

Wetherell

Essays in Dermatology.



Introduction

These essays are the outcome or embodiment of observations made, mostly in the wards of The Barnsley Workhouse Infirmary. They are not, nor do they pretend to be, by any means complete expositions of the subjects treated.

Coming and going as the patients in a Workhouse Hospital are in the habit of doing, those only who have to deal with them, will realize the great difficulty of obtaining truthful statements, and accurate notes of their histories. No sooner has the recorder become absorbed in the exposition, than off goes his client, and the incomplete buttresses of memoranda are dashed into oblivion. Nor can the loss be redeemed for he may never sight the wanderer again.

In order that an accurate record of the frequency or rarity with which certain cases, either in Dermatology or otherwise, occur, Science demands that any such should be noticed in the journals or registered elsewhere. However small a matter it is to be the mere quoter, the comment being reserved for the higher lights in the medical world, of a case, still it is an obligation imposed upon us, not only of necessity but of duty towards the advancement of our knowledge. The reward therefore should not be the less gratifying if we perform our devoir according to our humble abilities. This object I shall strive to attain by citing instances of rare diseases in the following essays, and considering the treatment of Eczema.

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Dermatolysis

Essay 1

The nomenclature of this subject is indeed a complicated one. Each separate observer, regardless, or oblivious, of the delineation of his predecessor, seems to have applied to it his own peculiar designation. Of the whole catalogue a few only need be specified, viz: Elephantiasis Telangiectodes (Kirchow); a form of Elephantiasis Lepra Aralica (Hecker); Venous Telangiectasis (Schuch); Tumour cavernosus (Kotitansty); Molluscum areolo-fibrosum or Fibroma molluscum (Wilson); Pachydermatocoele (Valentine Mott). Is it not remarkable that so rare a skin disease should have received such a multiplicity of titles, and all from competent authorities. The lines on which they are based will presently be noted, suffice it to say here it is generally some physical and palpably observable peculiarity.

History

The earliest record that has been found concerning the affection occurs in the 32nd Chap. of Job a Meckren's "Observationes Medicæ-Chirurgicæ" (Amsted 1682) under the denomination "De Dilatatione Extraordinariâ Cutis." It runs thus:—

"Anno 1657 in nosocomio nostro vidimus juvenem quendam Hispanicum annorum XXII, cujus nomen Georgius Alles, qui manū sinistra apprehendebat cutem humeri mammaeque dextræ, eamque ita extendebat, ut ori esset proxima: menti cutem utraq; manū primo ducebat deorsum, instar barbae, ad pectus ipsum; hinc sursum attollēbat ad capitis verticem, sic ut oculum utrumque eâ tegeret.

Quamprimum removebat manum, cutis contrahatur adeo ut delitam levitatem reciperet. Ad eundem modum etiam deorsum ducebat cutem genu dextræ sursum ad ulnæ dimidiæ longitudinem, et hæc in locum naturalem facile iterum redibat. Consideratione dignum erat cutem

eam qua tegebatur dictis locis partes
sinistras extendi nullo modo potuisse,
firmissime iis adherentes.
"Causam cognoscere hactenus non laeuit."

Pathology

Dermatolysis, an abnormality which
is always congenital, may be describ-
ed as consisting in an outgrowth of
cutaneous cellular tissue, clothed
in its own epidermal envelope.
At the commencement a small bud
of skin puts forth, and into this
pouch an invagination of underly-
ing material, really a new growth,
is thrust. The cellular tissue bears in
its meshes cells, connective tissue fibres,
blood and lymphatic vessels, fat lobules &c.,
these component parts, in fact, make up
the sum total of the fabric. It grows
commensurately with the rest of the
body, but, like all other things in the
material world, subject to the laws
of gravity, assumes a dependent position.
Moreover just as in some parts of the
economy one set of structures, e.g. fat,
blood-tube system, lymphatics &c. pre-
ponderate, so in this condition the
vessels may - hence the terms vascular
spongy, cavernous blood tumour - out-
proportion the remainder, either by
reason of their number or dilatation;
or the cellular elements, forsaking
their gelatinous, finely fibrillated
youthful state, may be transformed
into fibrous tissue of greater or less
density, or in different degrees of inter-
lacing - hence the names Elephantiasis,
Mollusca &c. Histologically the two -
Elephantiasis Arallum and Dermatoly-
sis - undoubtedly have a similarity
of structure, differing in no feature
whatever, but here the analogy ends.
In Elephantiasis the limb in its whole
circumference is affected, whereas in
Dermatolysis the overgrowth is partial,
and tends rather to become broad
and flat at some particular local
portion of the circumference.
Again, the adipose substance may
but-grow and pre-dominate in bulk

3.
over the other portions, and the mass resemble more or less a true Lipomata. All these conditions may perchance be observed in the same specimen. So it comes about that various pathologists, viewing ~~it~~ in diverse phases, have burdened it and posterity with a multiplicity of titles.

The production is not confined to any one region of the body, but affects all indifferently, as for instance the arm, chest, thigh, abdomen, head and back.

In connection with these growths are to be found diffusely distributed over the body numerous fibromata - true Molluscum fibrosum - or small fibrous tumours, having the same anatomical structure, but scarcely raised above the skin surface.

Muscle, bone &c at times undergo an atrophic process, at others a hypertrophic. If the tumour assume any size - release of the victim in early childhood in many instances preventing such a contingency - it becomes not only a disfigurement but a burden, and, acting as a constant drain on the nutrition, tends to lead to death by starvation or exhaustion.

Inasmuch as the cases about to be related exemplify in a marked manner most of the characteristic features of the affection it will be superfluous to expatiate on them here. I will now proceed to give a copy of notes made at the time of first taking up consideration of the subject, and sent to The British Medical Journal, March 9th 1889.

At the time I was a novice at the subject, some of the flourishes were mere surmises, and therefore need only be appraised at their conjectural worth. Subsequent experience and a more detailed enquiry into the minutiae of this and similar cases, have enlightened me as to their fallacy & rectitude.

"Remarkable abnormality in an adult."

The instance concerning which a description will immediately be given has this day presented itself at the Barnsley Workhouse Infirmary. Inasmuch as it is so replete with interest and unique, so far as I am aware - one is anxious that its existence should have as broadcast a field of diffusion as possible, wider than its mere relation and exhibition before any medical society, could, by any circumstances, give it.

The question of fetal abnormalities such as we are now discussing - is of all absorbing interest, not only by reason of their rarity, but also from the fact that they allow us to make suggestions, on, and formulate various theories as to, their causation:

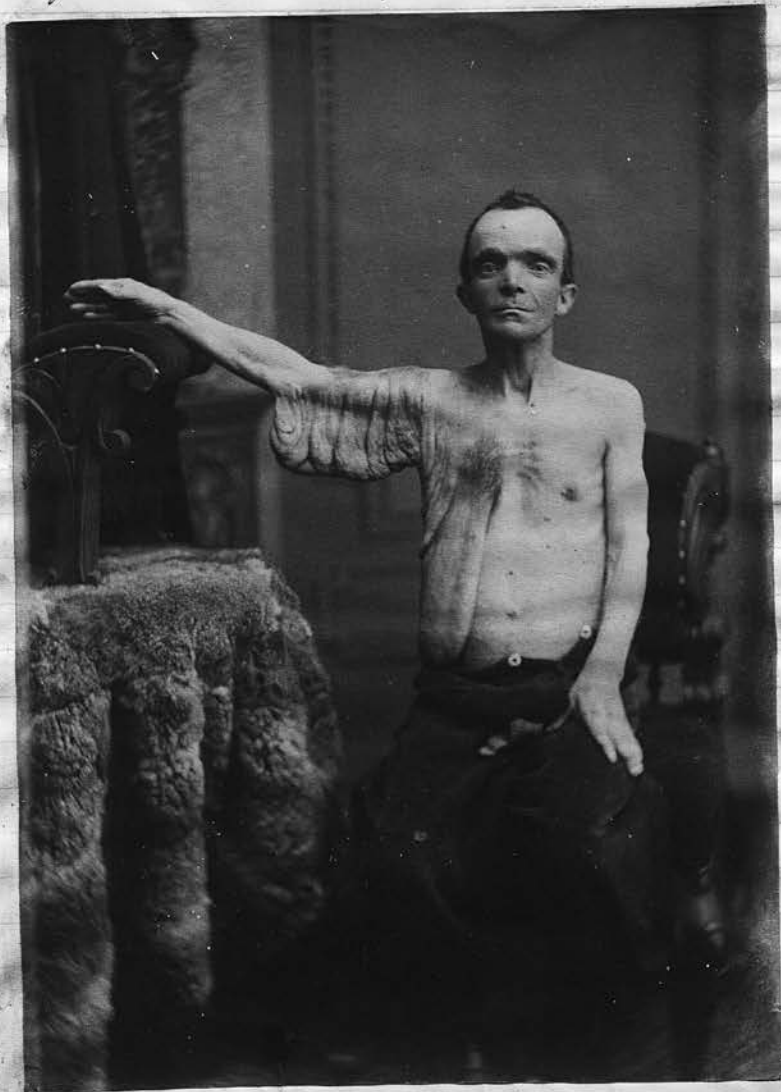
Let us now proceed to consider the life-history:-

James H-n, aged, to the best of his knowledge - 40 years, was admitted into the Hospital Jan. 28th 1889 suffering from starvation. On proceeding to a physical examination, we were surprised to find a remarkable abnormality. The patient states that it has existed since birth. It was then comparatively small but ~~its~~ growth has been proportionately co-equal with that of the rest of the body. He has several brothers and sisters, a father and mother, living, but there is, so far as he knows, nothing peculiar about any of them. A cattle-drover by occupation, he has been married two months. After thirty days of conjugal bliss however, his spouse fled precipitately one night. The reason assigned for her hasty departure was that he objected to her staying out late - a practice she was addicted to. When going about his business the tumour causes no inconvenience, except after a hard

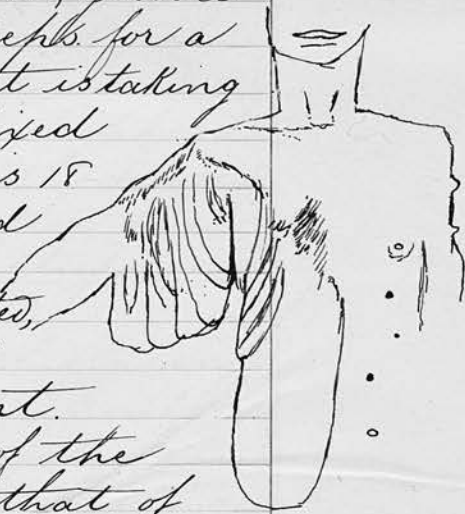
days work, when it gives rise to a heavy dragging sensation. He generally wears a binder to keep the main mass adherent to the chest wall, so preventing it flapping about with each movement of the trunk.

The patient is a cadaveric looking individual of medium height and starved appearance. Here and there, e.g. on the forehead, outer part of left arm, scattered sparsely over the surface, are several small fibromata, each one being about the size of a pea, and elevated to the degree of an ordinary acne tubercle. The arm bearing the cutaneous fold suspended from it, is somewhat atrophied, the subcutaneous tissue fat and muscle, decreased sensibly in bulk. The fingers are - to borrow a phrase from Holitsansky - "wasted to thin rods with sharp angles." The cutis is stretched tightly over the upper arm by the dragging of the flaps. The following are the principal details and dimensions of the outgrowth. Commencing - as will be seen by a reference to the photograph - at

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the right lateral side of the sternum, the superior or upper border runs in one continuous piece, with a margin of four inches of healthy tissue from the clavicle, along the thorax, then bending at an obtuse angle, grooves the inner limit of the biceps for a distance of ten inches - that is taking the acromion process as a fixed point. The lower border is 18 inches from the upper and reaches to the fold of the groin. Here it is reduplicated, returning to within an inch of its commencement.



The entire circumference of the larger mass is 20 inches, that of the arm portion, which skirts posteriorly the inner edge of the triceps, 10 inches. The whole will be seen to be thrown into numerous folds and wrinkles, resembling the wattles on the throats of some cattle. These are considerably multiplied, when the arm is adducted to the side. On raising up the greater bulk a normal nipple is discoverable, exactly in the middle line, nine inches from its lowest point. By close scrutiny the folds are seen to be marbled, white streaks, the outward manifestations of an inward lobulation, intersecting at various angles. Those dependent from the arm are pigmented more intense than the others, being of a deep brown cast. The major division is in some places of a pale, in others, of a bluish red tint, from the number of vessels beneath the epidermis. Comedo-like black points, each about the size of a pin's head, occupying doubtless the situation of hair follicles, are dotted here and there. It is however devoid of hair, except a patch on the superior internal angle, and the upper line of the arm piece. In no other position is a hair to be found, whilst the axilla and hypogastric region are minus their share.

