it, there is little likelihood of a fall in incidence.

Some notes on the above-mentioned eight cases: Ages varied from twenty-three to fifty-five.

In none, did any other member of the family or known relative suffer from the disease.

In one only, the disease did not manifest itself on the knees.

The blood of all was examined and Wassermann reaction was negative.

Gardiner of Edinburgh states that the disease often disappears during pregnancy and returns during the puerperium.

One of my patients, aged thirty-three, consulted me when three months pregnant. She had the disease well marked on scalp, knees, elbows and chest and stated that it had been present for about five years.

She was working in a jute mill and intended continuing at work till she entered the seventh month of pregnancy, as is customary here.

I succeeded in advising her to stay at home and placed her, for the time being, on cod liver oil and/

and malt. At the end of three months the disease had practically gone and her skin has remained healthy for fully a year.

Probably, the reason for this lies in the fact that she did not return to work after her confinement and continued to take great care of her general health, regularly using the cod liver oil and malt which she credits with removing her psoriasis.

Only two of my eight cases, both men, had a history of rheumatism.

Treatment: Internal: At one time I believed in the administration of Sod. Salicyl. for all cases of Psoriasis, but now use it only where there is a history of rheumatism. I have tried many remedies and have come to the conclusion that the best internal remedies in chronic cases are a pill composed of 5 grs Ferrous Carbonate and 1/40 gr. Arsenious Acid, twice a day, and one grain of thyroid on alternate days. I advise the use of these for a month, followed by a week's interval.

In acute cases, I prescribe the thyroid only.

External: Chrysarobin, tar, pyrogallic acid I have tried, but, with the class of patients I have to deal with, it is difficult to give those remedies a fair and long enough trial.

For the scalp, I find nothing has given me better results/

results than the use of Ammoniated Mercury 5 grs in an ounce of vaseline.

For the treatment of the disease as it affects the trunk, I have come to have a great regard for X-Rays in small doses.

Four of my eight cases went to hospital and had X-Ray treatment once in three weeks. There was marked improvement in all, and I followed this up with the application once daily of the above-mentioned ointment and this has kept the disease in check.

NEW GROWTHS.Rodent ulcer.Warts.RODENT ULCER:

Seldom has a year passed during my time in practice without one or two cases of rodent ulcer coming under my notice.

In all the cases I have diagnosed as such, the ulcer has appeared above the level of the mouth and the vast majority has been in the neighbourhood of the eye.

I had only one case in 1926.

A sturdy old West Highlander of eighty-three came to me in February that year with what was undoubtedly a rodent ulcer. It was situated fully an inch from the outer canthus of the left eye and, when I saw it, was about the size of a hazel-nut.

My aged patient looked unusually strong and healthy for his years, and, according to different members of his family, had never been known to be ill. When threatened with illness, he had invariably resorted to castor-oil and highland whisky - not in equal proportions.

His ulcer, he told me, had its beginning in a small/

small wart which had long been present and which he had, some weeks before coming to me, tried to remove by using strong acetic acid.

In years gone by, I have had rodent ulcers treated with the knife, the sharp spoon, and by the application of caustics.

My old patient I sent to hospital for what I now consider the most satisfactory treatment of all, namely, radium.

The result was excellent and only a slight scar was left.

Sir Norman Walker says he has known more than one victim of rodent ulcer die from cancer of some internal organ.

This old man recently developed cancer of the rectum.

VERRUCAE OR WARTS are familiar to all. They appear in two forms - the pedunculated, and the flat.

From my notes, I find two boys, two girls, and an adult female consulted me about warts in 1926.

A boy and a girl had the pedunculated form, and a pair of scissors quickly relieved them of theirs. I touched the bases with caustic.

The adult subjected her warts to carbon dioxide snow and was well-satisfied with the result. The warts/

warts were entirely gone in two weeks.

The two other juveniles had theirs removed by the slower, but quite satisfactory, application of acetic acid.

