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THE SIS

*SOME. CONSIDERATIONS  
ON THE THERAPEUTICS.  
OF CUTANEOUS DISEASES.*



# PART, I

## General Considerations.

There are scarcely any diseases more difficult to study than diseases of the skin: the great number of their general types has always puzzled the observer, and what still added to the confusion was the endless list of varieties into which they were divided and subdivided. If we recollect that two or more of the general types often combine in the same individual, masking each other and thus escaping the sharpness of the student, we can easily conceive how it happened that the study of cutaneous affections remained so long wrapped in darkness and obscurity. The diagnosis being so imperfect, it naturally followed that no practical classification of these diseases could be made, and, as a matter of course, their treatment was directed at random and was entirely empirical. Therefore, during centuries, quackery preyed largely on foolishness and ignorance; physicians of the time declined to deal with skin diseases which were left entirely under the "care" of quacks. It was thus very likely that the obscurity into which they resided the remedial measures employed against them became almost proverbial; no greater evil could be called on the head of an enemy than "the scall-head"; just as the Romans of old used so liberally to devote their adversaries to the quartan fever.

Having spent several months in France and Germany, I had the opportunity of hearing the lessons and of attending the clinics of the best Dermatologists of these countries. Attracted by the interest of the subject, I purpose to give a short account of the different views and methods that have ~~now~~ been in succession put before my eyes; it will be sufficient for me to quote the names of professors Hebra, Hardy, Bazin, as my teachers in the somewhat new study of this branch of medicine, without alluding to their

philosophical mind, extensive experience, and rare merit. My purpose is to give a summary view of their doctrines, of their classifications, and I shall especially notice, as the title of my thesis indicates, on their methods of treatment of cutaneous diseases.

We have abundant evidence, in the writings of the Jewish, of the Egyptians, the Arabian, the Greek, the Roman legislators and physicians, of the existence of diseases of the skin from the remotest antiquity, and that they were very prevalent and often deadly is shown by the descriptions left to us of the Leprosy of the Jews and of the Elephantiasis of the Greeks and of the Arabians. Under the name of *mentagra menti* or *gyccosis*, the Roman authors have left us the description of an affection mostly to be observed among the Knights who wore their beards, and which consisted in pustules, tubercles, ulcers followed by the fall of the hair, but Pliny made of this disease so frightful a picture that it is really difficult to recognize our *gyccosis* in these extensive ulcers, and it is probable that his description applies to an affection of quite a different nature. The itch is as old as the world: Hippocrates has described, under the name of *psora*, a disease communicable by contact; Pliny speaks also of it, and the Arabians drew out with perfect truth its general features.

In the middle ages, the knowledge of cutaneous affections made but little progress. As late as 1714, Turner the first classification of them was made by Turner who divided them into: a. diseases of the scalp, or *trinea*. b. diseases of the surface of the body, or *tetter*. This first attempt to a classification is based exclusively on the seat of the diseases very vague and incomplete, but we still find however these denominations of *tetter* and *scall* much used by the vulgar to express diseases of the scalp and skin. In 1726, Plenck, a Vienna physician, divided cutaneous affections into 14 groups according to their external appearance, but many of these classes are only stages of the same affection. At about the same time, Lorry, taking of the subject a more philosophical view, classified them according to their nature, making thus two great classes: diseases owing to an external cause, and diseases

of a purely external character. This was the first sunbeam that began to pierce the thick cloud in which the knowledge of cutaneous affections had been so long wrapped. From that time, all physicians, following their turn of mind and actuated by the influence of their first medical education, have been divided into two camps: the anatomical and the etiological schools.

Willan was the first to give a well-defined classification of skin-diseases; he based it entirely on the primary anatomical lesions, of which he admitted 9 types: 1° Maculae, consisting in a defect, or alteration in an excess of the pigmentary matter, and constituted by spots which are not prominent, of various colours, permanent and do not disappear under pressure; they are seen in vitiligo, ephelides, lentigo which are rather deformities rather than diseases of the skin. 2° Exanthemata, spots of a greater or less redness, varying in extent and fading under pressure to reappear when it is removed, we find instances of them in erysipelas, measles, scarlet fever; they are accounted for an alteration of the circulation in the capillary vessels of the skin and the redness is the result of congestion. 3° Vesiculae, little translucent elevations of the epidermis which is provided by a serous transparent fluid becoming, as the disease advances, opaque and drying up into hard crusts; in this group Willan included eczema, herpes and scabies. 4° Bullae or Blisters, the large vesicles of pemphigus and rupia. 5° Pustulae, little roundish elevations of the epidermis, containing pus and which burst to form scabs or thick crusts; the 4 genera of this class are acne, impetigo, ecthyma, pyoderma, to which may be added varicella. 6° Papulae; they are minute elevations or papules, solid, generally reddish, containing neither pus nor serum and terminating in a thin scaly desquamation; we find in this order prurigo, lichen and strophilus. 7° Squamae, dry, laminated, whitish scales, either thin and small (pityriasis), or thick, large, imbricated (psoriasis); here the epidermis is affected. 8° Tubercles, little globular elevations, soft or hard, originally containing no fluid, and depending chiefly upon a hypertrophy of the deep-seated parts of the epidermis and of the derma; they are subsided and disappear, leaving however behind an indelible scar, or they go on to ulceration; in this class Willan put lupus.

Willan's classification was undoubtedly a great improvement on the

past; it had the merit to place minutely the denomination of each type of cutaneous affection, and to render the diagnosis of these affections much more accurate; therefore we cannot wonder at its being still employed in Great Britain and to a great extent in Germany. But it does not throw any light upon the causes of disease, it does not show the way to the rational treatment, it leaves thus out two great departments of medical science, the etiology and therapeutics of diseases. Willan tells us what a scale, what a squamous affection is, but he will leave us in the dark about the real nature of that affection; we do not learn from him whether this scale is a mere thickening and exfoliation of the epidermis, or a manifestation of the syphilitic diathesis, and, as a natural consequence, the treatment cannot be instituted on a rational basis. This classification does not assist our prognosis at all; it induces us to give an unfavorable prognosis in an case of impetigo, the thick scale and extension of which will frighten the physician, but which disappears without leaving any cicatrices; on the other hand, it leads us to consider as benign the erythematous scrofulide, a disease of long duration, that always leaves behind an indelible scar. Besides, the morbid appearances are not always the same in the same disease; thus there is a variety of syzonia called by the French "syzonia fendille", in which no scales are to be found; but the same treatment will cure alike cracks and scales, and this shows the identity of the two apparently different diseases; had Willan known the *Erythema Fendille*, he would wrongly have made of it a special class.

A good thing brings forward a better one, an innovation of moderate importance is often the forerunner of a greater discovery, the steamboat has given us the railway engine. Willan's school, besides rendering the study of skin diseases easier and the diagnosis more accurate, called forth a strife that is now far from being ended, but gave a great impulse to the pathology and therapeutics of cutaneous affections. Willan and his followers, Bateman, in England, Boett, G. bat, Cazenave, Duvigneau in France, followed, as it were, by the clearness and simplicity of the new anatomical classification, struck out from the nosological vocabulary the word "disease of the skin", by which the ancients used to call indistinctly without distinction all cutaneous affections by showing a tendency

to become general and to be perpetuated in the economy. Strangely enough, the vulgar always remained faithful to the old appellation of Pustule as applied to an inverted and constitutional cutaneous affection. Some time afterwards, Alibert endeavored to restore this somewhat vague denomination to the scientific language, but he injured the success of his new method of natural classification, as he called it, by the recency of his expression. Still Hardy and Bazin, his disciples, avoiding this danger, succeeded in reconstituting into nosology the class of Pustulous diseases of which they had quite distinct a group, with its own special features. "Malheur sub judice est", the question is not settled yet, the old struggle between the anatomists and Alibert's followers is still going on, not without bringing along with it many an important addition to the scientific treasures of our time. I shall hereafter examine the value of the various opinions that have been given on the subject.