Cold corrugates the covering, throwing

7.
it into the condition of *cetus anserina*.
To the touch the tumour has generally
a cord-like, doughy, lobulated feel,
similar to that experienced on pal-
pating a pendulous mamma. In
places, firmer and more fibrous, whilst
in others, much more limited, it yields
a soft swelling sensation, like a dis-
tended sponge or a piece of atrophied
lung. If raised, then abruptly dropped,
it hangs limp and loose, after the
manner of a piece of beef or tripe.
Handling gives no pain.

Now what is the nature of this phen-
omenon? It may be a supplementary
portion of a breast, which, somewhat
misplaced, has gradually during
its intra-uterine existence, fallen by
 dint of its own inherent weight over
the remainder. I am strengthened
the more in this surmise in that
the nipple is on the under surface and
not removed above one inch from the
superior origin line. Given an obstruc-
tion of the lymphatics, either in utero
or after birth, an overgrowth of connect-
ive tissue, having in its substance a
normal gland, in the direction of least
resistance, naturally results. What is
the cause of this obstruction? As in
every fatal deformity, so in this, the
ultimate psychological reason is un-
ascertainable. We know no more about
this than what constitutes thought
itself. This one thing will ever rest
among the unfathomable. Of course it
must not be understood that obstruc-
tion of lymphatic circulation always
produces overgrowth, for such is not the
case. An ingenious but crude suggestion
is that it ought to be looked at in the
light of a mother's mark. Suppose the man's
mother received some impression or shock
whilst carrying, say, a piece of tripe, or, on
witnessing a turkey killed, might not the
outgrowth be a counterfeit of the turkey's wattle?
Pursuance of these thoughts however will serve
no useful purpose. Whatever the real state of
matters, certain it is that this unilateral
excrescence had an intra-uterine life, and
was no subsequent growth."

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Observing the above case reported in
The British Medical Journal (March
9th 1889) Dr. Calverll of Belfast com-
municated to me the history of
another. It appeared in the same
periodical of Jan 4th 1890. That
gentleman has kindly accorded
me his permission to transcribe the
paper in extenso.

"A case of Elephantiasis telangiectodes
and Molluscum fibrosum"

The patient is a little, good natured
young man, aged 28, somewhat defici-
ent, however, in the higher mental
faculties. His father and sister, acc-
ording to his own statement, suffer-
ed from small subcutaneous tumours
resembling the molluscum fibrosum
of himself. Over his own body, except
on hands and feet, are these sessile
tumours, more or less subcutaneously
movable, varying in size and elevation,
frequently with large comedones. The left
lower extremity is $5\frac{1}{2}$ inches longer than
the right, hence he suffers from lateral
curvature; the left thigh is 18, the right
14 inches long, and there is great irregular
hypertrophy of the left femur; and on
the anterior aspect of the left tibia is
a large osteal growth, about 6 inches



From a photograph by Mr. A. W. Esler.

long, 2 broad, and one in depth; the left foot is a little larger than the right. One large mass of the loose folds of the elephantiasis exists on the outer and anterior part of the left thigh; another commences on the inner side of the same part, and runs down the posterior; a similar fold runs along the calf. When the limb is held horizontally, the fold on the back of the thigh hangs down about 6 inches.

The skin over these folds is rough, with large papillae, in many of which are comedones, and the whole fold has a "lobulated doughy feel, like that of a pendulous mamma." On much exertion the folds may swell somewhat, giving the patient a sensation of fullness and tension, and a fall on the left knee caused a huge hematoma (without exaggeration as large as an ordinary person's head) in the fleshy growth, both of which facts would be expected from the usually assigned pathology of Virchow and Kaposi, of fibro-vascular hypertrophy. The two conditions have existed since infancy. The resemblance to two cases already published in the Journal, namely, the "Elephant Man" (May 11th 1886), and another described by Dr. Wetherell (March 9th 1889), will be evident. In the present one little or no change has taken place during the last two years.

The case illustrates (1) the affection being congenital, (2) its occurring in one somewhat imperfectly developed in mind and body; (3) the connection between the two forms of the disease; (4) the usual pathology assigned; (5) a condition analogous to the fibro-vascular hypertrophy of the subcutaneous connective tissue taking place in the osseal tissue (!) As the pathology, etc, will be found in *Albra on Diseases of the Skin*, vol. III (New Sydenham Society), *Hutchinson's Rare Affections of Skin*, *Swings's Handbook of Skin Diseases*, and elsewhere, further repetition is unnecessary."

Comedones - Symmetrically grouped.

say if

Amongst the Diseases of the Sebaceous glands in which the sebum is secreted in undue amount and its proper and normal extrusion prevented, are included Comedones, Milium, Sebaceous cysts, Vitiligoidea and Molluscum contagiosum. It is only within our province now to consider the subject of Comedones, and particularly where they are symmetrically arranged in groups. Comedones are most frequently seen on the face, chest and back of young adults, and give to these parts an unsightly appearance. Should they become the seat of irritation, an abscess of surrounding inflammation is set up, a folliculitis or artificial acne being the result. On squeezing out one of the maggot-like bodies, and examining the mass microscopically the composition proves to be sebaceous substance, epithelial cells, minute hairs, and occasionally though not invariably, the acarus folliculorum.

It must be admitted that Comedones are as a rule not grouped but distributed irregularly.

In The Lancet of April 19th 1884 is an article on 'Comedones in Children' by Dr R. Crocker. He seems to think that there are two distinct kinds or classes of Comedones, one occurring in children, sometimes distributed irregularly - say on the face - and occasionally in groups, and a second, entirely different, class, affecting adults.

Perhaps it will be more conducive to a clear understanding to give his, and subsequent, papers, verbatim.

"The following cases illustrate a condition which is not generally recognized as a disease of childhood, the text books only describing Comedones as they occur at puberty and onwards, from which the affection differs in several particulars. I will first relate the cases and then briefly comment on them.

Geo. W. aged 3½ years came to the East London

Comedones in Children by Radcliffe Crocker. met. April 19th 1884.

Hospital for children in June 1882 for whooping cough, and an eruption which had existed for three months. It consisted of innumerable pin's head sized papules, with no inflammation round them, which were evidently comedones, and could be squeezed out, but with more difficulty than the ordinary kind, and the necessary pressure was very liable to set up inflammation of their sites, but they did not often inflame spontaneously; the expressed material was firmer and tougher than usual, and microscopically consisted of epithelium, with comparatively little fat.

The comedones were massed together on the upper part of the forehead, especially on the right side, extending for an inch and a half into the hairy scalp; there were several patches in the occipital region and a few on the right parietal. They were mainly in groups, but on the forehead were so closely set as to give it a very dirty, almost black, appearance.

The next case was in an infant.

A. M. - aged 14 months; comedones appeared when he was 8 months old, symmetrically grouped on the prominent part of each cheek. The child was brought for rickets.

These are samples of a dozen cases I have seen in my own practice and that of others, so that the condition is probably not a very rare one. The majority were in boys, between 3 and 12 years old; and in addition to the regions mentioned it was observed extending from the scalp to the ~~neck~~ ~~to~~ ~~the~~ eye-brows, in the scullus behind the lower jaw, on the shoulder, and, in girls, limited to the temporal regions.

In most cases the papules ceased rather abruptly and when not too closely set the tendency to group was generally evident.

The etiology of this condition is evidently different from that after puberty. The position in most of the boys corresponded with the part where their caps were in closest contact with the skin, naturally suggesting that they had some

causative connection; and on comparison with the cases where other regions were affected, the common factor was found to be warmth and moisture.

This was confirmed by a recent case of a girl of 3 years old, with laryngeal obstruction, probably diphtheritic, where after repeated linseed poultices she presented when I saw her scattered Comedones, mingled with acne papules and pustules all over the back and lower part of the chest. This, however, does not cover the whole matter. A short time ago my colleague Dr. Warner kindly sent me a brother and sister, the boy with the forehead and scalp affected; the girl with the temples alone involved; further, it was stated that another brother had it in a minor degree and that there were several boys at the school similarly affected. This is not the only instance I have known of more than one member of a family being affected and suggests the possibility of some contagious element, probably bacterial, though I have not found any such organism as yet. Possibly other irritants may produce the condition, though doubtless some predisposition is necessary.

Comedones in children differ from those of adults in their being mainly dependent on local causes, on their great tendency to group and to be more closely set; in their involving the hairy scalp, and, finally, to their being generally readily amenable to treatment, all that is usually required being friction with a weak soft soap and spirit liniment; or a weak sulphur application may be employed in mild cases, preceded by fomentation with very hot water."

The publication of this paper called forth from the pen of Dr. Geo. Thier another which will now also be given in full:-

"Grouped Comedones"

"The first, and indeed, the only published notice of the occurrence of comedones in special groups of which I am aware is the observation recorded by Dr. Crocker in the *Lancet* of April 19th 1884. Dr. Crocker

grouped
comedones
by
Dr. Thier
rect
t. 13th 1880.

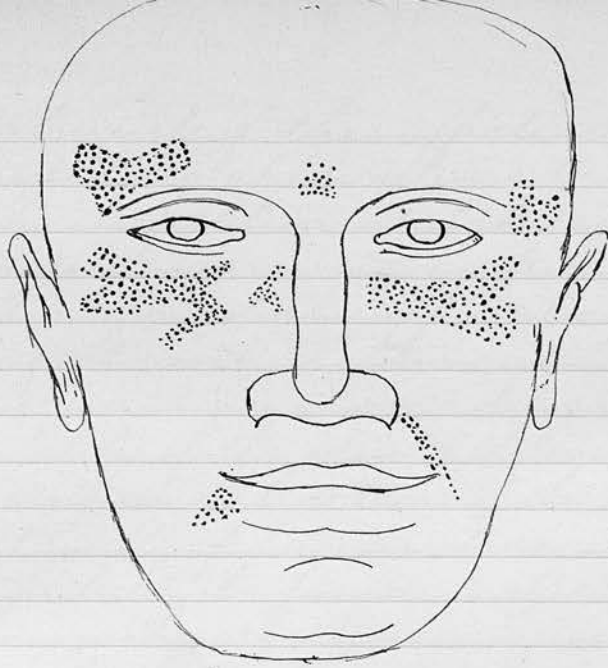
had observed that whereas Comedones have been considered to be an affection not usually seen before puberty, the condition occasionally occurred in children. He found that they were seated on the upper part of the forehead, the corresponding part of the occiput, and on the temples and cheeks of young children and infants. He states that they were found "grouped," giving the part a very dirty and somewhat black appearance.

Dr. Crocker attributes the condition in these cases to warmth and moisture. This condition of grouped comedones is, however, not confined to children and infants. It is, indeed, recognised by authors (Kaposi 2^{te} Auflage p. 146) that Comedones occur both regularly disseminated and in groups, yet I have found nowhere a description of a class of cases occurring in adults, which I am disposed to think are by no means very rare. In these cases a well defined tract or tracts of the skin of the scalp or face, or both, become the seat of a profuse development of comedones, so profuse that at a distance of a few yards a person so affected presents the appearance as if a piece of charcoal had been applied to the part.

There are present to my mind three cases which I have had myself occasion to observe, and of two of which I have had sketches made.....

The third case was observed by me on July 2nd of this year. A young man 26 years of age, in perfectly good health so far as his own sensations were concerned or could be detected by careful examination, was disfigured by what at a little distance seemed patches of dirt on the upper and inner parts of both cheeks, on the temples and slightly on the lower part of the face.

Close inspection showed that these dirty patches were caused by groups of comedones. The most prominent group were those on the upper and inner part of the cheeks, but the others were all well marked.



Although the man was young there were rather deeply cut lines in the usual situation between the fleshy part of the cheek and upper lip. In one of these lines viz. that of the left side - a linearly arranged group of comedones extended from the ala nose beyond the level of the corner of the mouth. In the corresponding line on the right cheek there were none present.

The importance of this affection is entirely in its disfiguring effects.

Ordinary comedones are, as many afflicted young persons are too ready to admit, by no means improving to the appearance, but grouped comedones developed to such an extent as those shown in the figure, become a decided deformity, giving rise to no little worry and unhappiness to the person who is the subject of them.

The extent to which this worry is developed depends of course a good deal upon the individual, but the most indifferent to personal appearance cannot help being rendered more or less unhappy by being compelled to constantly present the appearance of a daubed or unwashed face.....