Many children here are now sent from the school clinics to hospital for the application of X-Rays to their warts. The results are good.

Warts are probably due to some contagion whose nature is yet unknown. Children with warts on the hands frequently have small ones on the edge of the lips, probably through placing the affected fingers in the mouth. Not only do warts develop there, but, oftener than one would think, such patients have small warts as far back as the pharynx. I do not consider treatment complete till the throat has been thoroughly examined.

DISORDERS OF SECRETION.HYPERIDROSIS.

All general practitioners have, from time to time, patients seeking advice regarding local hyperidrosis, the parts affected usually being the soles of the feet, the palms of the hands, or the axillae.

There is usually some anaemia, general weakness, or hysteria associated with the condition, and the correction of this is necessary.

Bathing the affected parts once daily with tepid water, to which a few grains of Potassium Permanganate have been added, and then applying a dusting-powder containing three per cent Salicylic Acid are measures which usually bring success.

Internally I prescribe Syr. Ferri. Phosph. \bar{c} quin. et Strych. three times daily in one drachm doses.

In 1926 I had an interesting case of Hyperidrosis. A labourer, aged 45, came to me, full of apologies for his visit. He informed me that, for six weeks, his right leg had been continuously sweating, while the left remained dry. He said he should not have troubled me, but his wife objected to what she termed "living with a freak".

On examination, I found the whole of the right lower/

lower limb moist with perspiration. The right sock and leg of his pants were damp. Recognising this as a rare condition, I wished to have his case shown, but he would have none of this. "It is bad enough being a freak without going on exhibition" was his answer to my request.

He was a thin, wiry man, rather under average height (5' 5") and weighed 9 st. 10 lbs. His manner was somewhat nervous. He had just had a bout of drinking, lasting for two weeks. This was his annual treat, and he always remained sober for the rest of the year.

Treatment presented me with some difficulty. The aid of X-Rays was refused point-blank. However, I advised him to have the leg bathed nightly with tepid water to which sufficient Potassium Permanganate had been added to produce a pink colour.

A dusting-powder composed of Acid Salicyl. 3 parts, starch 10 parts, and talc 87 parts was freely applied, morning and night.

One drachm Syr. Ferri Phosph. \bar{c} Quin. et Strych. was taken after meals.

The hyperidrosis disappeared entirely in four weeks.

I have kept him under observation; his annual drinking-bout has come and gone, and there has been no /

no recurrence.

I have discussed this case with several physicians but have not yet solved the problem of the etiology of this unusual condition.

S U M M A R Y.

During the past twenty years, skin diseases have, with a few exceptions, decreased in number in Dundee.

Some diseases, such as *Tinea barbae* and favus, have practically disappeared.

A few skin lesions such as psoriasis and erythema pernio, show no change in incidence.

Epidemics of skin affections such as scabies, *tinea tonsurans*, and *impetigo contagiosa*, once so common, have ceased to be.

School-clinics and baby clinics have been developed, and are doing great preventive work.

A new form of inflammation of the skin - fur dermatitis, has appeared in late years.

Vaccine therapy has made progress.

Carbon-dioxide snow and radium have been introduced and have found a large field of usefulness.

A more accurate knowledge has been acquired of the method of application and the therapeutic value of X-Rays; ultra-violet rays and the mercury vapour lamp, though still in the experimental stage, give promise of playing an important part in dermatology in the near future.

A new form of dermatitis, due to excessive radiation, has lately become common.

C O N C L U S I O N S .

Men who have been engaged in general practice during the past twenty years have witnessed many changes and many advances in all branches of medical science, and in no way has dermatology lagged behind.

Changes in the incidence of skin diseases have been many.

Impetigo Contagiosa, Scabies, Ringworm of the Scalp, Favus, Pediculosis (Corporis and Capitis), Occupational Dermatitis, Tuberculous Affections of the skin, Tinea Barbae, and Syphilitic Lesions all show marked decrease in the number of cases presented for treatment.