A great step, the importance of which the old anatomical school is bound to acknowledge, was the denomination of syphilitic diseases of the skin from their affinity to them by their anatomical features, but totally different in all other respects. This great improvement is due to Biett who, accepting the term "syphilides" proposed by Alibert, described the various syphilitic eruptions and classed them according to their elementary anatomical appearances; thus he had an escanthematous, a vesicular, a papular syphilide, and so on; in this way, a new and quite distinct group of skin diseases was formed and it would be unjust to deny the great service Biett did the scientific knowledge by separating cutting off this branch from the tree of the old classification. Since then, the study of syphilitic skin affections has so far advanced that of all cutaneous diseases (the parasitic ones excepted) they may be said to be the best known as regards the diagnosis and the treatment. Their features are so striking that no practitioner having some knowledge of cutaneous pathology can find any serious difficulty in diagnosing them, and, as to their treatment, they are nearly the only diseases of which the physician can say, and not without some probability, a cure, a temporary one perhaps, but a cure is almost certain.

What <sup>shall</sup> ~~W. R. D.~~ <sup>Hardy</sup> ~~for~~ <sup>and</sup> ~~syphiloides~~ <sup>Bacon</sup> undertook to do  
for scrophulodes, so they called cutaneous affections dependent on the scrophulous  
Diathesis and which never show themselves out of a stumous habit of body.  
We find in the authors of the middle ages the description of diseases that  
were at that time put in connexion with Leprosy, but bear the true  
characteristics of scrophulides; but they were all confounded under the same name  
and it is impossible to find before the present century a tolerably accurate  
description of these affections. Willan and Bateman somewhat cleared up this  
chaos, but they put all the forms of scrophulous skin diseases together in  
a single genus, called by them *Lupus*, the elementary lesion of which was  
a tubercle. Biett, however, guided by his strongly practical mind, soon discovered  
that *Lupus* could not hold in the frame of Willan's classification, and made  
of it a distinct class, a peculiar affection on the ultimate nature of which he  
did however not pronounce; it was not till lately that the scrophulous  
nature of *Lupus* was almost universally admitted. In France, the name "*Lupus*"  
was put aside as having been used by several authors to express skin affections  
not of a scrophulous, but of a syphilitic origin, and also because the name of  
*Lupus*, according to Willan, awakening the idea of a tubercular lesion, could not  
be applied to diseases analogous to the tubercular *Lupus*, but in which the  
primary morbid appearances were pustules, scales and even erythematous maculae.  
I can say that, in my whole medical education, I was always puzzled by  
these terms "*Lupus suppuratus*, *Lupus hyperpigmentosus*, *Lupus exedens*", and that it was  
a great relief to my mind and memory to find this entire classification of  
scrophulides, the features of which are so much distinct from those of all  
other diseases of the skin.

There is a third separate group, that of skin diseases that are  
to be ascribed to the presence of parasitic animals or vegetables; till lately,  
the knowledge of these affections was very obscure and incomplete. Thus  
Bateman made six species of *Spargano*, ~~among~~ among which two do not  
belong at all to the class of parasitic diseases of the skin. Our knowledge  
of them is now far more perfect and our means of treatment so very  
effective that a well conducted medication seldom fails to succeed. At the  
present time, the physician needs not ask himself whether he has to  
deal with a *varicella*, a *papular* or a *pustular* *scabies*; he will

look ~~out~~ for a furrow on the wrist or finger, he will find out the acarus and examine it under the microscope, and afterwards conduct his treatment towards the destruction of the parasite; if the disease be of old standing, pimples and pustules may show themselves as the effects of pressure or of the constant scratching, and in this case the practitioner's aim will be of two kinds: first to remove the pustules before employing the means proper to the radical cure of the itch, and secondly to destroy the acarus. Dr. Melegan, in his treatise on diseases of the skin, says: "The occurrence of the peculiar itch-animalcule is very constant in scabies, and its existence easily demonstrable; but no cases do occur in which even the most experienced observers are unable to detect it, & I cannot admit that its presence is necessary to and pathognomonic of the disease. For these reasons then and also because the peculiar itch of scabies is highly characteristic, I shall retain it amongst the malarial". To this I can answer that the abscesses of whom Dr. Melegan speaks probably saw only the sequel of the itch, the animalcule having been previously killed by appropriate means, that it is impossible to remove the itch without the itch-insect, and lastly that scabies is characterized, not by vesicles, but by furrows and the acarus itself.

It is still debated whether there be or not such skin-diseases to which the name of "dartreux" can be applied. In England and in Germany, the question has been settled in favour of the non-existence of the so-called Dartreux affections; but in France the strife is still going on. Alibert was the first to revive the idea of cutaneous diseases the source of which could be found in a constitutional morbid habit of body, or a Diathesis; M. Hardy and Bazin followed in the path first laid out by Alibert and many French physicians imitated them, while others still oppose their opinion and refuse to see in the so-called Dartreux affections anything but local affections, entirely independent of the patient's constitution, and the cause of which is to be found not in the skin itself only. Such is the opinion of professor Hebra and of the English Dermatologists who deny altogether the existence

of the so-called *Dartons* or *herpetic* *Dartons*.

What is that *Dartosis*? what are "*Dartos*, *herpes*?" Mr Hardy defines them: "affections of the skin presenting various and multiple anatomical appearances, not contagious, hereditary, very prone to recur again and again, having a great tendency to spread, ~~being~~ attended by itching, bearing generally a chronic character and leaving behind no cicatrix, although they often ulcerate". This definition is very clear, very intelligible, and although it does not side with the supporters of the doctrine of *herpes*, I must acknowledge that it is masterly defended. I shall examine in succession each of the several points by which Mr Hardy seeks to draw out the general features of *dartous* affections.

The anatomical appearances, or elementary lesions, as Mr Hardy calls them, by which *herpes* betrays its power over the cutaneous apparatus are many. French Dermatologists include amongst diseases of principal groups which are, by order of frequency: *Eczema*, *lichen*, *Psoerasis* and *Pityriasis*; but, for these pathologists, *eczema* may be *muscular*, *psoer.* *puscular* or in the state of *Eczema* *Trendelen* with cruds of the epidermis. The pimples of *lichen* are sometimes intermingled with with vesicles or *muscular* *puscular*, and it follows that the frame of *dartous* affections of the skin holds most of the primary anatomical appearances which make the basis of Willan's classification. Let us notice by the way that two of the 4 species into which Mr Hardy divides *pityriasis* can be done away and are to be done away; the one, *pityriasis* *rubra*, is nothing but a stage of *Eczema*, and (the other, *Pityriasis* *alba*, prof *Hebra* has given it the much better name of *seborrhea* as expressing an increased and inordinant secretion of the sebaceous glands of the scalp. *Pityriasis* *muscular*, being a parasitic disease, is of course out of the question.