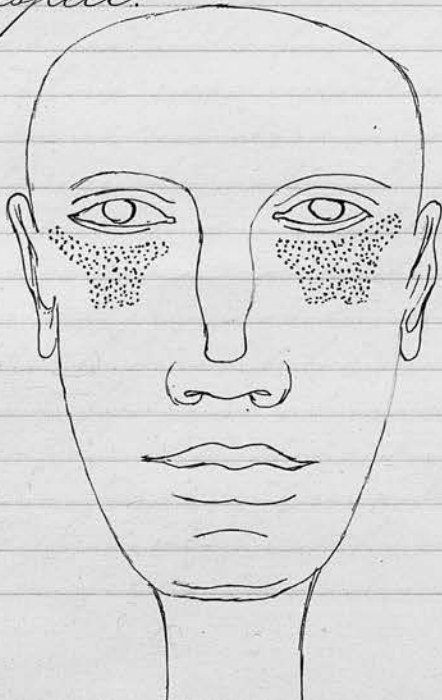
In two of the three cases I have related, I extracted a number of comedones, and subjected the sebaceous plug to a careful microscopical examination, but failed to find that it differed in any way from the similar plug which can be squeezed out in any ordinary case of Comedo.

The treatment of this affection consists in stimulating applications to the skin. The circulation over the affected parts should be roused by friction with soft soap, and the application of Sulphur ointment. Friction with soft soap once in 24 hours according to the susceptibility of the skin of the individual and rubbing in at bed-time of the Sulphur ointment will, if persevered in sufficiently long, probably be found to effect a cure. When too much congestion or inflammation is produced, the treatment should be intermitted and the application of a soothing ointment made for two or three days. Of course other means might be taken which would in some cases be more convenient, so long as the end to be attained is kept in view namely that of rousing or stimulating the skin to more tone and to more active circulation.

Persons of a speculative turn of mind will have no difficulty on looking at the figure in developing plausible and more or less ingenious hypotheses as to the cause or causes of this peculiar grouping. For my own part I do not hesitate to confess my ignorance on this point. The question is certainly an attractive one. Why a condition of the sebaceous glands that usually affects isolated points of the skin of the face, presumably due to some error of circulation in connection with a particular gland, should develop to such an unusual extent over isolated groups of skin in which apparently every sebaceous gland becomes a comedo, is certainly a most curious question, and one in regard to which, although no satisfactory answer can, it seems to me, be given, the search for an answer should always be kept in view, and the peculiar circumstances of each individual case carefully considered in order to obtain the clue to its solution. The development between the cheek and the lip may perhaps tend to cool the ardour of those

who, in this as in every other case of skin disease, would seek to throw the blame on the nervous system. This fold does not, I presume, correspond to any vascular or nervous supply, but from the very fact of its being a fold it is liable to lower the vitality of the part. We know how in certain individuals folds of the skin are apt to become the seat of eczema or rhagades, which, of course, implies that those parts of the skin are less liable to resist the ordinary causes of irritation, which the healthy skin can bear with impunity." able?

Dr Crocker once more sends an article to *The Lancet* under the title:
"Symmetrically Grouped Comedones"
"Dr. Thier's interesting communication on 'Grouped Comedones in Adults' in *The Lancet* Oct. 13th recalled to my mind a case that occurred in my practice. A lady, aged 35 years, who had previously been treated by me for acne rosacea and atonic dyspepsia, came in June 1886, with a precisely similar condition to that described by Dr. Thier, limited to the cheeks, as in the accompanying diagram. The Comedones were very minute, closely set giving a dirty appearance to the skin, and she stated that the affection had been present about a fortnight, dating from one morning, when she noticed that her cheeks were rough and slightly swollen, which a day or two later acquired the dirty aspect.

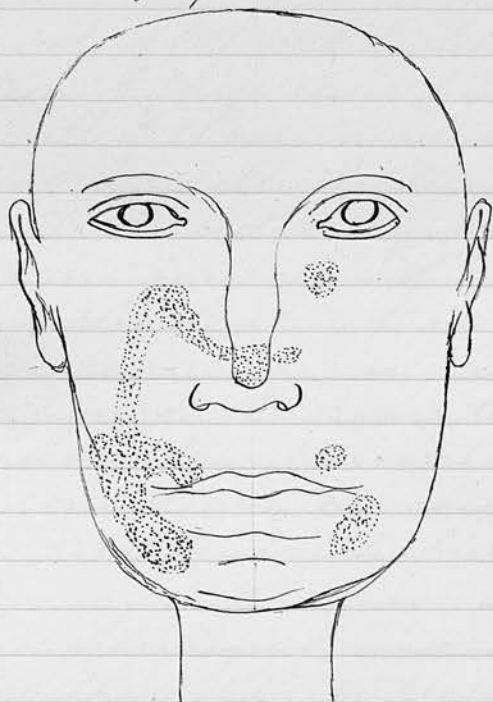


metrically
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dones"
D. Crocker.
et
27th 1888.

The affection was soon cured with a similar treatment, but somewhat milder than that recommended by Dr. Thier; the part was rubbed every night with a piece of moist flannel and "maquilla" soap, a liquid glycerine soap less irritating than soft soap. In comparing the diagram of this case with that of Dr. Thier's, one cannot but notice the similar distribution on the cheeks, and the symmetry of the affection in both. I am inclined to lay much more stress on this symmetry than Dr. Thier appears to do, for though it is not absolute in all parts, it is sufficiently striking, and points to an internal origin; and, if this be so, it places these cases in a different category quâ etiology from the cases of grouped comedones in children, which I described four years ago. In children there is strong reason to believe that the comedones are of local origin, probably bacterial, and possibly to be ascribed to the dirty caps or similar sources of infection, or, at all events, due to a local irritant.

Although Dr. Thier has met with three cases I cannot help thinking that the affection of "symmetrically grouped comedones" is a rare one, as it is too striking to be overlooked; and, in addition to the one mentioned, I am sure I have only seen one other case, a boy 10 years old, in the East London Hospital for children, suffering from general tuberculosis, who had a group on each cheek immediately in front of the ear. On the other hand, irregularly grouped comedones are now fairly common. Since the above was written another case has come under my notice - a lady, aged 31, who suffered at times from dyspepsia, of which the prominent symptoms were flatulence and flushing after meals. Her first attack of this unpleasant affection was when she was abroad in the spring, when her digestion was upset by the foreign mode of living. After her general health was improved she got rid of the comedones, but in

August last they appeared, under similar



circumstances, as badly as ever.

The distribution is delineated in the Fig, and this, I think, throws some light on the distribution in the lower part of the face in Dr. Thier's case, in which the two small groups are imperfect developments of the larger groups round the mouth in my case, and although in neither his case nor mine is the symmetry exact, the difference is not greater than it is in a large number of admittedly symmetrical affections. Now, the areas of the cheek patches, both in Dr. Thier's and my Fig, correspond to a frequent distribution of various skin eruptions, e.g. lupus erythematosus, many cases of Eczema &c. This localisation depends, doubtless, on an anatomical arrangement, probably of the vascular distribution under some nerve domain. I do not mean to imply that the disease is of nerve origin, but that the distribution is determined by a definite vascular area.

The causes of this curious outbreak of Comedones cannot be certainly determined until more facts are recorded, but my cases suggest that digestive derangements play an important part in the etiology."

Prior to the appearance of Dr. Thier's paper I had notes of a case ready for publication. It came out in *The Lancet*, Jan. 26th 1889, and will now be re-produced.

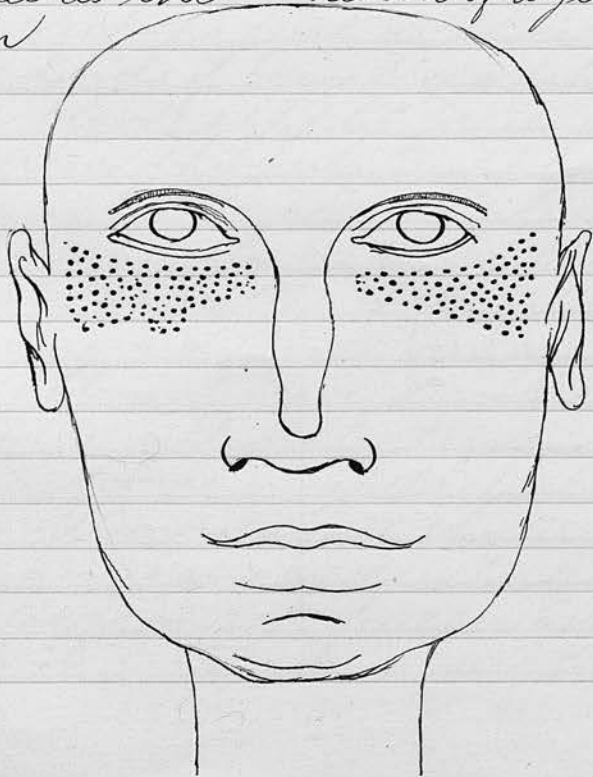
"Symmetrically grouped Comedones"

by J. A. Wetherell.

In The Lancet of Oct. 13th last Dr. Thin gives a description of three cases of Comedones (grouped), all of them in adults, together with a diagram illustrative of one of the cases. He considers that there is a by no means rare class of such.

Dr. Radcliffe Crocker in the issue of Oct. 27th discusses the subject, and gives two figures. He seems to think that there are two distinct kinds or classes of comedones, one occurring in children, sometimes distributed irregularly - say on the face - and occasionally in groupings; and a second and altogether different class, affecting adults. Having come across a case somewhat similar to that represented in Fig. 1 of Dr. Crocker's I have determined to communicate it.

J. B., aged 37 years, is a hale, hearty man, enjoying perfect health in every respect. He says he has suffered all his life time from the affection, and had made several unsuccessful attempts to cure himself. Immediately beneath each lower eyelid, and extending a little externally to the outer canthus, is a group of comedones having the shape of an isosceles triangle the base of which is directed outwards. They have an appearance as if grains of gunpowder had been implanted on the skin, causing a disfigurement similar to what we sometimes see as the result of a gunpowder explosion.



symmetrically
grouped
comedones
by
Wetherell.
meet.
on 26th 1889

They are raised very slightly above the level of the surrounding skin, their summits being tipped with black and about the size of a pin's head, all of them of a uniform height and consequently on the same plane.

In Dr. Thini's case there is a more extensive distribution, whilst in that of Dr. Crocker the apex of the triangle points outwards.

I would suggest that grouped comedones as they affect adults and children are one and the same thing, depending only upon the time of life at which we happen to see them, for it is well known they may remain entirely unaltered for years. As to the etiology of these 'symmetrically grouped comedones' - and observe that in my case the grouping is symmetry itself - I, like Dr. Thini, have no explanation to offer, and must confess my inability even to suggest a probable causation.

We find Eczema & Psoriasis almost always affecting, not one hand or side of the body alone, but both alike. Why this should be so is not known any more than is known why they should select any particular region of skin for their habitat. It may be that the regular grouping is attributable to the peculiarity of the blood supply of a part, that supply being subject to the ruling influence of certain nerve domains. But why should it be so? Perhaps, just as there are many kinds of Eczema, one depending on the blood supply for its causation, another on the nerve supply, a third having a bacterial origin, whilst a fourth is purely local, so there may be many varieties of comedones, each possessing a different *fontis origo mali*.

I fear that until we discover more about the ultimate termination of nerve fibres in epithelial or other cells, and more about the circulation of ptomaines in, and expulsion from the blood, much further advance will not be made in our knowledge.

of the pathology of either affection. When these problems are solved, we may get a clearer light into the etiology of all skin diseases, and a better understanding as to the physiological indications of treatment.

Inasmuch as the comedones in my case had existed from birth (?), evident by having had (according to patient's statement) an intra-uterine existence, the proverbial and ineffaceable gout, with the whole train of digestive troubles bringing up the rear, could have had nothing to do with them."

Shortly afterwards (Lancet Feb. 9th 1889 the last recorded paper on Comedones appeared, this time from the pen of Dr. M. Simpson.

It runs thus:
 "A case I have had under my care lately, very similar to those described by Dr. Wetherell in Lancet for Jan. 26th, may be worth recording. A young girl, seen last year, had suffered from acne for several years. Then, and for some short time past, there was a patch of skin with a number of Comedones between the outer canthus of each eye and the cheek-bone. They could be removed easily but their return was speedy. And it was remarkable that after eating anything which did not agree with her, drinking a little porter or stout (as her doctor recommended), or a glass of port, almost certainly a red flush came in that part of the face where the patches of comedones were, and was limited by their bounds. Arsenic had had little or no effect. I did not try sulphide of Calcium which has given me good results in several cases. I may add, as might be expected, that constipation was present.