Many influences are at work to bring this about. Teachers in the local schools co-operate wholeheartedly with the Medical Officers appointed by the Education Authority in their efforts to stamp out the first five of the above-mentioned diseases. Physicians and Nurses working under the directions of the Medical Officer of Health render yeoman service at the baby clinics.

Both employers and employees find it is to their mutual advantage to fight against dermatitis due to trade conditions.

Tuberculous affections of the skin have become less/

less numerous since war became so fiercely waged against tubercle in all its forms.

Tinae barbae has practically ceased to exist locally. Twenty years ago, it was quite common.

The consideration of this fact led me, recently, to make a tour of inspection of the second and third-rate hairdressers' establishments in Dundee.

I found, even in the poorest barbers', precautions were taken to prevent the spread of disease. The owners seemed proud of their stock of antiseptics, and had a very intelligent knowledge of their uses. I had no difficulty in persuading two of them to adopt the use of instrument sterilisers. A glance along the line of waiting customers would have made any medical man convinced that such an innovation was very desirable.

Syphilitic lesions of the skin, once so commonly met with in practice, are now rarely seen here by the general practitioner. Two specialists, appointed by the town council, have, for the past five years, attended to the treatment of syphilis in all its forms. The poorer classes keep them busy for a considerable part of the day. Those able to pay a specialist's fee consult them privately and, fortunately, with much less delay than was customary in past years. Both specialists report a gradual but steady decrease in the number of cases annually seen.

There has been, unfortunately, no fall in the incidence/

incidence of *Tinea Circinata*, *Psoriasis*, *Furunculosis*, and *Erythema Nodosum*.

There has been a slight increase in the number of cases of drug dermatitis, probably due to the much greater use of drugs, locally, since the National Health Insurance Act came into force.

The working of the same Act probably accounts for the slight increase of cases of *Acne Vulgaris* reported, many more people now consulting their doctors about this, and other diseases, than formerly.

The increase in the number of cases of *Cosmetic Dermatitis* corresponds with the increased use lately of face powders and creams in this district.

Seborrhoea Capitis also shows an increase, with a corresponding increase in the number of cases of baldness.

One probable reason for this is that local hairdressers have an increased sale of concoctions for the hair, which are used to keep the hair fixed, in compliance with a new fashion. Where those preparations are used, the scalp too seldom receives its proper attention. Little energy is expended on cleaning it, and it is only when damage has been done and thinning of the hair, usually due to *Seborrhoea*, becomes very noticeable that the scalp receives the attention it has been too long denied.

In all efforts made to reduce the incidence of skin/

Skin Diseases in Dundee it has to be remembered that there are:-

Local conditions which handicap the physician.

Out of a population slightly exceeding 180,000, there are 46,611 males and 46,713 female panel patients - a state of affairs unique in the large industrial centres of Great Britain - and of those, approximately 4000 men and 35,000 women work in jute mills, which are hot and dusty.

About ten per cent of jute-workers live in three-roomed houses; sixty-five per cent in two rooms, and the remaining twenty-five per cent exist in single rooms. Few of the larger sized houses are provided with baths, merely closets indoors.

The sanitary arrangements for the single and double-roomed houses consist of a W.C. on the stair, used by at least two families.

Baths can only be obtained by trudging to Corporation establishments, often an inconvenient distance away.

Working-hours are badly arranged. - 7.40 a.m. till noon, and 1 p.m. till 5.30 p.m. Women rush to work, often after a scanty breakfast, and before noon, they are almost fainting by the side of their machines. The present arrangement is health-breaking for the women, and heart-breaking for their doctors.

Can/

Can it be wondered at that thousands of panel prescriptions pass through the checking-bureau from Dundee, not annually, but monthly, written with the intention of relieving constipation, anaemia, and the varied forms that gastric derangement assumes?

Could there be a finer breeding-ground for the acne bacillus and hosts of other organisms found in diseased skins?

Changes in treatment.