Of the remaining groups, *Eczema*, *lichen*, *Psoerasis*, it can be said that there is no reason why they and they alone should constitute the whole ground of the doctrine of *herpes*. They are not contagious, its supporters say; but

pemphigus, the shingles are not more readily communicable by contact than Eczema or Psoresis. They are hereditary, we do not deny it, although this fact is far from being general, but not through the channel of a blood tainted by the herpetic diathesis; we see that all deformities of the skin are transmissible from parents to children, such as warts, moles, and every one knows the peculiarities of that family in which all, old and young, were affected by that rather disagreeable deformity, the horny ichthyosis; may not possibly a father transmit to his child the peculiarities of his own skin? if any of its constituting tissues be diseased, may not a natural weakness, a tendency to disease in the same tissue, be transmitted to the child? a bald father will often have a bald son; the follicles of the hair in the father will fall into a diseased state as did those of the father, and oddly enough sometimes at the same period of life. The same remarks may apply to the cutaneous apparatus.

Itching is certainly not peculiar to Darters affection; the itching of eczema is so to be compared in severity to the itching of prurigo or of pemphigus. Almost all skin diseases have a tendency to spread, and as to recurrence of darts we see acne, which is not included amongst them come on year after year, especially in spring, on the face and shoulders of young people; how is it then that acne is left out of the herpetic affections? They are prone to become chronic; but there is no skin disease of a more frightful chronicity than pemphigus foliaceus and prurigo scabiei which however are not herpetic. As to the last point of Hardy's definition, it is true that the absence of crusts serves to distinguish darts from scurfules and syphilides several forms of which bear traces behind them visible traces; the absence of itching is also characteristic of these two classes.

A good argument in favour of the herpetic nature of Eczema and of Psoresis is the fact that they often affect symmetrically two corresponding parts of the trunk or limbs; but these two parts having the same anatomical constitution will have

the same tendency to weakness and to alterations of their tissues; thus the knees and elbows, the epidermis of which is very thick, are very liable to be symmetrically affected by psoriasis.

One of the peculiarities of hepatic people is the extreme readiness with which their skin feels the slightest and most transient influences; sometimes a general stimulant (excesses in drinking, spirits or coffee, tobacco, &c.), at other times a local stimulant will give rise to an eruption which is often transient, but discloses a peculiar predisposition of the economy and the pre-existence of the diathesis habit. As to the 1<sup>st</sup> class of stimulants, it is probable that Urticaria was in most cases, if not in all, the transient eruption of which Mr. Hardy speaks: it is precisely the above-named articles of diet that produce Urticaria, a disease as yet imperfectly known, but likely dependent on an anomalous state of the Digestive organs and of the blood. Slightly a rubbing with castor-oil will give rise to a rash on the body of the healthiest man, who never had previously and will never have afterwards any skin-disease; this shows the entirely local effect of these stimulants.

What is a Diathesis? A Diathesis is a hereditary or acquired morbid habit of body which discloses itself by disorders of various kinds and intensity; the whole economy is under its sway. Gout, for instance, manifests its presence either by an inflammation of the great toe, or by a disturbance of the Digestive organs, or by an asthma, an erysipelas, &c.; besides, the blood of a gouty person is found to hold in solution urate of soda. In the syphilitic, the venereal Diathesis, the symptoms offer a great variety; at one time the bones, at other times the skin, the glandular system are affected. In short, a Diathesis is manifested as to the same alterations it gives rise to, it is easy to demonstrate its hereditariness, and it is often characterized by the presence of a peculiar anatomical element. We do not find these features in the so-called hepatic Diathesis: it is said to affect the mucous membranes, giving rise to coryza, stomatitis, bronchitis, enteritis, even gastritis, but affections of the mucous membranes are more frequent than any others, and coincidences

of an eruption with the inflammation of a mucous membrane must be very numerous. Besides we observe: 1° the conformity of the disturbances set up by herpes; they are limited to the skin and mucous membranes. 2° The want of a *materies morbi*, ~~as~~ as tubercle in the *Strumous* Diathesis. In short, herpes is an indomitable Proteus, an imaginary foe, a windmill which we believe to fight.

We are thus in presence of two great pathological doctrines; the one that ascribes <sup>directly</sup> all cutaneous diseases to a peculiar constitutional defect, whether whatever it may be, herpes, scrofula or syphilis, and to parasites; the other that considers many of them as merely of a local origin. There is no doubt that impurity of the blood may give rise to disorders of various kinds in the cutaneous apparatus, and several forms of skin diseases are liable to show themselves under the influence of the arthritic or of the gouty diathesis.

Having dismissed the fantastical herpes, we believe with Professor Hebra that many cutaneous affections arise from inflammation and altered nutrition of one or more of the skin tissues, that others are produced by the presence of parasites, and others again are owing to the syphilitic or strumous diathesis. But we cannot adopt Willan's classification; how could we include among pustular diseases Acne which implies so many different alterations of the skin texture? For as Impetigo is nothing but a variety of Eczema, the 2 various stages of this disease are the same as those of Eczema, the treatment is the same for both and the primary anatomical appearances only differ; it is also very probable that Lichen is allied to Eczema in its pathology. By the way, we can remark that the treatment and its results often supply us with a very important test and guide to the diagnosis of skin diseases; thus, in obstinate cases of syphilitic eruptions, the mercurial treatment will often throw light on the subject.

I intend to make 4 great groups of diseases of the skin; if I can. I dismiss from the frame of my classification all exanthemata, all deformities of the skin, erythema, erysipelas, cancer and cancer diseases. These groups are: 1° Local affections of a non-parasitic kind. 2° Parasitic diseases 3° Scrofuloides. 4° Syphilitides.

# PART II

## Special Considerations on the Therapeutics of Cutaneous Affections.

- <sup>Three</sup> ~~Two~~ principal rules must be kept in view in the treatment of skin diseases: 1° We must do the greatest no harm, our remedial measures must not be injurious to him 2° Our diagnosis must be correct accurate; we should know the transformations to which each disease is liable, and we are bound to know the remedies appropriate to each stage of the disease. 3° It is necessary to take into consideration the peculiarities and the general constitution of the patient.

### I Local Affections of a non-parasitic nature.

#### 1° Eczema

Eczema Acutum

Eczema presents 3 different stages: A. The 1<sup>st</sup> stage consists principally in vesicles seated on a red base, it is then Eczema Rubrum. B. These vesicles burst and dry up into crusts or scales which afterward fall off and leave behind a moist red surface; if we wipe away the serum, we see C. that pointed, small foramina on other centres of the surface, the scales form again and so on; this is the Eczema Suppurans. E. Lastly, the normal epidermis begins to form anew and the affected surface becomes covered with scales that fall off and the cure is completed; this last stage is that of Eczema Squamosum or Pityriasis Rubra.

The treatment differs for each stage: As long as vesicles

an itching, we must avoid all that can irritate the skin, heat, water, fatty substances, motion, we use only substances that absorb the moisture, such as flour or starch-powder; the diseased part is covered all over with flour, which gives great relief to the patient by soothing the itching and thus diminishing the scratching. We comply with the patient's wishes by prescribing an emollient treatment, especially if there be need to set it in, in order lemoned-, diluted phosphoric acid, but it is better to omit purgatives.