The blushings, symmetrical and localised suggest an over-supply of blood to the sebaceous glands, tending to keep up an over-production of sebaceous material. In this way acne may depend directly on diet."

symmetrical
 grouped
 comedones.
 by
 M. B. Cantal
 Lancet Feb 9th
 1889)



Milium-Symmetrically grouped

The affection termed Milium is one of the diseases ~~of the diseases~~ of the Sebaceous glands in which the sebum is secreted in undue amount and its proper ex-
 traction prevented, and consists in the formation of rounded, yellowish or whit-
 ish opaque nodules, generally few in num-
 ber and of small size, but at times mul-
 tiple and varying from a pin's head
 to a split pea or larger.

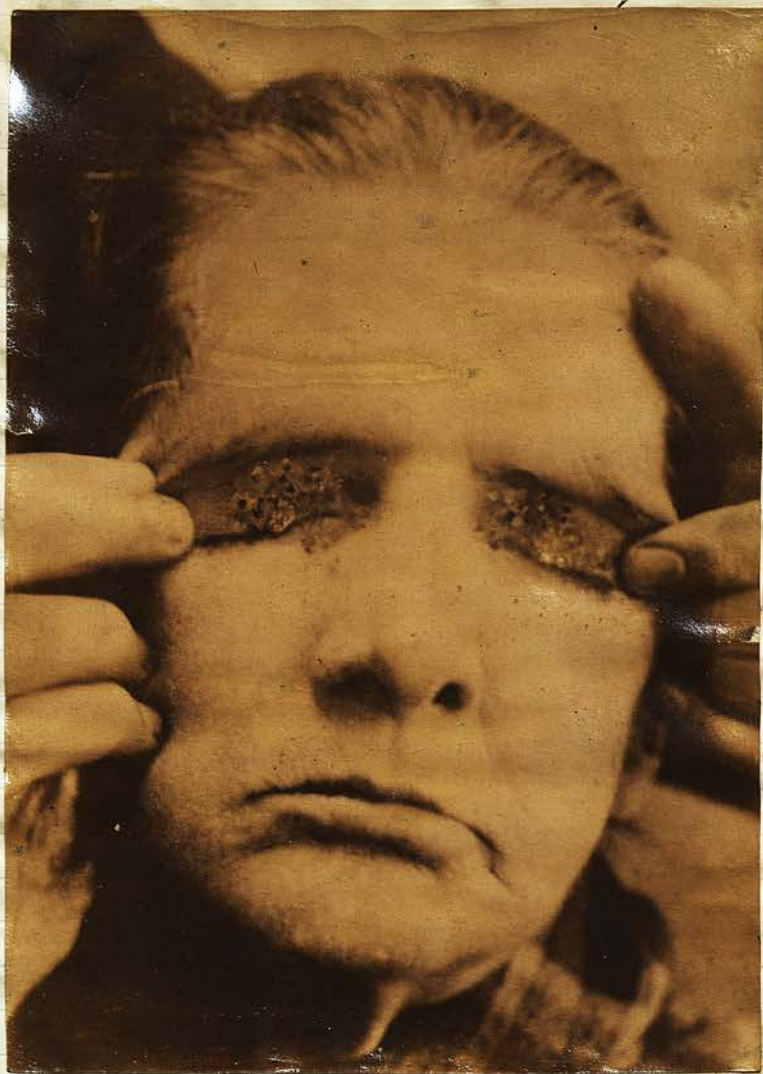
Extracted
 from
 The Illustrated
 Medical News
 Feb. 1st. 1890

Essay III

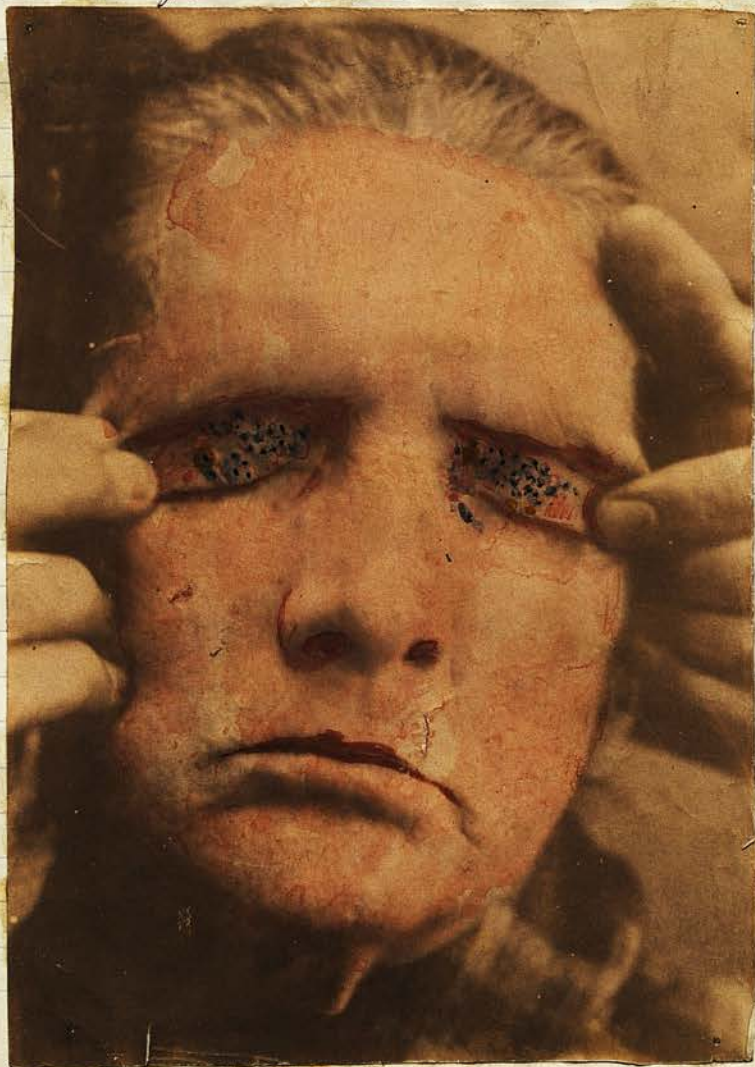
In none of the modern works on Der-
 matology, or in any of the medical
 journals of the day, exists a description
 of Milium in which the spots occur
 in symmetrically arranged groups.
 Dr. Radcliffe Crocker was the first (Lancet
 Apr. 19th 1884) to delineate Comedones
 aggregated symmetrically; and thence
 followed papers by different authors
 on the same subject (vide Lancet Oct.
 13th 1888; 27th with drawing; Jan 26th 89).
 There is this point of difference between
 the Comedo and Milium spot, the form-
 er occupies the duct of the sebaceous
 gland and is in direct communica-
 tion with the outer world, the Milium
 tubercle has as its habitat the sebaceous
 gland, or a lobule, itself, the duct hav-
 ing become obliterated, and is freely
 movable under the healthy cuticle,
 shut off from external physical influences.
 I shall now proceed to give a short
 outline of a case:

J. H. - the portrait of whose physiognomy,
 with closed orbs, is appended, aged
 45, a woman of somewhat weak in-
 tellect, an inmate of the Barnsley Work-
 house Infirmary, has on each upper
 eye-lid a mass, seemingly formed of
 an agglomeration or confluence of single
 spots. The circumference is irregular,
 in fact here and there outside are
 isolated foci. Scattered over its area
 are a number of black melanic
 looking grains, in the midst of the
 sebaceous material. They are not
 comedones, at least sebum cannot
 be squeezed from any, nor can I

divine their real nature at present.



It is of a slaty colour mostly, and raised about $\frac{2}{12}$ ^{1/4} of an inch above the skin surface.



Detached tubercles of a yellow pearly hue, sessile, freely movable, destitute of black, in size and appearance resembling millet seeds, exist in several places, e.g. on the free margin of the left upper lid and on each lower lid immediately below the inner canthus. Section of any of these seed-like bodies gives exit to cheesy matter.

Except the disfigurement the disease occasions no inconvenience. It has existed for four or five years, and the patient's brother is stated to be similarly afflicted.

The Cause of Miliaria is frequently unascertainable. They are sometimes transmissible from parent to offspring, showing themselves however only in adult life. Helma assigns as a causative agent an accident, for the reason that they are frequently found where operations have been performed, as for instance on either side of a linear cicatrix.

These elevated bodies are slow in growth, but, having attained their magnitude may remain unchanged for years.

Like Eczema, the disease attacks parts of the body where the skin is thin, and the subcutaneous fat sparsely developed, e.g. the eye-lids, cheeks, male and female genital organs.

The confined material is undoubtedly sebum, accumulated in the gland acini. It may however have deposited in it calcareous salts, or even undergo a colloid degeneration.

The cuticular envelope of the entire human frame is constantly, in obedience to fixed physiological laws, undergoing a process of evolution, of wear and tear. So it is with that clothing the milium tubercle, and in course of time the cap becomes cast off. The curdy oil is then exposed. Thus it comes about that spots may disappear spontaneously. Sir Erasmus Wilson had observed this fact and in the case just quoted I have several times verified the statement.

There are some points of resemblance between Miliaria-symmetrically

grouped and Xanthelasma (Tetiligoidea), especially the tubercous form, as also Molluscum contagiosum. Firstly as to the former, Mr. Jonathan Hutchinson, after an inspection of the photograph only, in a letter to me, whilst expressing the great difficulty of judging without interviewing the patient, leans to the idea of the case described being one of Xanthoma with sebaceous enlargements. Addison, and Gull in the 'Guy's Hospital Reports,' vol. viii, part ii, second series (London, 1851, p. 266) were the first to give an accurate account of Tetiligoidea. They distinguished two forms, Tetiligoidea plana - Rayer had previously figured this in his atlas, plate 22, fig. 15, as 'Plaques jaunâtres des paupières' - "yellowish patches of irregular outline, slightly elevated, and with but little hardness," and Tetiligoidea tuberosa, "tubercles, varying from the size of a pin's head to that of a large pea, isolated or confluent." Could any thing then be more natural than to describe the case of J. H. as one of Xanthoma. Nor does a critical survey of the plaque altogether negative this construction. Histologically Xanthelasma (Dr. Wilson) and Miliun, ^{are alike} nevertheless the points of difference, and weight of evidence from physical appearances, warrants me in calling the case one of Miliun symmetrically grouped.

Next, what is the difference between Molluscum Contagiosum and the affection under consideration?

Molluscum contagiosum vel sebaceum consists in the formation of solid tubercles, of varying size, either sessile or stalked, having as a core or interior sebaceous material of different degrees of consistency. Unfortunately for pathology the term Molluscum has been affixed to two distinct lesions, the first the disease Molluscum contagiosum, the other a new growth of fibro-cellular tissue, in fact a true Fibroma, allied to Dermatolysis, frequently found in a multiple number on the skins of persons advanced in years, but

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having no relation to the former. The confusion and error arose doubtless from a misconception as to the real nature of *Molluscum fibrosum*. The single points of diversity between *Milium* and *Molluscum sebaceum* are, as it seems to me, the perviousness of the excretory duct in the latter, and the larger size of the tubercles. *Milium* is *Molluscum* in miniature. This view of course will only hold good if we regard *Molluscum* as a non-contagious affection of the sebaceous gland. Indeed at one time I was inclined to look upon the skin disease of S. F. as this and no other. For if we regard it in this light the bluish dots might be considered aborted hair-follicles. Placing this construction forward the appearance of the hair-follicles on the one hand, and the isolated tubercles on the other, might be considered as evidence that *Molluscum* can have an origin either from a follicle or gland. As regards contagiousness I have failed in all attempt either to inoculate the patient herself or another individual with the cheesy material obtained from a punctured nodule. Therefore after a careful study of the pros and cons I maintain an example of *Milium* with a symmetrically grouped disposition has been adduced.

Treatment of Eczema

essay IV

not?