Many innovations have been made in the methods of treating skin diseases during the past twenty years.

Carbon dioxide snow since its introduction in 1905 has been extensively and successfully used. It is serviceable in the destruction of warts and small rodent ulcers. Many have found it of great use in the treatment of lupus vulgaris.

Dr Cranston Low of Edinburgh has had some wonderful results from its application to disfiguring hairy moles, and, in the treatment of small cheloids it is almost as successful as radium.

Radium has proved a boon in the treatment of small rodent ulcers. It has taken the place of the surgeon's knife and the cautery of by-gone days, and the cosmetic results are much more satisfactory.

The surgeon's services are still required for the larger rodent ulcers, but those are less common now than/

than formerly, as patients present themselves for treatment at an earlier stage than they used to do.

In treatment of lupus of the palate radium has given good results and its value in the treatment of cheloid, lupus erythematosus, some forms of pruritus, fibromata and papillomata has been extolled by various writers.

X-Rays were used twenty years ago, but in a haphazard way. Since the introduction of Sabourand's pastilles for measuring the dosage, better results have been obtained, and the risks of injuring the patient have been reduced to a minimum.

Very recently, much has been heard of the value of Kromayer's Mercury Vapour Lamp, and the wonderful benefits to be derived from Ultra-Violet Rays. A local radiologist assures me that there are no skin lesions which the ultra-violet rays fail to improve.

After making due allowance for his enthusiasm, I conclude that the rays have a field of usefulness, and I have lately seen marvellous results from their application to furunculosis.

Vaccine therapy has received much attention of late years, and both autogenous and stock vaccines are used for suppurative conditions of the skin with a certain amount of success.

In recent years, much has been written about the /

the value in dermatology of the use of Endocrine Glands.

Thyroid was used twenty years ago, and just as often abused. Its value is now better understood.

Parathyroid has been found specially useful in treating varicose ulcers and has done good in some cases of urticaria.

Suprarenalin also has been found by some to be useful in urticaria.

Ovarian Substance and Orchitic Extract have both been introduced in the treatment of senile pruritus.

Polyglandular preparations have, in recent years, been given credit for improving the growth of the hair in both sexes.

Colloids of Manganese and of Sulphur have, for some years, received considerable attention.

The former is very useful in some cases of furunculosis and the latter is believed to be of service in the treatment of Psoriasis.

INFLUENCE OF THE NATIONAL HEALTH INSURANCE ACT ON DERMATOLOGY.

Notwithstanding the many criticisms launched against it, some of which are justified, the panel system has operated for good in several ways, in all branches of medicine.

It/

It has, undoubtedly, been the means of inducing patients to seek advice in the early stages of disease, and all medical men admit the importance of this. Recently, its usefulness has been extended by giving dental and ophthalmic benefit free.

A first class dental or ophthalmic surgeon can now be chosen by the worker, and he has the boon of that private treatment at the hands of a specialist, which only the well-to-do have hitherto enjoyed.

The panel patient has not been slow to take advantage of this, and, I am sure the dental surgeon will remove many septic foci which have aggravated, if not caused, affections of the skin.

Without doubt, we shall see, at an early date, other specialists added to this list, and amongst them the dermatologist.

In this, I can see great possibilities for good. The general practitioner will have the guidance of the specialist in difficult cases.

In return, he can show the dermatologist diseases in an earlier stage than they are usually presented to him, either through the dispensary or the hospital out-patient department, for the panel patient can rarely be accused of delay in consulting his doctor.

Not only so, but from the patient's record-card, a history can be given of previous illnesses, the dates, /

dates, the durations, and any special features exhibited.

No one knows so well as the general practitioner in an industrial area, how much good health means to the working-man, to the working-woman, and to their dependants.

The longer I live, the more convinced I become that much of their future happiness lies in the close co-operation of the specialist and the general practitioner.

Along this path, great advances can be made and fresh triumphs gained for dermatology and all other branches of Medical Science.

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