When the vesicles have entirely and definitely disappeared, when the skin is less swollen, the heat less intense, the sleep better, when the crusts have formed, it is necessary to remove them, and this is done by means of emollients, such as pure oil, it must not be heated, as heated oil gives rise to red vesicles, this oil must not be superficially applied; but a sponge impregnated with it should be firmly pressed down over the surface, until it be soaked with it. To promote the fall of the scabs, prof. Hebra uses the Unguentum Sicchylit, it is a combination of emplastrum Sicchylit and olive oil, together with some Balsam.

|                |              |                             |
|----------------|--------------|-----------------------------|
| R <sub>2</sub> | Plumb. succ. | $\overline{3 \text{ iij}}$  |
|                | Aqua calida  | $\& \text{ i}$              |
|                | Ol. oliv.    | $\overline{3 \text{ iij}}$  |
|                | Bals. pers.  | $\overline{3 \text{ i m.}}$ |

At Ny.

This ointment is pressed down firmly over the scabs, and then the affected part is covered with a tightly bandaged piece of flannel; this is left in situ for 12 to 24 hours and then changed. We repeat this treatment till the crusts fall off.

In the third stage, the stage of *Eczema Squamosum*, when there returns to him, we can use the ointment or paint the scaly surface over with oleum cadav. Tar is of great help in allaying the itching, and it is especially effectual against all chronic hyperaemias of the skin, such as Eczema, Psoriasis. The River Jordan contained a great deal of Bitumen, and we see that Moses knew well its therapeutic properties, as he recommended baths in the river to the

Hebrews empyem or abscess cutaneous diseases are very common.

Tar must be kept constantly in contact with the skin, it softens the epidermis, it must never be employed in moist eruptions, so it is greatly restricting. We must apply it gradually and constantly, for it does not agree with every body, when a large or the whole surface of the body is coated over with the tar, we notice after a few hours sometimes vomiting, at other times straggling and the urine becomes black, this phenomenon frightens the patient who should always be warned of its occurrence. At the same time, the patient is made to drink large quantities of water or of lemonade, thus his urine does not become concentrated, is less black and uneasy feelings in the urinary organs are thus avoided or lessened. Sometimes tar gives rise to an inflammation of the sebaceous glands called tar rash which is often very difficult to cure. As it soon cures the patient cannot bear tar; therefore it must be employed with great care and caution; for the 1<sup>st</sup> time a whole limb should not be anointed at once; the day if, on the day after the first application, the skin be pale, swollen, we judge that tar is not well borne, and if a second application be not more successful, we should discontinue its use; then it is termed an idiosyncrasy.

There is a variety of Eryema, the Eryema Acutum Faciei, which is often mistaken for Erysipelas. But an experienced practitioner will have no difficulty in diagnosing this case from the other. Eryema involves the whole face or a whole part of it at once, and the swelling soon becomes blended with the neighbouring parts. Erysipelas, on the contrary, commences at a limited point, then runs on the face and hence spreads over the whole face; the boundaries between the healthy and the morbid parts are very distinct; besides we find in Eryema little vesicles disseminated over the whole red surface, in Erysipelas large blebs that are less numerous and more scattered. This variety is generally attended by fever, but the symptoms are almost never alarming. We must insist upon an antiphlogistic regimen, as far as food and a purgative diet, but purgatives need not be resorted to, and, if so, they must be very mild, such as castor-oil, light infusions of rhubarb or senna; the last two must be given, together with the antiphlogistic regimen, to sprinkle

with flour the face of the patient: it gives him great relief and comfort.

On the whole, in acute Eczema, we expect more benefit from local than from constitutional means, we must undoubtedly pay great attention to the food of the patient, his bowels must be kept open and every thing that could irritate the skin strictly avoided. Eczema is often a manifestation of the rheumatism or of the genic diathesis, it is sometimes linked with Dyspepsia, with chlorosis, with disordered uterine disorders, and in these cases of course, our treatment must be directed against the primary cause, "sublati causae, tollitur effectus". But we believe Eczema to be in general more of a local than of a constitutional character, and it follows that a local treatment will answer the purpose. But we think also that our therapeutic means will be as effectual against the several varieties of Eczema, such as Eczema Impetiginosum, Eczema Poudill, as against the primary type, the Miliaria Eczema.

It is of some moment not to confound natural with artificial Eczema; an artificial Eczema can be produced by anything that irritates the skin, such as heat, tight garters, stays, hats, cotton substances, broken oil, the tartarated antimony ointment, gin &c. &c. or in the form of papular rashes, bearing a great resemblance to the eruptive Eczema or Eczema. The same may be said of a few drugs, the balsam of capivi, cubeba, valerian, which taken internally act in such a way the normal condition and the nutrition of the integuments as to give rise to various eruptions. But the Eczema or Eczema thus excited has no special features, it will be cured by the usual means or simply by the removal of the cause of irritation. We do not believe these various substances awaken the latent poison of the herpetic diathesis, but simply that they modify in some way the normal state of the skin-tissues and set forth in them the phenomena of inflammation and of altered nutrition.

Eczema Chronicum.

The treatment of Chronic Eczema differs from that of the acute form. We first promote the fall of the crusts by appropriate means, such as the Drachman ointment and oil of

various kinds, in case of General Eryema, prof. Debra recommends cal-  
careous baths. After the fall of the scabs, the skin below is found  
thick, infiltrated; we try to soften it again by oily matters, and when it is  
soft, we aim at will be to produce an artificial crust. Eryema and  
this by means of caustic potash, by the fluid glycerine soap which  
holds potash; or is a substitute course of medicine. After the first  
washing, part of the epidermis falls off, - the eryematous surface is then  
moister than before, a burning feeling follows the use of the soap, and,  
to allay it, the affected part is washed over with cold water; if the  
face be affected, a cold douche is poured down on the head, - after this,  
oil or the unguentum Strychni is applied. This treatment is carried on  
for days, for months, as long as the epidermis continues to fall off  
under the influence of the potash soap.

After a time, nothing but a few scattered red spots are to be  
seen, all moisture has disappeared and tan is then to be applied; in  
the course of a few days, the wrinkles of a new epidermis make their  
appearance, the disease has reached the stage of Eryema Squamosum. As  
long as this stage lasts, the affected skin is to be energetically rubbed  
over with the tan ointment or oleum cadmi, and afterwards sprinkled  
with flour and wrapped in flannel. At last, and often a time of  
variable length, a new epidermis forms and the eryema is on a far  
way to a cure, but the skin is still very irritable, and before venturing  
out the patient should have the affected part anointed with a  
fatty substance, such as ointment or the unguentum zinci; for a few days,  
it should be still dusted over with flour.

There are several varieties of chronic Eryema according to  
their seat, each requiring a special notice, as the management  
of them will sometimes differ from the general rules laid down  
for the treatment of chronic Eryema. These varieties are: Eryema  
capitis, E. faciei, E. mammae, E. digitorum, E. scroti et gonitibum  
membrae.

#### Eryema capitis.

It is a crusty layer seated at the root of the hair on the head  
and behind the ears. It has been confounded with favus; but  
in favus there is a combination of white and of yellow

crusts having a cup-like form, while in Eczema the crusts are white and not fitted; besides, the microscopic examination will always set the question at rest. It is also sometimes mistaken for Seborrhea (the former *Pityriasis asperna*), which is merely an aggregate of fatty scales that are easily peeled off and leave no excoriations behind; if on the contrary we scratch off the eczematous scales, we find underneath a moist, red surface.