I do intend in this essay to describe the minutiae of treatment to be applied to Eczema affecting each individual part of the body, but only to those on which I myself have made original observations, and tried the methods. Before proceeding with details let us take a brief survey of the broad and general principles governing

A. External appliances one may make use of. Just as in erecting a house, prior to raising the superstructure and placing our articles of ornament and utility within, the foundation must be laid, so in Eczema we discuss first of all the broad truths or lines. In a large proportion of instances, most reliance has to be placed on local alteratives. Our stronghold is established on direct contact of the remedial substance and the irritated part. However, much of the body is affected there is little danger in curing and still less, or none, of 'driving it in.' Of course the treatment will be modified according to the age and idiosyncrasies of the individual and above all will depend on the nature and degree of the morbid state. If in the acute stage, or the skin is thin and delicate - and this is usual in the Eczematously disposed - soothing measures are required, if in the chronic, bracing, toning and renovating. If local applications fail to ameliorate, after extended trial, the Eczema should be considered systemic (i.e. constitutional), due to causes acting from within (Class A), and medicaments tried accordingly.

Why is it that there is so great a tendency to recurrence? The reason is not far to seek. We are content to consider cured, that which has only departed, either spontaneously or by reason of treatment, for a time, only to return on the slightest provocation. A persistent cause exists beneath

the transient effect. Nevertheless the outer manifestations must, by hook or by crook, be eradicated, and then the skin will be placed in a position to withstand and repel the militant cause. The accomplishment of this object is achieved by the use mainly of external applications, and these may take the form of :-

I Powders. The purpose in view in their employment is that of protection from the air, as in *Eczema Erythematosum* - really an adjunct of *Eczema vesiculosum* - or to absorb discharges, as in *Eczema humidum* or intertrigo. Most of them are sedative and desiccant at the same time. The following form a variety that may be employed in different combinations :- powdered Oxide, carbonate or oleate of Zinc, Bismuth compounds, French chalk, talc, starch powder, rice flour, carbonate of Magnesia, Salicylic and Boracic Acids, powdered camphor, orris root &c. Of the protective and antiseptic class, a good one is :- powdered oleate of Zinc, boracic acid and powdered maize, equal parts. An absorbent powder for excoriated surfaces that I am particularly fond of is :- Boracic acid, Bismuth and Zinc Oxides $\bar{a}\bar{a}$ ʒss and pulverised Camphor ʒij. The Camphor allays the heat and irritation. A few drops of Carbolic Acid Tinct or Creosote added to the powder will answer the same purpose, but requires caution.

There are several ways of applying these or other extemporaneously made combinations. The first is to dredge the diseased skin from a very finely perforated dredger, or dust the adherent from a muslin bag or pouch; a second, is to powder them ^{on} from a puff, or a piece of lint dipped into the box; still another is to fill narrow muslin bags with the chosen mixture, and seam the two layers, upper and lower, together, after the fashion of quilts or barbarian splints.

Powders

This method is of value principally in the removal of the penis and scrotum, wherever two opposed surfaces come in contact. Each movement of the parts causes some of the contained substance to riddle thro' the meshes of the muslin, to be transferred as a fine dust or cloud to the affected area with which the quilt and splint - is in touch.

Powders may be alternated by day with others of the external means.

Ulcers

2 Poultices made of starch (cold) and Boracic acid, frequently changed, remove scabs and scales, - note here that until we, if such be necessary, get rid of these and all other secondary products, envelopes of ruptured vesicles, concreted discharges &c we cannot by any possibility hope efficiently to do battle with our common foe, the Bazema. - but a good bathing with warm Oleum Olearum or Olive Oil, followed up by a wash with hot water and soft soap, acts more effectually. Lassar divides the means employed in the local treatment into three different classes: (1) Drying and protecting indifferent applications, including dusting powders and pastes; (2) Softening and macerating remedies, amongst which are included water, many ointments, salve soaps, soaps, plasters and plaster mulls. The indications for the employment of these are the same as those for poultices, namely in the accumulation of the products of disease on the skin, and excessive dryness of the latter.

(3) Materials having the effect of diminishing hyperemia and aiding cornification, to which belong tar, Carbolic acid, alcohol etc. These categories however do not embrace all the means. Subsequently it will be observed that there is no specific local treatment, it is entirely symptomatic and palliative. Here the various

Soaps

3 Soaps may be noticed. Potash Soap, if well rubbed into an infiltrated and thickened area, covered with accumulated epithelium, will

remove the scales &c. Helra's
Spiritus saponatus Ralivus made up
of two parts of pure potash or green
soap digested in one of rectified spirit,
and then filtered - rulled well in
and immediately afterwards washed
off, answers better and is particularly
serviceable to assist in the dissolut-
ion of dry leathery induration with
an outlet of scabiness. It may be
blended with Oil of Cade, Oleum Rusci
Spirit of Lavender, Oil of Roses or Rosemary
&c. Take a piece of the soap about the
size of a walnut upon a pad of flannel,
and apply it with firm pressure,
dipping it occasionally in water
so as to create a lather. After each
sitting, which should take place
daily or every other day according
to the effect, the parts are dressed
with one of the soothing ointments.
A weaker solution, composed of an
ounce of the potash soap, half an
ounce of Spirit Vini Rect and an
ounce and a half of distilled water
may be substituted if the disease
occupies a large area or the infil-
tration slight. This is allowed to
dry on, and after a course of a few
days suspended for an equal period.
The fact of the vesicular points be-
coming red and exuding should
not deter us from persisting with
the treatment.

And here I would with great em-
phasis once more insist upon that
point of vital importance namely
the absolute necessity of removing
all scabs and scales before proceed-
ing to attempt the cure of the
affection itself. It is in this direction
India rubber caps, bandages &c find
their proper employment. By prevent-
ing transpiration the watery sweat
pushes up from below the denuded
and macerated epithelium with
other waste material, which is then
easily removed. If the parts e.g. scalp,
are bathed in hot gruel or starch
water for five or ten minutes, dried

stices

and some soft soap spirit rubbed in a bare and clean surface is obtained to work upon.

4.

Alkaline
other
caustic
dies

Or the soap treatment may be displaced by Liquor Potassæ (pure) or Potassa fusa (grs ~~iv~~ - ~~xxx~~ or ~~xl~~ to ʒi of water) painted over the diseased obstinate area with a charpie brush, and rubbed in with a piece of wetted flannel if required, then washed off in an hour or less. The latter - although to interpose the fact here is a slight digression - can be used in Eczema madidans to check the discharge. The pain on first applying is somewhat intense, and causes a repletion of the serous fluid from the red points previously alluded to. After each successive application - they should be made every second or third day, and the parts dressed with soft cold water or one of the sedative liniments in the meantime - the pain and exudation are diminished. Just a word of warning against too frequent washings, which but sodden an epidermis ~~only~~ ^{only} faintly protected by the stratum corneum, deteriorated in quality; and the application of Inferior soaps for detergative purposes. These contain fatty acids, which are irritating, or free alkali, which combines with the fatty secretion, ejected from the coils of the sweat glands, to mingle with the perspiration from the spiral loops, thus rendering the cutaneous covering dry from absence of fat, and irritable. With a consequent predisposition to cracking, and to the effects of external irritants. Some discard the use of soaps altogether, displacing them by washing in water strained after being boiled with oatmeal, bran, rice or like glutinous bodies. These not only have cleansing properties equal with any soap, but also soothe the skin and soften hard waters. This latter ought at all times to be avoided. There are several things Eczematous patients should be impressibly cautioned to eschew as much as possible

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Sodden is the part
hardly the holds on
see the

or abstain from entirely, viz. the unnecessary use of soap and water, especially hard water, alcohol, coffee, sugar, pastry and similar stimulating starchy substances; excess of meat and indigestible vegetables.

As regards Medicated Soaps for general use Sanol-

ine, Tinolia, or over (super) fatty soaps (Unna) are the best. They have in combination an excess of saponifiable fat or cream, which, when the soap is dissolved in water, combined with any free alkali, and so prevents this same alkali from attacking the skin and abstracting its oil. This deleterious action from this source is rendered absolutely 'nil.' Here is an excerpt from The British Medical Journal. Feb. 16th 1889, page 19: "I personally have used Tinolia soap, and consider it the very best; whilst it has excellent detergent properties it at the same time gives suppleness and elasticity to the skin and allays the itching so common to a dry Eczema."

Super-fatty soaps may be amalgamated with Tarhy lodius, Sulphur &c.

5. Ointments are of different natures and have a variety of purposes to answer. Fatty substances, including neutral unguents, as prepared lard, simple ointment, spermacete, white wax and vaseline; and oils, as olive, almond, cream, cod-liver oil &c. restrain the watery secretion and therefore, whilst being lubricant, they may be sedative, protective, cooling, from the evaporation of contained water, and healing, possessing the latter property by virtue of their power to divert leucorrhoeas (?) to a channel more adaptable than the skin to their excretion. (?)

A soothing ointment is thus prepared.

R. Ol. Rosa m. iv
Zinci Oxide
Bismuthi Carbonatis aa ʒi
Vaseline ʒ ii
Sanoline ʒ i

miscer

This, united it may be with a little Ichthyol ʒ, to the ʒ; or simple Tinolia

Soaps

ointments

a purified form of cream of vegetable milk, obtained from one of the family of the *Byttneriaceae*, mixed with linc. Oxide of Zinc etc. is par excellence serviceable in allaying itching. The various

6. Empyrematic Oils and derivatives find their peculiar advantage where itching is a marked feature. I generally combine them in an ointment, or a lotion with soft soap or *Liquor Potassae*. The latter are in double request in chronic scaly cases where there is infiltration. Tar, its allies and derivatives, enjoy a reputation in this class also. Diluted they may be applied also as antipruritics and sedatives in the acute stages. If made up with Lanoline or Vinolia basis, thus:-

Empyrematic Oils

Serry Soles

1. R _y	Ol. Cadine	ʒ _p	2. R _y	Ichthyol.	ʒ _i
	Ol. Eucalypti	ʒ _p		Ol. Rusci Pyrol.	ʒ _i
	Ol. Peelinæ	ʒ _{ii}		Taseline	ʒ _{ii}
	Lanoline	ʒ _i		Lanoline	ʒ _p
		<i>m.</i>			<i>m.</i>

3. R _y	Naphtholi	ʒ _p - ʒ _i	4. R _y	Creasote, rel	
	Sp. Camph. vel	ʒ _p		Ung. Pices	ʒ _i - ʒ _{ii}
	Aud. Camphoric	gr. x		Co-cain Hydroch.	gr. v
	Ol. Rosæ	ʒtt. ii		Ol. Lavand.	ʒtt. xv
	Vinolia basis	ʒ _i		Vinolia basis	ʒ _i
		<i>fat Ung</i>			<i>m.</i>

Sedative and Stimulant Ointments

(5) R _y	Liq. Carbonis deterg	ʒ _{ii}
	Zinci Oxide	ʒ _i
	Ol. Rosmarini	<i>m. xv</i>
	Ol. Pini Sylvestris	ʒ _i
	Lanoline	ʒ _{ii} fat ung

they are stimulating alteratives, but useful also where there is paræsthesia or other irritable conditions of the skin. The drugs in this form are partially absorbed. We should however be guided by common sense principles, for it is an aphorism, the substantiation of which is evoked in every day life, that "what is one man's food may prove another's poison". Some integuments stand a stimulating course better than others. The irritability is

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not only variable in different cases, but has a wide range in one and the same case at separate times. A careful and judicious selection should therefore be made, and proceeding tentatively and cautiously with the remedy, examine as to the result repeatedly.

If there is excessive induration or thickening and fissuring of the epidermis Salicylic Acid may be tried (w. plaster mulls). R_y

Camphor Salicylata grs. ~~xx~~ - ʒi
Creosote ʒj
Thymol grs. ~~xx~~
Zinolia ʒi

This may at times be advantageously replaced by a Calomel or other mercurial preparation.

R_y
Hydrarg. Sulchlor. vel ʒi
Hydrarg. Ammon. Nit. ʒi
Ol. Oliva. ʒi
Lanoline ʒi

This unguent can be relied upon to relieve the pruritic propensities of a chronic Eczema or one which is on the road to cure. A combination mercurial is the Iodide.

R_y
Hydrarg. Biniiodidi gr. x
Ung. Simplex ʒi
or Sulphide.

R_y
Hydrarg. Bisulph. gr. x
Creosote m. iv
Vaseline ʒi

An excellent method of treating acute Eczema, e.g. of the buttocks, consists in bathing the affected parts with black or yellow wash for 10 or 15 minutes at a time, twice daily, allowing the lotion to dry in, then applying a very mild Calomel and Bismuth ointment.

On the least indication of inflammatory action, these mercurials should be discontinued and either of the following substituted:

R. Liq. Plumbi Sulac. ℥i (2) Bism. Carb ℥i
 Linci Oleatis ℥ii Lead-plaster ℥i
 Pulv. Camphor. gr. x Al. Bergam ℥ss
 Ung. Vaselini ℥i Vaselini ℥ss
 m.

Pastes

7

Pastes resemble ointments in the method of application, but after a time become dry and adhere with somewhat of a grip. The most renowned are -
 Lassara's or Ihl's modification.

R.

Linci Oxidi		Linci Oxidi
Pulv. Amyli	aa ℥ii	P. Amyli
Acidi Salicylicii	gr. xii-xv	Vaselini
Vaselini	℥ss	Lanolini
	fiat pasta.	Resorcin
		gr. x.

They may be caused to set the speedier by coating with one of the dusting powders after the smearing. Whilst exhibiting absorptive qualities they at the same time leave a deposit of the medicinal substance in direct contact with the skin. Their use is limited. They are not suitable where there is much weeping, in the acutely inflamed, in universal Eczema, or on any uncovered part as the hand or fingers, unless indeed the patient is regardless of external appearances - an excessively rare event. Moreover, they require to be freshly made. They are constructed off hand with gum-tragacanth, acacia, dextrine, glycerine, starch &c.

Unna's finds much favour

R. Linci Oxidi
Glycerini

Muc. Gum Arab. aa ℥ii

Allied to these and as substitutes to Ointments are Medicated Gelatines.

8. Glycerine pills and Collodion preparations.

Except where there is great external exudation these are applicable to all forms of Eczema, and whatever the site. Although not actually impermeable to the watery vapour which normally escapes from the skin, still they are waterproof to the fatty sweat. A high temperature, either external or internal, is antagonistic to their use.

Gelatine and Collodion preparations

Two formulae are given.

(1) R _f		(2) R _f	
Zinci Oxidi		Zinci Oxidi	ʒii
Gelatinæ	aa ʒii	Gelatinæ	ʒiv
Glycerini		Glycerini	ʒiʒ
Aqua destill	aa ʒi	Adipis	ʒii
Pot Sulph Ichthyid.	ʒʒ	Acid Salicy.	gr. xx
	m		m

These compounds have to be melted in a water bath each time before using and painted on with a stiff brush, then pencilled over with a fine film of absorbent cotton wool, so as to form a closely adherent pliant covering, which can be applied to large areas, is readily removed by bathing with warm water and easily reapplied" (Samison).

A good colourless anti-inflammatory gelatine preparation is a desideratum. Next consider the different Plasters.

muslin
plasters

9. Salve-mull is made up of undressed muslin, coated with a paste of ointment. When dry they are ready for use, and are more adaptable than ordinary pieces of lint spread with unguent. Principally of service where the folds of the skin are numerous or the form complicated, as occurs on the fingers, hands, ears and genitals, they are called for in obstinate squamous, and chronic localised Eczemas and pre-eminently where simple infiltration of the dermis is the marked feature. Various drugs can be combined in these muslins, one however which answers all purposes, and in all cases, is the Zinc Ichthyol.

Plaster-mulls (Urina) are composed of a thin sheet of gutta-percha, coated on one side with adhesive substance, incorporated with one or more medicinal materials, and backed on the other side with undressed muslin. By reason of their impermeability and resolvent powers they make excellent scale and infiltration removers. They are also anti-inflammatory, antiseptic and healing, but should, along with the secondary products attached to them, be removed at least once each, or every second, day.

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That which is mostly used is the Salicylic Acid and Creosote. The latter ingredient reduces to a minimum the pain, which otherwise would be brought on by the former. An important point connected with both the salic and plaster, muslins is that no spreading of ointment is necessary; it is ready laid, of an even and equal consistency. Their use is restricted to the covered or clothed parts of the body, nevertheless they find a wide range of applicability.

Eczema palmaris may be treated thus: dissolve 1 part of pure gutta-percha in 10 of chloroform, and mix 10 per cent chrysarolin, the active principle of Goa powder, or pyrogallic Acid, so as to form an emulsion, this to be painted on the thickened area with a stiff brush. Or 10 per cent chrysarolin dissolved in chloroform may be painted on, and then varnished over with traumaticin. (Crocker.)

10. Lotions are principally in vogue in *Eczema* of the face. As a general rule Lotions are best adapted to the acute and weeping stages, ointments to the chronic. The cardinal point to be kept in view in all treatment is to allay the irritation and moderate the inflammation of the acute stage, and so conduct the case as speedily as possible to the healing or scaly condition. An exception to this rule may perhaps be allowed in the abortive process in *Eczema erythematosum*. A large percentage of Lotions are soothing. Water in varying degrees of temperature, infusions of marsh-mallow, poppy-heads &c, new milk, butter-milk and cream used as Lotions have a deserving popularity as efficient remedies. All of them are certainly sedative and will allay itching. Those who put their trust in the external as well as internal administration of alkalies, under the cover of the law that 'like cures like', the alkaline substances diminishing alkaline effusion and discharge, prefer a lotion of a drachm of Bicarbonate of Soda to the half-pint of soft-water.

Lotions

Water etc.

Alkaline

Some recommend the diseased surface to be sponged over with this solution, or with the addition of Borax (ʒii to pint) before the renewal of all applications. These are certainly useful for cleansing greasy surfaces, as for instance when we employ a lotion during the day and an ointment at night. In this case however an infusion of Quillina bark is free from objection for detergent properties.

al. tar

The alcoholic solution of coal tar makes the happiest of all sedatives, and it may be combined ^{with} another excellent drug, the Acetate of Lead:

R. Liq. Carbonis deterg. ʒii
 Liq. Plumbi Subact. ʒi
 Glycerini ʒiſs
 Aqua destillata. ℥ss

in weeping Eczema, Eczema erythematosum, and dry scaly conditions; or with Sodae Bicarb, Hydrocyanic Acid &c. if there is much itching.

Lactate of
 d Lotion

Where exudation is very profuse the glycerole or lactate of lead answer

well. An extemporaneous lactate is made thus: Liq. Plumbi Subact. ʒi, fresh milk, ʒii, to be well shaken together. Under like circumstances Ichthyol (ʒi to ʒi, Aqua rosa) painted frequently on finds a purpose. The water quickly evaporates, leaving a film of protective substance, which by its pressure and therapeutic properties, diminishes congestion, and so tends to decrease of inflammation and out-pouring of vesicle forming serum. Moreover these solutions leave no white coating or create a conspicuous attraction, as ointments, pastes and muslins do, and are applicable whether there is secretion or not.

Ichthyol.

The epidermis of the face and front of the neck is thinner and more tender than that of the remainder of the body and, as a consequence more vulnerable to excitors. Therefore the requisites of a first class lotion must be transparency, sedative, healing, and

capacity for prevention of relapses.
 One which presents these virtues and
 is also universally applicable is this:

Lotions
 Lead and
 Zinc

Ry
 Zinci Sulphatis. gr. XX.
 Glycerini ℥ii
 Acidi Carbolicii m. XX
 Sp. Vini Rect. ℥iv
 Ess. Rosae dulc. m. vi
 Aq. flor. sambuci ad ℥vii
 fiat lotio

Sig. The affected parts to be bathed with
 the lotion several times a day.

This is cleanly, certainly more so than
 an ointment, easily applied, and,
 dabbed on with a piece of lint or sponge
 has a decidedly hardening effect on
 the epithelium of a cured Eczema, and
 hence acts as an excellent prophylactic.
 An Eczematous skin after a first out-
 break is always left frailer, so that care
 is required to endow it with strength
 and tonicity to ward off future attacks.
 Another formula is:

Ry
 Hazeline ℥ii
 Glycerini ℥i
 Zinci Sulpho. carbol. gr. XX.
 Spiritus Vini Rect. ℥vii
 fiat lotio

If there is little secretion, e.g. in Eczema
 erythematosum, and in moist Eczemas
 which are on the decline, one of the two
 following creams is applicable:

1. Ry
 Calaminaris lapis ℥ii
 Zinci Oxidi aa ℥ii
 Acidi Carbolicii ℥p
 Glycerini ℥ii
 Aetheris Sulph. ℥i
 Sp. Vini Rect. ℥vii

2. Ry
 Zinci Oxidi ℥p
 Acid. Carbol. ℥p
 Glycerini ℥p
 Sp. Vini Rect. ℥ii
 Aq. Rosae ℥vii

Sig. Warm the bottle before use.

Paint the liniment on to the affected
 parts with a feather or camel-hair brush
 thrice daily. Shake well before using.
 In these pedative paints, creams or
 liniments whichever name you care
 to designate them by, the salts of
 Zinc are generally substituted for those
 of lead. Chalk often forms a suitable

ointments

addition to liniments, especially if the diseased surface is extensive or excoriated and weeping, requiring a soothing astringent, as in this pigment. R.

Bismuth Carb.

Zinci Carb. (pure) āā ʒʒ

Acidi Salicyl. gr. x

Ol. Olivæ vel.

Ol. Amygdal. dulc. āā ʒʒ

Aq. Calcis ʒʒ

fiat emulsio.

or

Calaminaris lapis.

Zinci Oxide āā ʒʒ

Ol. Rosæ m. IV

Sp. Kim Rect. ʒii

Ol. Olivæ ʒi

Aq. Calcis ʒvi

ʒii

Sig.

Apply on strips of lint or by means of a soft brush out of a saucer or shallow vessel. Warm and shake well before using. These all form a rather dry protective crust, and therefore to exposed parts - unless personal appearance is a non entity - are best painted with a camel-hair brush or mopped on by means of a soft rag each night before retiring to bed, and washed off in the morning with a medicated soap, e.g. that of Lanoline, Naphthol Sulphur, or oatmeal, rice and maize flour water or with a solution of a tea-spoonful of Borax in a pint or more cold boiled water to which has been added a little yolk of egg.

It should here be noted that Glycerine proves injuriously irritant to some skins, and in these cases almond emulsion may be substituted; also that different skins respond in varying ways to our medicaments, so that we must often use the external remedy tentatively. Having once discovered by patient trial the appropriate and suitable one claim it as the victor.

11. Baths Under the term

i. Water bath is embraced the

(a) Cold bath (temp 52° - 60°; beneficial in

general Eczema. The application of the cold bath or douche mitigates the pain and inflammatory action which immediately follows the use of Liquor Potassa in Eczema rubrum. We cannot attempt to smear the entire cuticular area with an ointment or salve, and therefore avail ourselves of the hydropathic treatment. So called permanent baths, in which the patient is immersed for a length of time, restrain by their action on the skin both the watery and fatty sweat. More work is thus thrown upon the kidneys, and these are toned and stimulated by the imbibition of copious draughts of certain mineral waters, preferably those having in solution small quantities of Arsenic and alkali salts. Should this temperature prove too low ~~or~~ ~~xxxxx~~ substitute either the (b) cool, (c) tepid, (d) warm, (95° - 100°) or (e) hot. As a rule the warm bath is not advisable in the acute stages. Twenty minutes is adequately long enough to remain in the water.

Water bath

Vapour Baths

II Vapour baths are (a) the simple vapour or Russian, (b) Medicated watery vapour bath and (c) Humigrations. In the subacute and scaly conditions a & b. must be adopted, whilst Syphiloderms require fumigations of Hg. Even in non-specific Eczema e.g. of the trunk sometimes order a Calomel vapour bath.

Air Baths

III Air baths include (a) hot-air or Turkish and (b) spirit vapour.
IV Medicated baths

Medicated Baths

If a natural spring be near we would do well to avail ourselves of the advantage its proximity affords. Many (e.g. Harrogate, Bath) of them contain in combination Sulphur with alkalis, and these assuage itching, so general in Eczemas of the climacteric and aged. The bracing inland air and careless life which accrue to patients visiting these places assist in no small degree the other remedies in their message of relief and cure. I feel bound to express my disapproval of the statements of most dermatologists who assert that sea-air and sea-water are decidedly hurtful to all Eczematous skins. I frequently

order my patients to bathe their Eczema as in salt water, after the application of one or other ointments, and this in both the chronic and acute stages. As regards residence for Eczematous patients, I have given the matter much mature thought and attention, and have personally tried the air of many localities. I find - although this is at variance with the teaching as given in text books - that the sea-coast suits most, and particularly the scaly chronic, Eczemas - if it exist in the rickety and stercorous the more preferable the case - but that the vesicular and moist forms require an inland situation, somewhat protected, as on the gentle descent of some hill, and with a moist, not over damp air. The town of Bath satisfies these requirements. There exist in it a mean temperature, no wide extremes of heat and cold, and no undue humidity or moisture of the atmosphere. All winds are tempered in keenness and moderated in rapidity of blast by the surrounding protective hills. Moreover the thermal springs or spas contain in addition to a small proportion of Arsenic, the sulphates of Magnesia and Lime. The degree of heat for either internal or external use can be graduated to a nicety. The whole place in fact is the beau ideal for a refuge. Watering places and the coast, however, are not always near, nor could the patient in every instance afford to go to them, so that they are often compelled to resort to Artificial medicated baths, made by dissolving infusions &c of vegetable, mineral or animal substances in tepid or warm water. Eczema erythematosum, sclerosum, rubrum of the extremities, Eczema of the bodies of infants in fact ~~is~~ pruritic and scaly conditions generally, are frequently best managed by means of emollient baths. The active agent to twenty or thirty gallons of water may be used in the following proportions: - (1) bran 2 to 6 lb.; (2) starch 1 lb.; (3) gelatine, 1 to 3 lb.; (4) linseed 5-7 lb. (5) sife 2-4 lb.; (6) marshmallow, 4 lb.