We first endeavour to remove the eczematous scales, and this is done by soaking them with oil, then a piece of flannel is wrapped round the head and ears; at the end of 24 to 48 hours, they are so softened as to be easily detached; then the surface is washed with the spiritus saponatus Mulsus and afterwards with cold water; this treatment is carried on night and day without interruption till the complete disappearance of all moist spots. Then, taking each lock of hair the one after the other, we hold it aside and paint the scalp over with Oleum Cadini; this is done once a day during a week and afterwards a thorough washing is made with soap and then with diluted alcohol. It is important to examine at times if the affected surface has any tendency to become again red and moist; if not, the cure is nearly completed, but before going out the patient must have his head smeared over with a fatty substance, in order to guard against the irritating effects of the wind and the atmospheric air. I may add that it would be a needless cruelty to cut the hair in the treatment of this form of eczema.

### Eczema Faciei.

It is most common amongst chlorotic women, weakened by repeated child-births or by menorrhage; the blood in them is in an anomalous state. It begins in the form of small scales, and moist spots soon appear; the eyelids, nose, lips become swollen and the patient feels as if he had sand in his eyes. The treatment will be conducted on the same principles as that of E. capitis, viz: 1° To soften the scales by means of the Unguentum Emolliens; a mask is laid over the face. 2° To remove the diseased skin by washing it with the spiritus saponatus Mulsus. 3° To favour the formation of the new epidermis by anointing the face with Oleum Cadini.

### E. Mammarum.

It is a very obstinate form; it is always met with in connection with one of the following physiological or pathological phenomena: Pregnancy,

Nursing, the presence of the sub. amulets.

Prof. Weber treats this affection by the application of compresses of soft soap, or is spread out rather thickly on a piece of flannel and allowed to remain for 24 to 48 hours on the excretory surface. The affected part must be examined every 12 hours, when it swells and becomes painful, cold water lotions should be applied, and by doing this several unhealthy spots become covered over with a layer of epidermis that will henceforth be permanent. We repeat several times the alternate use of soap and cold water. Afterwards, we dip a little brush in this concentrated potash-solution

R<sub>2</sub> Pot. caust. 3i  
aq. dest. 3ii m.

and pour over with it the affected part which becomes uniformly white; the pain is allayed by cold water compresses and after 2 or 4 days the slough falls off. The cure is completed by the use of the Unguentum Ichthyol. and oleum cadm.

### D E dygitorum

It is characterized by a great thickening of the epidermis on the back and sides of the fingers, on the palm of the hand, or find also in the same places little vesicles and pimples; in fact this variety of Eczema resembles Eichen. The itching is at times unbearable; the hand is shining, as if varnished, dry and hard; it is also cracked and wrinkled. This is the baker's itch, an Eczema mostly artificial.

It is on this variety and also on the Eczema of the lower limbs that vulcanized India-rubber has been employed with great success. In the latter form, strips of India-rubber are tightened round the legs; on the former, the patient is made to wear constantly gloves made of that substance and the inside of which is sprinkled all over with flour. India-rubber acts by excluding atmosphere as entirely from the affected surface, and principally by producing an copious sweating which detaches the subs. I have seen it succeed also in a case of Pruritus cutaneus, a hyperaesthesia of the skin apparatus, attended by intense itching which disappeared under its use.

Another method is to have the hands washed with soft soap or with a diluted solution of potash, of which we give the formula:

The hand on left. for 5 to 10 minutes in that solution, then washed with cold water, and the Unguentum Diachyl. is applied at night.

E. swart

Chronic Eczema of the scrotum consists in a thickening of the epidermis which becomes very hard and at some places almost indurated. The treatment is the same as for Eczema of the fingers and of the mamma; but the disease is difficult to cure on account of the softness of the parts and also of the retraction of the Dartos which prevents a proper application of the remedial measures. Eczema of the external genitals of females is to be treated by the same means, but is ~~still~~ even more obstinate, and the prognosis must always be guarded.

## 2° Lichen

It is considered by many practitioners as being closely allied to Eczema, and in fact we find many features common to both diseases. It is characterized by small, acuminate, aggregated papules, often mingled with vesicles and or vires. pustules; this is already a proof ~~in~~ of the two affections being kindred. The skin is rough, thickened, its wrinkles are more marked, and all staidy marks very much on these morbid appearances is being pathognomonic of Lichen.

The Therapeutics of Lichen are those of Eczema; Lichen has however a greater tendency than Eczema to become inveterate, arsenic seems to have a greater influence over it than over the Eczema as considered first. The state of the general health should in all cases receive attention, the diet must not be of a stimulating kind and the bowels are to be kept open.

There is no objection here, no more than in the treatment of Eczema, to the use of bitter ~~purgative~~ infusions, such as those of gentian, of hops, of <sup>Soap-wort</sup> ~~infusions~~; but my belief is that the chief thing to be attended to is the local treatment.

## 3° Psoriasis

The seat of this Psoe- is unquestionably the epidermis which becomes

thick and squamous; there is a irritated secretion of an unhealthy epidermis. The scales are of a silvery whiteness, thick, imbricated, they adhere very intimately to the skin and hold a fuscoid dark-red surface; there is a constant desquamation of these scales which are replaced by others.

Relapses are very common in psoriasis, and it is discouraging <sup>to the</sup> to the physician to see his perseverance and abilities defeated by the obduracy of the disease. Our therapeutic means are of two kinds, local and general. By the local treatment we try to soften the epidermis, and this by means of the soft soap; when the scales are thus removed, the red surface left behind is painted over with tar and left in that state for 3 to 6 hours; tar-baths are still better, after the bath the patient is washed with soap, thoroughly wiped, dusted over with flour and wrapped in flannel; this treatment is continued for 1 or 2 months, till a cure is obtained.

Arsenic is the most powerful constitutional remedy in process against Psoriasis. Pathologists who believe in the weakness of the hepatic system ascribe its good effects to its counteracting the influence of the liver on the cutaneous apparatus; we rather think that arsenic acts on the skin in a peculiar, & an elective way, that it modifies its secretions and so as to restore them to a healthy condition. Fowler's solution is generally preferred in this country, it is given in doses of 3 to 10 drops, and the effects of the remedy ought to be closely watched, in France it is administered in the shape of arseniate of soda in doses of a 20th to a 10th of a grain.

Baths are also powerful alteratives of the cutaneous apparatus, especially sulphur-baths that are slightly irritating and operate by way of substitution. The waters of Louche, of St. Julien, of the Pyrénées, of Buxet, of Hanovergut, are often used with success by patients suffering from an inveterate Psoriasis.

#### 4° Seborrhoe

It is a disease of the scalp and was formerly called *Pityriasis capitis*; the sebaceous glands are primarily affected, their secretion is increased and altered, and the epidermis peels off in the shape of fatty scales, gray to the touch, small, thin and white; if they are scratched

off, the skin underneath is found white, without inflammation or in process, without the redness and the next stage characteristic of Eczema.

These scales are produced by great itching and soon or later involve the fall of the hair; they are easily removed. The head is anointed with some oil to soften the scales and then washed with soap; but the relief is only temporary, to obtain a radical cure, more energetic measures are to be resorted to. After a first washing with common soap and the consequent removal of the scales, the head is washed every night with some alcoholic lotion, such as the following:

R<sub>2</sub> laur. carbolic gr X

R<sub>3</sub> deoill.