Warm Pine Baths, constituted of a solution of the Extract of *Pinus pumilio*, are at once emollient, soothing and healing. Alkaline baths are made by dissolving 3 or 4 ounces of Bicarbonate of Soda, Carbonate of Potash, Borax, or 1 ounce of Potassa Sulphurata in twelve or fifteen gallons of water. They answer in the same cases as the vegetable sedative baths; or the two may be combined.

Other
methods

One word will dismiss other methods of treatment e.g. the hypodermic, scarification, by blisters, electricity, solution of Pot. Permang. &c. Our armamentarium embracing so great an array as those just enumerated, and all immediately at our beck, such heroic procedures are without the pale of consideration.

Total reliance must not be placed on External means alone for

- B. Internal or Constitutional treatment is also necessary. In the particulars of management to be described immediately these, with the
- II. Dietetic and III. General Indications will be passed in review.

Imaginary
Cases

Suppose there exist certain cases. The first is that of a child whose head is the seat of a weeping and scabby Eczema (Eczema capitis.) Think of the

I. Medicinal treatment, and join issue with the

I A. External

Eczema
capitis

The skin of children, like that of adults in the acute stage, is at all times excessively tender, so that ~~the treatment~~ to commence, sedulously avoid stimulating remedies. Our primary object is the removal of scabs, scales and other accumulated products, which adhere to the inflamed and tender exuding base. Each night dress it with a starch or Boracic poultice, covering the latter with a gutta-percha cap. This remains the whole night; on removal in the morning, bathe the sodden scales and crusts, which

I B. The bowels are first cleared out—a preliminary to be attended to in all cases of Eczema before any other internal medication is attempted—with a dose of Calomel and Scammony, and then a powder of R.

Pulv. Rhei
Sodae Carb. $\bar{a}\bar{a}$ gr. 7
Hydrag. c. Creta gr. $\frac{1}{4}$

ordered once or twice a day after food. As in adults, so in children, the digestive and assimilative organs are often at fault, and this deficiency is shown by the coated tongue, clay-like motions &c. A little pepsine and alkali aid in this direction.

ii Dietetic medication. Up to the age of nine months or a year the child should be fed on mother's milk exclusively, or, if this is not advisable, with cow's milk peptonised or mixed with an equal part of lime water, sweetened with a little malt extract or honey. Even up to the age of two years milk should be the staple food of the infant administered at regular intervals and in moderate quantity.

Whilst suckling the mother should avoid excesses of any kind as late suppers and indigestible substances, and partake plentifully of fruit, milk, eggs &c, and well-timed exercise.

The sapling child of two years or more should on no account be fed on tea and meat as is often done, but rather on eggs, milk-gruel, etc.

iii General Indications are to place the hands in woollen mittens or bind the arms to the side with a pillow at bed-time, to prevent the child scratching himself. King James 1st of England and 4th of Scotland thought that Kings alone were worthy of having scabies, the pleasures of scratching were so exquisite. Now a days we judge differently and whatever gratification may be derived from scratching, our whole energies must be concentrated on its prevention. The patient should sleep in a

cool part of the room free from the heat of a fire and draughts. Cod-liver oil need not be given except to the strumous.

Take another suppositious case.

A. An adult has a patch of Eczema on his arm, leg, or trunk.

Case 2.

I. Medicinal treatment

A. External. If it be in the acute stage (Eczema erythematosum, papulosum, vesiculosum, rubrum) the irritation is subdued by means of Boracic powder Ung. Bismuthi or a zinc lotion; if in the chronic, indurated or scaly condition proceed as follows: Each night before retiring to bed - and this should not be later than 11 P.M. - well rub into the circumscribed area some of the Unguentum Cadini or solution of Potassa fusca. This is washed off in the morning with soft warm water and Borax or Lanoline Coal-tar soap. During the day the infiltrated area is simply covered with a piece of lint smeared with Ung. Bismuthi Co, or a plaster-mull or gelatine-glycerine preparation laid on.

The remaining indications are the same as those described in the management of Eczema of the fingers and palm.

Case III. Eczema manuum.

Case III

Relapsing Eczema manuum.

In the Lancet of June 2nd 1888 I wrote: "Communications which in any way by their simplicity and efficiency, tend to the advancement of the domain of practical treatment, are deserving of the consideration of all professing dermatology and especially of those who make this branch their sole study. Having myself been a sufferer from recurrent chronic Eczema for a period of five years, and consequently taken a great interest in all pertaining to it I believe that I have discovered a new method of treating the disease. What is to follow has particular reference to Eczema simplex (subacute and chronic) affecting the fingers and hands. The best procedure possibly will be to divide the subject into sections:

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I. Medicinal treatment.

A. External. I dip pieces of lint, sufficient to surround the fingers separately, in pure 'liquor carbonis detergens', and apply them, surrounded with gutta-percha tissue, at bed time. They are allowed to remain on all night. Considerable smarting is at first caused but this soon disappears. On removing the lint in the morning the skin looks sodden, the former vesicles are often raised into small bullae, which, however, are long get absorbed and dry up. During the day the hand is left exposed to the open air, or better still, kept gloved in thin kid or vulcanised india rubber. They are washed every third day with Lanoline Coal-tar soap. To render the skin more pliable and soft a little Lanoline, vaseline or pinolia is rubbed in every morning. In the course of three or four days, the upper hardened cuticle comes off, in some cases en masse, in others in large flakes, leaving a clean, smooth surface, healthier, with more tonicity in it, and not so subject to undergo the catarrhal multiplication so characteristic of Eczema. When much redness, or heat, or there is an acrid discharge, or the implicated surface is extensive, we may moderate the strength of the alcoholic solution of coal-tar by mixing it with (1-10 or 20) cold water, to each ounce of the menstruum adding one dram of Soda Bicarb or Liquor Potassae, Lig. Plumbi Sulacet, half drachm. The alkaline bathing, to be presently mentioned, may be tried in lieu.

If there are only a few unruptured vesicles I have often touched them over with a little pure Carbolic Acid, so as to bring away a mere shell of epidermis of limited area.

Let us now briefly review a few other local methods adopted. As to

(a) Ointments - e.g. of Zinc, Bismuth etc all I have to say is that they are, as applications to uncovered parts, like the tar method, simply disgusting. Even the lowest menial does not care to parade

Eczema
manuum

the streets having his fingers or hand
lashed up with so many white
linen rags. Few people are blind to,
or care nothing for, say Eczema of the
hand, but there are many who would
totally disregard a like patch, seated
on a clothed part of the surface, e.g.
the leg. There is much vanity in the
world and medical men cannot afford
to scoff at it.

(b) Aqua de Cade or Oleum Rusci Pyroligne-
um painted over the parts every day or
two will soon dispel an ordinary case,
but what about the, to most people,
disgusting smell. The treatment ver-
ily is worse than the disease.

(c) Bathing with saline or alkaline wat-
ers, alternating or combined with the
application of spirituous alkaline
lotions I have great faith in, especial-
ly where the disease is extensive, or there
is much exudation and in scaly Eczema
of the body.

B. Internal Drugs are not always requir-
ed. To give large doses of Arsenic is sheer
waste of material. Very small doses
have a tonic alterative action, dispell-
ing the scalliness of chronicity. It is best
administered in the form of some
mineral water, and these are prefer-
ably taken at the springs themselves
and should contain in addition a
certain percentage of sulphur. If the
patient can get to the springs he
accomplishes a two-fold purpose,
namely the inhalation of, and the
bathing of his Eczema in, the mineral
waters. No amount of Arsenic, or any
other drug perhaps, will cure Eczema.
The outward manifestations may, as
in Syphilis, be removed for a time,
but the disease is surely there, dor-
mant or quiescent perchance, but
nevertheless existent, capable of re-
vivication. This arises from the fact
that in all Eczemas there must have
been a weak and vulnerable, lowered
vitality, of skin, and on this favour-
able nidus an irritant exerts its
power. Dr Jamieson in his book on

Diseases of the skin says truly we can seldom cure Eczema by the exhibition of anti-arthritic remedies alone, and when we do succeed it is not because we have eliminated the gouty state but because we have corrected what was wrong in the nutriment. Remove therefore the exciting ^{cause} if this be known or ascertainable. If the person is not in a position to sojourn at the springs this resolvent diuretic may be prescribed:

R. Pot. Acetatis
 Sig. Ammon Acet. aa ʒii
 Sr. Cinch. Co ʒi
 Ext. Manaca fl. m ʒo
 Sr. Nucis Tom ʒi
 Aq. Menth pip ad. ʒviii

Misce

Sig. Two tablespoonfuls thrice daily in a wineglassful of water.

It, with 15 to 30 min of the Fluid Extract Cascara Sagrada or sugar or in a gelatine capsule first thing in the morning, give to the system new recuperative powers, and enable the patient to enter with more zest into the

Dietetic medication, which embraces many all-essential particulars. Avoid stimulating and indigestible substances. Eat that which suits.

Some individuals can partake with impunity of things which would at once set the stomach and system of others in open rebellion. In short the chief articles of diet should be milk or cocoa to breakfast; old bread, lean meat, easily assimilated fresh vegetables (except those which contain much starchy principle, as potatoes, carrots), no pastry. A point, avoid with snake like subtlety everything which runs contra to the dictates of the primary, and constitution whether they act as reflex irritants or otherwise.

General Indications. Cleanliness in its entirety is necessary in the highest degree, clothe and diet according to the changing seasons; take plenty of fresh

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air and exercise. By these means alone if possible, regulate the bowels and other emunctories.

In spite of all rules and stipulations cases now and then occur which withstand all treatment, baffle every effort, and cling to the sufferer a life time. These must be attacked on general principles. No plan can be a stereotyped one.

Still further, an abstract of another article by me, headed "Treatment of Eczema" was published in *The Lancet* Sept. 22nd 1888.

"In June of this year a communication by me appeared on the treatment of Eczema, simplex, as affecting the backs and sides of the fingers. Since then I have had suggested to me and tried with excellent results a new method of treating Eczema of the palms of the hands and soles of the feet. This I wish strongly to commend to the consideration of the profession. Let us follow the plan adopted in the article referred to, and proceed to consider

I. The medicinal treatment.

A. External. Well soap the hands for several minutes in soft hot water; cleanse them with Sanoline Eucalyptine or Sanoline Coal-tar soap. Soak again in some fresh hot water. Place on the palms some wool-fat or Vaseline, and rub this well in with a piece of pumice stone. However brittle and hard the epidermis may be it is quickly removed, sometimes in large pieces, leaving the subjacent skin smooth, soft and supple. This causes no contraction of any stratum and consequently no cracks or fissures. Repeat the whole process every second or third day, after each sitting smearing the surface with a little Naphthol Sanoline Pomade.

The same object can be achieved by using the Salicylic or Zinc Ichthyol plaster muslin of Unna, but it has this fatal disadvantage the plaster requires constant application, whereas my method

Eczema
palmaris

calls for no strapping or bandage whatever.
B Internal. Small doses of Liquor Potassæ
- 10-20 min. soon after meals, have at times
seemed to prove of service. The modus oper
andi I am not in a position to explain.
Perhaps with this exception I cannot
say that I have seen any lasting
benefit result from the administration
of drugs, unless of course the constitut
ion is an open defaulter. Rational
therapeutics must then be adopted.
In the acute stages of an Eczema saline
purgatives &c. may be given, but it is
found that by the adoption of an ex-
pectant regime and dietetic reform
ations equally good results are ob-
tained. A bottle of physic of some
sort, however, must be prescribed, or
the patient will soon lose confid-
ence in his medical attendant.
Therefore to soothe the qualms of a
stricken and irritable mind, and
have at least a moral effect - this
is no mean ally to prevailing rule
of treatment - the following mixture
is ordered: R

Liquoris Potassæ	ʒi
ʒi. Nucis Vom.	ʒiij
Magnes Sulph.	ʒi
ʒi. Belladon.	ʒi
Dec. Sarsæ Co.	ʒi
Aq. Menth pip ad.	ʒvi
	℥v.