Spir. myrce. aa 3 ii

Spir. lavand. aa

Glycer. aa 3 ss. ell.

Being thus diluted, carbolic acid has its caustic properties and is laid down; it smells then more like creosote or other. Glycerum is useful as not allowing the hair to become too stiff. The treatment is generally tedious and often powerless to eradicate the disease.

## 5° Acne

It is an inflammation of the sebaceous gland; in its red pustules, a little inflamed follicle containing a drop of sebaceous matter; this follicle may even pass into an abscess or a boil; in fact, the pustule of acne is very like a rudimentary furuncle. It affects mostly the forehead, cheeks, back and shoulders. There is seldom much pain, but rather a feeling of tension. Between the pustules, little black spots (comedones) are to be seen.

The best way is to scrub the pustules, and this is to be done in the direction of the lineaments of the face; a good deal of pus mixed up with serum escapes, and a little cyst, the enlarged sebaceous follicle, remains; after the evacuation of the purulent matter, no fever sets in, but on the contrary a feeling of ease and relief. The little comedones are also to be squeezed out by pressure, and an oily substance comes out of them. Afterwards we begin the use of sulphur: the pustules are to be powdered over with the following paste:

R<sub>4</sub>      Sacc. sulph      ʒ ii  
           Glycer.        ʒ i  
           Pot. carb.      ʒ ii m.

Glycerine counteracts the irritating effect of sulphur; at first, at the beginning, numerous pimples arise from the use of sulphur, then the face is covered with flannel. The <sup>paste</sup> is left standing for 12 hours, then washed away; and this treatment is carried on for 2 or 3 days till the patient experiences a feeling of tension; then we cease the employment of the sulphur paste, and cover the face with a mask of a fatty ointment; if the physician must be, can not be so, the ingenious Dr. Leight has contrived one and would make the patient give black by the formation of a sulphid. of lead; the ~~last~~ best ointment on the argument zinc or calomel. We make a 2<sup>d</sup> and a 3<sup>d</sup> round, of mercury, of the sulphur paste, and at the end of 3 or 4 weeks, when the nasal epidermis is sufficiently thick, the patient can go out; but he should go on with a milder treatment which consists in washing himself once every day with the flowers of sulphur; when the cure is nearly completed, he uses the glycerine soap. This severe treatment, recommended by prof Hebra, must be resorted to only when the disease does not disappear by itself in the course of time in spite of the hygienic measures employed against it.

Acne Rosacea is a disease totally different from the former, and it is a matter of enquiry how two diseases so unlike each other could be both included under the generic name of Acne. It affects generally the nose and cheeks. It is owing partly to the formation of new blood vessels, partly to the dilatation of already existing vessels, and also to the formation of papular excrescences. The disease is very intractable and never admits of a radical cure; therefore blisters should be abandoned, chloroform never resorted to by the means proper to chlorosis, excrescences are to be cut with scissors close to their base and afterward counterirritated.

### 6<sup>o</sup> Urticaria

I shall not dwell long on Urticaria which is a very transient disease; it is often engendered by certain <sup>kind</sup> articles of food that disagree with the patient's constitution; it generally co-exists with a diseased state of the digestive organs or with a morbid condition of the

nervous system. To forbid all articles of diet that are known to give rise to indigestion, to regulate by purgatives, by acids, by alkaline remedies the state of the alimentary canal will be the more judicious if the treatment

40 Lona

This disease consists in a little group of vesicles seated on a red base; there may be one only of these groups, but sometimes they encircle one half of the <sup>chest</sup> like a girdle. Little is known of the precise action of gonorrhea; but it has the peculiarity of being attended by severe pain often of a great severity. The treatment consists in preventing the tearing of the vesicles by sprinkling the surface over with flour or starch powder, and in allaying the pain by means of a belladonna or stramonium plaster.

80 Prurigo

According to Prof. Stelzer, Prurigo commences in the first years of life, and is called then "Prurigo Infantilis," it disappears to come on again at a later period and so on till the patient reaches the age of 18 to 20 years, it is then a severe affection, and the itching is so unbearable that it has received the name of "Prurigo Francensis," later again, it is the "Prurigo Senilis," it is insupportable, but improvable. It is often met with in connection with the presence of parasitic animalcules, especially of pediculi vestimentorum, and some authors assert that like eczema it is altogether an artificial disease suggested by the irritating parasites; but they are probably not the sole cause of Prurigo, although a very common one. It is characterized by an eruption of small, but slightly prominent papules which being constantly scratched become covered with a black crust of dried desiccated blood; when the disease is of old standing, we observe a remarkable accumulation of <sup>the</sup> cutaneous pigmentary matter, a curious phenomenon of Prurigo, that distinguishes it thoroughly from Eczema is that the excoriations never flow from papules.

We treat it first with fatty matters to remove the bloody scabs, and then this is done the patient is put during 5 to 6 hours in a turpentine bath, afterwards he is washed and wrapped in flannel; when this treatment is judiciously carried on for some time, we observe a great

improvement, if not a cure. Instead of tar-baths, sulphur-baths can be used; the patient is washed with soft soap, wiped dry and then put into a bath of sulphide of potassium; he remains in it for 3 to 6 hours and as a rule his whole body is anointed with oil. ~~The baths can be replaced~~ by Tar-soaps or sulphur-soaps can be substituted for the baths. Sulphurous waters are also very beneficial.

### 9<sup>o</sup> Pemphigus

After Dermoides with two species of pemphigus, an acute and a chronic Pemphigus. The latter is subdivided into 3 varieties: Pemphigus viaticus, Pemphigus febrilis and Pemphigus purpurus. It is not our business to describe these varieties and we shall go at once to the treatment which is the same for all.

The therapeutics of Pemphigus are still very backward; acute Pemphigus has a natural tendency to a favorable termination which can be accelerated by emollient baths and purgative medicines such as jalapine. On the other hand, Chronic Pemphigus is scarcely amenable to treatment; a lot of constitutional remedies have been tried without success; French physicians still have to a certain extent in several preparations, not to say of great importance for them to support the patient's strength by a nutritive food and by ankyrae. I saw in Paris in the Hardy's ward an old woman affected by Pemphigus febrilis; she was tormented by the itching; she took arsenic and bark, and at the end of 4 months she was not in the least better. ~~The~~

The school of Paris strictly prohibits the warm bath in cases of Pemphigus as exciting the skin and favoring the occurrence of fresh crops of bullae; Prof. Velpeau is not of the Hardy's opinion; at the beginning of the winter of 1867, I saw in Vienna in the ward for skin-diseases a man suffering from Pemphigus febrilis; he was in the hospital since the 6th of September; his body was covered all over with dried up bullae, with scabs, squames, excoriations; here and there blebs full of serum were to be seen. Well, this patient spent over 6 weeks in ~~the~~ tepid baths and another time I took. I spoke to the infirmary man, and he told me how much he was missing his bath. He had been greatly relieved by it and the itching had been so much allayed by <sup>the</sup> tepid water that he began to hope his recovery was at hand; but he was not again long in his bed till a fresh crop of blebs made their appearance and

Described two types. This Figid water, instead of an irritant, seems to exert a cooling influence on the skin; moreover, it excludes the atmospheric air, and on these accounts the figid bath (or bain froid) has been recommended and known to be tried in extensive burns or ulcers of the trunk and limbs.

## II

### Parasitic Diseases

They are transmitted by contagion and divided into two classes according to the nature of the parasite.

#### A Cutaneous Affections produced by a Vegetable Parasite

##### 1<sup>o</sup> Favus

This disease is engendered by the *Achorion Schönleini*; the first symptoms noticed are itching and a pinkish colour of the scalp; this is followed by a desquamation which spreads out in the shape of circles; at the same time the hair becomes of a yellow colour, very dry and brittle; here and there very small yellowish spots appear on the scalp; they enlarge and soon present a depression in the centre; these yellow cupules are very characteristic of favus. The follicle of the hair is attacked by the parasite, the sebaceous glands undergo atrophy and the hair falls off in a great measure off.

The treatment divides into three successive operations: 1<sup>o</sup> The scabs are got rid of by applying over them oily matters or emollient lotions; at the end of a few days, they soften and fall off and the scalp is then seen to be of a red colour and superficially ulcerated. 2<sup>o</sup> We proceed next to depilation, a very important part in the treatment of all parasitic diseases affecting a hairy surface; the hair is taken out by means of a small forceps, care being taken not to break it, and to lessen the pain the traction should always be made according to the direction in which the hair is planted. The depilation

is carried on for several days in succession, and as long as it is practised it is necessary that the head should be washed with a corrosive sublimate lotion in order to kill the parasite and destroy the tendency of the spores to reproduction; the lotion is applied for a week twice a day. 3<sup>o</sup> Our aim, in this last part of the treatment is to bring in contact for a long time the affected parts with the parasiticide agents; sulphur seems to answer this purpose best, and the following ointment is to be recommended;

Ry Sulph. gr XL  
Lanug. 3 $\frac{1}{2}$  M.  
2<sup>o</sup> Tricophyton

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Mr Hardy designates by that name three cutaneous affections: *Trupes Circumatus*, *Trupes Tonsurans* and *Lycosis Mentis*, all produced by the same fungus, the *Tricophyton*; and in fact microscopic investigations instituted by him and by Mr Bogue have shown the identity of the parasite in the three diseases. Prof. Wilson deems that lycosis belongs to a distinct, he considers it inflammation of the follicles of the hair; but the disease is contagious and conveyed by the razor from one person to another; moreover the question has been settled by the microscopic examination.

*Trupes Circumatus*, consists in red, isolated, slightly prominent maculae, covered with thin whitish scales; as they spread out, they heal in the centre; they appear in the shape of roundish, sometimes irregular circles, which always increase from the centre to the periphery; besides maculae and scales, the erythematous surface is sometimes covered with small translucent vesicles, but this phenomenon is far from being constant.

The seat of *Trupes Tonsurans* is the scalp; it is a roundish spot, closely resembling a truss, the hair of which is of a dull colour, dry and broken two lines off from its base. The affected part is swollen, the epidermis squamous, the skin rough and bluish. The itching is often very keen; vesicles, pustules and superfluous scales may also be present, constituting various complications of the disease.

*Lycosis* affects the beard and the hair of the pubis; it begins

generally by some redness and by a slight desquamation; very soon the hair becomes dull, dry, brittle and comes with a thin sheath down which is nothing more than the cut of the vegetable parasite. The affected parts inflame, swell and roundish tubercles or pustules supervene, scales form which fall off and leave underneath fungous and permanent ulcerations. Abscesses and swelling of the sub-mesillary ganglia sometimes occur in consequence of the retention of the hair is deeply altered, it is easily pulled out and even falls often spontaneously off.

The treatment is nearly the same for the three varieties: If the inflammatory phenomena are very intense, emollient lotions should be applied and gentle leucatives given. Afterwards we resort to depilation, easy in species, more difficult in *Scorpio Tarsarum*, scarcely necessary in *Scorpio Germarum*, we apply the woman's intimate lotion, and finally we destroy the fungus by means of a sulphur or a sulphur-arsenic ointment.

Rx Sulph... Zf  
 Pot. carb. Gr v-x  
 Oiling 3<sup>+</sup> M.

It is to be continued for some time after the cure of yecsis in herpes, for the spores have a great tendency to reproduce themselves, and relapse must be avoided.

### 3° Porrogo Decalvans

*Porrogo Decalvans* (the ~~Red~~ <sup>Red</sup> Pelt. of the French) is a disease affecting the hair of the whole body, the parasite is a peculiar Gyrogon, the *Microsporum Andersoni*. It runs its course in 3 stages: in the 1<sup>st</sup>, the hair becomes dry, less glossy; in the 2<sup>d</sup> the hair falls off, the scalp is swollen, is of redness, deprived of all colour, a ring four down is observed on the bald spots; in the 3<sup>d</sup> not a trace either of hair or of the <sup>Down</sup> (above mentioned) is to be found; the swelling has disappeared and the discoloration is permanent.

In the 1<sup>st</sup> and 2<sup>d</sup> stages, we resort to depilation and parasiticide agents; it can be then possible and the hair will grow as thick as before; but in the 3<sup>d</sup> stage all remedial measures are useless; the follicles of the hair have been entirely destroyed and the results of alopecia will be permanent.

## 4° Pityriasis Versicolor

It consists in yellowish or brownish, slightly prominent maculae; the epidermis falls off in thin scales; the disease which is produced by the *Microsporum Torulosa* affects mainly the neck and trunk. It is easily got rid of by preparations of sulphur or by *conium sublimatum* borax.

## B' Cutaneous Affections produced by an animal Parasite.

### 1° Phthiriasis

We shall not stop to consider pedicul capitis et pubis. As to Pediculi Vestimentorum, they constitute a very troublesome disease. They are chiefly met with in the lower classes, but the upper ones are not free from them, and the records of history supply us with the names of celebrated men who have been a prey to the tortures of phthiriasis. It is frequently attended by prurigo; the patient tormented by the worm itching scratches himself, little papular form which bleed and give the characteristic appearance of prurigo. They can be generally easily destroyed by sulphur baths, emollients, fungicidal or the ~~strong~~ *strong* *strong* powder; but sometimes their presence seems to be connected with a peculiar constitutional state, very difficult to remove.

### 2° Scabies

Scabies was formerly spoken of as being sometimes a vesicular, at other times a papular, at other times again a pustular cutaneous affection. Now we scarcely attach any importance to this anatomical appearance, except to decide whether the disease be complicated or not. When of old standing, scabies is often accompanied with papulae of prurigo and pustules of eczema, especially in those places where scratching is easy and pressure exerted, such as the hands, feet and buttocks; vesicles are also met with on the hands and feet, but they are not constant.

The treatment must be conducted according as such complicating elements be present or not. In the first case the concomitant inflammatory eruptions must be removed by anti-phlogistic remedies, by emollient lotions or baths. When they have disappeared, we can resort to parasiticidal agents. The old English method was to anoint the patient with a sulphur ointment, then to keep him in a room heated to  $75^{\circ}$  F between two down-coverslets; the intended aim was to induce a profuse sweating; but this method often gave rise to cutaneous eruptions and other troublesome eruptions. In Germany, the patient is put between two woollen blankets, not to make him sweat, but to avoid his getting the clothes. Mr Hardy has instituted in St Louis Hospital a treatment which allows scabies to be cured in an hour and a half; this treatment consists in 2 exposures: the first which lasts  $\frac{1}{2}$  hour consists in rubbing the patient from head to foot with soft soap; he is thus thoroughly cleaned; then he is put during another half hour in a warm bath which softens his epidermis, and lastly he is rubbed all over with an ointment analogous to that of Helmerich, but less irritating: I then give the formula:

$R_2$

|            |                                        |
|------------|----------------------------------------|
| Sulph.     | $\overline{3} \overline{ii}$           |
| Pot. carb. | $\overline{3} \overline{i}$            |
| Acid.      | $\overline{3} \times \overline{ii} m.$ |

The patient keeps the ointment on till the following day; this serves to kill the acari to the last, and also to disinfect his clothes; fumigations would be still better, as lower animals cannot resist a temperature higher than  $170^{\circ}$  F. In some cases, this treatment is scarcely admissible, and must be replaced by the use of emollient oils or of the sulphur. album ointment as mentioned above.