℥ij
Two tablespoonfuls three times a
day half an hour after each meal.
A gentleman who has travelled much
abroad informs me that in China
the native doctors have command of
one or two drugs which act like a charm
in the dissolution of 'moist tetter'.
If this be so it is rather remarkable
that these drugs have never reached
our shores.

11 Dietetic medication. In all cases of
Eczema whatever the seat and which
ever the stage carefully attend to the
diet. Regular meals, in the majority
of instances three a day, should be adopt-
ed. Tea should be partaken of once only

cocoa supplanting it to breakfast. To this meal also an egg with bacon, or white fish, but no butcher's meat. Make a somewhat similar tea but add cresses, celery etc. Meat, not with too much fat, unseasoned and fresh, with vegetables particularly cauliflowers, that is a mixed dietary, followed by fruit should be allowed once a day and this to dinner. Take old bread in place of potatoes, and brown occasionally instead of white, but no pastry. It matters not what the dietetics of the patient he should avoid alcohol in any form, especially beer and malt liquors; all pure tobacco, sugar coffee, highly seasoned dishes, and similar circulatory excitants. Live temperately in food and all things. In common justice, however, it must be remarked that no hard and fast rules can be laid down, each case must be decided on its own merits. Adopt a suitable mode of living and regimen, and stick to it. For a case of Gout existing in a stout gouty or phlegmatic party I should not hesitate to recommend a modified 'banting' meat diet, such as is advocated by Dr. Towers Smith - see his dietary cards - believing that good results would be brought about.

iii. The Hygienic and General Indications which require discriminately following out are: clothe the sufferer in woollen garments, whatever the season, the lighter materials for summer wear; an equable temperature of the body is thereby maintained. Close contact to a large fire should be avoided. The subject should at all times indulge in proper and sufficient out door exercise; sleep in a well aired and lofty room, with the upper sash slightly open, dressed in a flannel sleeping suit. "Early to bed and early to rise, makes a man healthy, wealthy and wise." If the state of the skin permit, go over it, after the morning sponge with a rough towel. Thin Kid or cotton gloves are worn during the day. An orange or two sliced, then followed

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by a brisk walk before breakfast is the most efficient remedy for constipation. I know of. It far surpasses the wholesale consumption of pills and potions on which many individuals place reliance to regulate their bowels. Look to the moral surroundings and training of the patient, requesting him to forbear incontinence in sexual matters. I generally tell the sufferer to wash the parts - wherever located, regardless of stage or form - once only every three days. More frequent abluition removes the delicate new formed epidermis and is positively hurtful.

These minor details are collectively and individually of great import, assisting the local management to no small extent, and unless due attention is paid to each and every one, we must expect what in any case is liable to happen, namely a relapse of the eczema palmare.

The statements under headings ii viii are applicable to all eczemas.

Ichthyosis

Essay V

The appellation Ichthyosis ($\dot{\iota}\chi\theta\upsilon\omega\alpha$ - a fish scale) is a misnomer. There is little resemblance of the integument to that of a fish, indeed so little, that observers of equal ability have deprecated the title, proposing to substitute serpent-ine or porcupine skin. Telesius of Leipzig was one of the dissentients. He had seen Lambert, the father, born in Ireland in 1710, and family, during their tour through Europe as self-styled Porcupine men, and dubbed them with the unfamiliar designation 'individuals with a crustaceous hide.' However, where historical associations are concerned it would be a pity, if not an impossibility, to overturn time-honoured usage. *Desidero, cui bono?* Our predecessors, who first noticed the disease, even had varieties or phases presented themselves, would not have been able to distinguish them as such, but would have treated them as separate individual complaints, not from any lack of material but from a want of knowledge of what constituted the disease, the scales of which were likened by them to those of a fish, and spoken of accordingly. Therefore they are free from blame, and want of precision in nomenclature is overlooked.

The case related does not exhibit any novel features, agreeing in the main with the classical description of the complaint, but is a correct and faithful representation of scaly Ichthyosis. It will nevertheless serve to controvert several prevailing dogmas. I shall now proceed with the history, and *pari passu* with the criticism.

Lucy A. n. a person of weak intellect in the Barnsley Workhouse Infirmary is 35 years of age and single. She has four brothers and two sisters all free from skin blemish, as also were the parents, both now deceased. She is of a markedly stremous diathesis, having

lost the terminal phalanx of the Index finger of the right hand, whilst that of the middle finger is now in process of necrosis exfoliation through a large ulcer on its dorsal aspect.

In many instances Ichthyosis is hereditary; such was not the case here.

Hebra states (p. 58, Vol. III Diseases of the Skin, New Sydenham Society) that "till the second year there is either no trace of any disease whatever to be seen on the skin or merely a pityriasis." It is not a pleasant duty, to say the least of it, to have to pit ones opinions against those of more learning and erudition than the writer, but Science knows no distinction and calls only for actual facts. S. A. affirms positively that she was born with the disease fully developed. On cross-examination she is the more positive, because - to use her own language - she asked her mother why she was not like her other brothers and sisters; the reply being that she was born thus. Her relatives corroborate the statement. Either Hebra is wrong or this example is the exception which proves the rule. The condition has remained unaltered since birth.

Let us ~~now~~ proceed with the physical examination, selecting the thigh as exhibiting the characteristic features most clearly. The surface is seen to be mapped out into a number of polygonal areas by means of striae or lines which intersect at different angles. These striae are ridges formed by a reduplication of the epidermis, of a shade redder colour than the scales, and can be drawn out into distinct creases. Their nature will be presently discussed. The polygonal areas are occupied by multangular scales of like dimensions. They are not difficult to detach; the act occasions no pain, leaving the bed or matrix neither red and angry as in Psoriasis, or weeping, as in Eczema. The cuticular lamellae are not equally adherent in their entirety, for each

projects loosely and freely at its periphery
by reason of its thinned edge. They are
of a nacreous lustre and collectively give
an appearance as if the surface were
sprinkled over with colourless bran.
Many of the scales are in process of being
cast off - so called moulting.



Save for the unsightliness the disease
occasions no inconvenience, tingling,
itching or other indications of inflamma-
tory action being marked by their
absence, and is always better in sum-
mer than in winter. She feels the
cold severely, her nose and fingers be-
coming blue, in short exhibiting the
marks of asphyxie locale of Raynaud's dis-
ease. At night time she perspires most
profusely on her head, neck, face, should-
ers, inside of thighs, hollows of arms, ax-
illa, hands and feet in short the un-
affected portions of the body, the others
remaining dry. The lines of demarcation

between the normal and abnormal surfaces are sharply defined.

Pathology. Of course every observer has a longing for his own pet classification and an aversion to others, so that the number assumes quite a plethoric list. The best method probably is to trace upwards the different grades of development. The primary immature form (wide knees of patient) is that of *Schthyosis squamosa*, simplex, vel. naelee (Alibert); vel. *Xeroderma* ($\xi\eta\rho\delta\sigma$, dry, $\delta\epsilon\rho\omega$, skin); vel. *Pityriasis* ($\pi\iota\lambda\iota\rho\sigma$, Chan), vulgaris. If the scales increase in thickness and become more like horn a still higher grade - *Schthyosis cornea*, Rhinoceros hide - is reached. At times they are heaped up, and transformed into veritable spines or horny protuberances, earning for the complaint the name *Schthyosis hystrix* (porcupine skin). The plates and spines vary in colour even to a black, due doubtless to the accumulation of dirt on their exposed parts. These terms are only to be used figuratively as the comparisons are greatly exaggerated. The different stages are degrees of one and the same thing, but a *Xeroderma* does not necessarily advance to the developmentally higher *Schthyosis cornea* or *hystrix*.

To gain a clearer conception of the Anatomy of the affection it would be well just to glance, firstly, at the structure of the normal epidermis. Commencing from the upper surface there exist 1) the stratum corneum, composed of insensitive keratinised cells, which, acting under natural physical laws, are constantly being shed;

(2) Stratum lucidum vel pellucidum (Oehl) made up of sterile flattened cells.

(3) Stratum granulosum, of spindle-shaped granular cells. Between this and the layer above the fluid accumulated in *Eczema vesiculosum*, pemphigose.

(4) Stratum or rete Malpighii, of cells with prickly-like spines, which dip through the limiting membrane into the papillae of the true skin beneath.

Secondly, at the methods by which regeneration of epithelium is capable of taking place. A summary of the views held (extracted from Helbra's work, loc. cit.) is only given. (1) By the connecting tissue (by migratory cells, v. Briesadecki, Pagenstecher) directly; this not exclusively (2) From a free blastema (J. Arnold, Virchow's Archiv *BXLV* p. 168, Taf. VI, VII). (3) From pre-existing epithelium, this either from the periphery, or in the area of the loss of substance from the epithelial linings of the sweat and sebaceous glands (Schran), or of the lower extremities (apices) of the papilla of the rete. Most pathologists hold the last view, namely that epithelium can only be regenerated from epithelium, yet, considering the part played by the connective tissue and vascular stroma in the nutrition of so-called skin grafts we must not form too low an estimate of its connection in the constant production of the epidermis in Ichthyosis, or at least it must ^{not} be lost sight of altogether. In Ichthyosis the nutritional changes of the epithelial structures and skin - perhaps body - generally, are perverted, there is a want of proper development, so that the cells, incessantly increasing in number, in place of being constantly cast off - nature's relief - are retained and cornified. Here arises the distinction between Pityriasis, pure and simple, and Ichthyosis.

The sweat glands undergo an atrophic process in common with the sebaceous, so that perspiration is interfered with, the skin in consequence remaining dry. The secretion from the altered sebaceous glands accumulates, intermingles, and augments the already thickening epidermis. In some instances (e.g. hystrix) the papilla become increased in bulk with elongation and so add to the cell secreting area. In ~~certain~~ persons there is an adaptability to healing of wounds (such having in popular parlance good healing flesh), whilst on the contrary

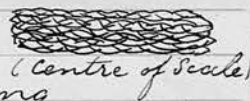
there are others whose skins refuse to perform the functions assigned by the *vis natura*, but instead multiply in undue amount. There exists in their systems an individual predisposition, and no considerations of constitution will account for it, in short the cause is unascertainable. To this category belong the Ichthyotic. Another true problem, the solution of which has not been forthcoming, is why the disease should affect males more than females, the proportion given being 20 to 1.

Dermatologists have at different times stated that the fat glands have no share or part in the formation of the epithelial accumulations. Here is ~~given~~ a drawing from a microscopic specimen of a scale taken from the thigh of the patient.

It was first steeped in liquor Potassae, then mounted in



Glycerine. At the edge of the object the cells are compressed and polyangular (faceted). On moving the slide so as to bring



the centre of the scale into view another drawing reveals the cells cornified, sterile, without nucleus, and scarcely distinguishable from each other. The large cells are in my opinion altered fatty secretion, adhering to the edge of the superficial epidermal plaque. The grease glands take a much larger share in the construction of the scales than is usually assigned them. There are other dermatologists who jump to the other extreme and classify Ichthyosis into the sebaceous and the Papillary varieties, the latter embracing the rhinoceros and Porcupine kinds, and having both the cuticle and corium hypertrophied. No such rigid lines can however be adopted. Chemical analysis proves that in place of 1 per cent of inorganic material in the accumulated epidermis there exists 15 per cent, especially silica, lime salts and oxide of Iron. The striae which intersect the masses are doubtless due to diminished elasticity. The scales by reason of

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their tapering thinned edges can exert little pressure, so that this element can scarcely prove a factor. In any case it would not account for the ridges, whilst, on the other hand, diminished elasticity of the Malpighian layer with atrophy of the stratum corneum at these points exercise all the principles for their production. My case is not in Hospital for treatment, but were I called upon to try my endeavours I should, as is my rule in all skin diseases, divide the management into 1. Medicinal. A. External and B. Internal; II Dietetic III Hygienic and General.

The indications for II & III are the same as those described in the treatment of Eczema, despite Helbra's statements that food and drink do not influence Ichthyosis nor any other skin-affection. Internal medicines avail little or nothing, and therefore we have to fall back on External medication.

Tepid alkaline baths for varying periods according to the requirements of the condition are capable of removing the epithelium. After this has been accomplished the inunction of Cod-liver oil with glycerine, or Sarsoline, render the skin supple and elastic, and the sufferer's life endurable, if not happy.