## Serofulides

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We would lead us too far to enter into the description of all the varieties of cutaneous diseases which are the offspring of the strumous diathesis and we shall ~~now~~ confine ourselves to a brief picture of the general features of these affections. They are usually limited to a region and do not tend to become generalized; they are of a peculiar dark-red violet colour, not brownish as the syphilides, not so red as the exanthemata; the ulcerations are irregular, their edges are ragged, rather thin; the bottom of the ulcer is sanious, fungous. The sub-cutaneous cellular tissue is swollen. Scrophulous always leave behind cicatrices, at first purple, becoming white in the course of time, but always indelible. A character proper to them is the absence of all local and general reaction, of fever, of itching, of smarting, of pain; the sense of pain seems to be blunted in scrophulous people. The diagnosis will always be assisted by the history of the case and by the knowledge of concomitant phenomena, such as an ophthalmia, a white swelling of the knee, an affection of the bones.

Scrophulous have been divided into 4 varieties: 1° Erythematous scrophulous. They are characterized by purple maculae of a round or oval shape; they are small in the first instance, but spread out, sometimes to a great extent; the surface is glossy, as if varnished. The epidermis soon becomes wrinkled and peels off in fbraceous scales. Their seat is almost always the face, and especially the nose; sometimes the disease occupies at the same time <sup>the</sup> nose and cheeks and comes to resemble closely a butterfly; it is the lupus erythematosus of prof. Welsch. 2° Pustular scrophulous. They begin by the formation of pustules which burst and become covered with blackish crust;

They are generally met with on the nose and cheeks, sometimes on the  
lips. 1° Tubercula scrofulacea, which may remain so or go on to ulceration.  
2° Phlegmonous scrofulacea, or scrofulous abscesses.

The treatment must, before all, be directed against the diathesis,  
and is often sufficient by itself to bring on a cure. Topics often  
do not operate till constitutional remedies have induced a favorable  
change in the economy.

A Constitutional Treatment. It consists mainly in hygienic measures,  
such as a proper diet, good air and light, and much bodily exercise;  
much good can also be done by the employment of cod. liver oil, of  
iodine and iron preparations, especially of the iodid. of iron; Citrus, such as  
goutron, are also beneficial. Mineral waters holding in solution sulphur or  
iodine are also greatly recommended; very favorable results can be  
expected from the use of the waters of Harrogate, Moffat, Banges, Schinznach,  
Kreuznach, etc.

B Local Treatment. Emollient applications do but little good here  
except to remove the crusts and favor the opening of abscesses. In the  
erythematous form, a very good topic is caustic iodine, which is prepared by  
Mr. Hardy; its formula is the following:

R<sub>2</sub>

Pot. iod.

$\mathcal{Z}$ i

Iod.

gr xx

Aq. Dist.

$\mathcal{Z}$ i M.

A brush is dipped into this solution and passed over the affected  
surface. But in the pustular and tubercular varieties more powerful alteratives  
are required, such as the Vienna powder, caustic potash and the chlorid.  
of zinc past-. They give rise to a slough and transform a surface  
showing no tendency to heal up into a simple wound which has a  
great tendency to cicatrize.

## I V

### Syphilides

They present very marked and distinct specific features. One of them is their polymorphism, that is to say the great diversity of their anatomical forms; the same individual will be affected simultaneously by the macular, squamous and pustules. Their colour is quite peculiar: it is dark red, coppery and Fallop- used to compare it to that of the lean of ham; the comparison is quite correct. They assume generally a circular or semi-circular shape. They are ~~never~~ seldom attended by pain or by itching. They may develop themselves on any part of the body; some forms however affect certain parts in preference to others: thus syphilitic roseola occurs mostly on the abdomen and chest, syphilitic pemphigus on the hands and feet, syphilitic papular on the back part of the neck. What we said of scurfides is true also of syphilides: the history of the case and the concomitant phenomena are very valuable when the diagnosis is uncertain.

Mr Hardy divides this group of cutaneous disorders into three classes: 1° Early syphilides (syphilides precoces). They are very superficial and generally scattered over the whole body; they disappear without leaving behind any cicatrices; they seldom go on to ulceration; they begin to show themselves shortly after the primary chancre. This class includes the exanthematous (roseola), the papular, the pustules (superficial) syphilides, and lastly syphilides accompanied with vegetations (warts and plaques ungueses). 2° Intermediate syphilides. The eruption is more limited in its extent, the colour is darker, ulcerations may develop themselves but never ~~has~~ reach a great depth; sometimes but not always they leave behind whitish cicatrices which are visible, but superficial. Their appearance is coincident with that of the phenomena of transition from the 2° to the 3° period, of syphilitic rashes and testicles. In this class we find the fragmentary, the verrucous, the pustules (deep), the squamous and the tubercular syphilides. 3° Tardy syphilides (syphilides tardives)

They seldom show themselves before two years after the infection; their progress is very slow and they are characterized by ulcerations of various extent and depth, the remaining crusts are deep. They are the fungoid crusts and the aluminous syphilitides.

However all the beneficial results to be expected are derived from the constitutional treatment. The local treatment is only of secondary importance; topics can however hasten the cure; "plaques muqueuses", should be cauterized with nitrate of silver, next to begin the use of stronger caustics, such as nitric acid; squamous forms can be benefited by the employment of the alum cadmi; and ulcers should be dressed with slightly irritating ointments, such as:

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Our constitutional remedies vary according to the period of the eruption: in early syphilitides mercury will answer the purpose, unless the patient be anæmic or syphilis grafted on the scrofulous diathesis; in these cases it is better to begin with preparations of iron or iodine together with red. liver oil and a strengthening diet. Intermediary syphilitides are improved by the simultaneous use of mercury and of iodide of potassium, the patient takes the one in the morning and the other at night, while in the third class of syphilitides we should confine ourselves to the use of the iodide of potassium. On the whole, specifics are rigorous to scrofulous, anæmic or coësthetic patients and we can treat them with a chance of success only when the general constitution has been restored to a healthier state by appropriate means.

We shall not insist upon the importance of hygienic measures in the treatment of syphilitides; the diet must be substantial and chiefly of the animal kind, a change of air and a few months' stay in the country will often hasten the patient's recovery of the. Warm baths are useful as eliminating generally from the system mercury the accumulation of which

in the economy can be nothing but prejudicial. Lastly when the  
constitution is deeply injured, we should send our patient to some  
mineral waters; those which contain sulphur seem to be most beneficial;  
they it is unquestionable that they do sometimes succeed in accomplishing  
a cure which had been deemed impracticable.

The End.

Henry Colladon