given elsewhere,³ and it became necessary to look for some other dye on which the bichloride might not exert this prejudicial influence. I have found that there are several colouring matters which answer the purpose fairly well. Thus both carmine and Prussian blue attach the cyanide salt to a cotton fabric perfectly so long as it is moist, but when it is thoroughly dry they are not very good as regards the question of dusting. The dye which I have found to comply best with all the requisite conditions is logwood, or, rather, the essential ingredient of logwood, hæmatoxylin, which is a definite crystalline substance, and not unduly expensive.

The manner in which I have found it best to use this substance is the following: It is incomparably better to apply it to the freshly precipitated and wet cyanide than to mix it with the salt after its particles have been aggregated in the process of drying. It may be well to mention here the manner in which the cyanide is prepared. Cyanide of potassium, cyanide of mercury, and sulphate of zinc are mixed together in solution, in quantities proportioned to the atomic weights of 2 KCy, HgCy, and ZnSO₄+7 H₂O; the cyanide of potassium and cyanide of mercury being dissolved together in an ounce and a half of water for every 100 grains of potassium cyanide, and added to the sulphate of zinc dissolved in three times that amount of water, the precipitate is collected in a strainer, and, when well drained, is washed with two successive portions of water equal in quantity to that used for the solutions, namely, 6 ounces for every 100 grains of potassium cyanide, at least this amount of washing being essential in order to free the precipitate sufficiently from the highly irritating soluble salts which are associated with it in its formation. The precipitate having been thus washed and drained, but not dried, it is thoroughly diffused with pestle and mortar in distilled water (6 ounces for every 100 grains of potassium cyanide), containing in solution 1 part of hæmatoxylin for every 100 parts of the cyanide salt, the amount of which is known from the circumstance that the dry product of cyanide salt is almost exactly equal in weight to the potassium cyanide employed. Hæmatoxylin is readily soluble in a small quantity of hot water, and remains in solution when added to a large quantity of cold water. The cyanide salt, while it precipitates the hæmatoxylin, changes its colour to a pale bluish tint. This is advantageously enhanced by the addition of a little ammonia to the mixture, in the proportion of one atom of ammonia (NH₃=17) to each atom of hæmatoxylin (C₁₆H₁₄O₃H₂O=356). More than this amount proves prejudicial. The ammonia is added in a dilute form, and it is convenient to have the dilution such that one fluid drachm of the ammoniacal liquid shall correspond with one grain of hæmatoxylin. The dye is further economised by allowing the ammoniated mixture to stand for three or four hours, and stirring it occasionally, so that the ingredients may react thoroughly upon each other. If the mixture is filtered immediately, there is considerable loss of colouring matter. The dyed salt, having been drained and dried at a moderate heat, is levigated, and may then be kept for any length of time fit for use. When employed for charging a dressing it is diffused by means of pestle and mortar in solution of bichloride of mercury (1 to 4,000) in sufficient abundance to drench the fabric thoroughly, for which 4 imperial pints to 100 grains of the salt will be found adequate. This will give a percentage of between 2 and 3 of the cyanide to the dry gauze. For reasons which I have stated elsewhere,⁴ the gauze should always be used moist; and if it be prepared for immediate use, as by the dispenser of a hospital, the process of drying may be omitted; the gauze, after being hung up for a while to drain, being deprived further of superfluous moisture by placing it for a while in a folded sheet. It may afterwards be conveniently kept moist by wrapping it in a piece of mackintosh cloth. When obtained dry from the manufacturer, it should be moistened again with the weak corrosive sublimate solution before it is used.

AN article recently published in the *North American Review* entitled, "The Open Door of Quackery," is the joint production of Dr. Austin Flint, Professor Doremus, and Dr. Eggleston. The last named is responsible for the statement "that there are not a dozen American medical colleges out of 117 that would be tolerated for a moment in any foreign country that pretends to be civilised." The *Medical Record of New York* quotes this statement with approval.

³ Vide JOURNAL, loc. cit.

⁴ Vide JOURNAL, loc. cit.

REMARKS

ON

VARIOUS DISEASES OF THE SKIN,

Made at a Demonstration of Patients given at the East London and South Essex District of the Metropolitan Counties Branch.

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Physician in Charge of the Department for Diseases of the Skin.

1. THE first case shown was one of prurigo infantum. The patient was a male child, aged 2½ years. The skin bore evidence of the irritation in numerous blood crusts formed on papules that had had their heads scratched off. No other definite lesion was present at the time of the demonstration. The father, however, who accompanied it, said that the disease began at the age of six months with "bumps" like the sting of nettles or bug bites, and that these reappeared from time to time. The itching was greatest at night, being forgotten or absent in the daytime. The child was not badly nourished, but patients often become wasted, peevish, and miserable from the constant interruption to their night's rest. The disease is generally worse in cold weather. This is the disease described as lichen urticatus by many writers. In most cases it persists for some years, but about the age of 7 or 8 gradually disappears. In a few cases it persists and becomes what is known as Hebra's prurigo. In the majority of cases local applications do all that can be done for its relief. The most important of these is a bath (ordinary children's bath) of warm water, to which one or two tablespoonfuls (according to age) of liq. carbonis detergens have been added. The bath should be placed before a fire, and the child be given a sponge, and encouraged to sponge itself all over for half-an-hour, the temperature of the bath being maintained during this time. It should then be quickly dried and put to bed. In addition to this, a lotion of carbolic acid, made less volatile by the addition of glycerine (acid. carbolic. ʒss.—ʒj, glycerine ʒj, aq. destil. ad Oss.), should be sponged rapidly over the child when awakened by the itching. Most cases are controlled by this treatment, though few are cured. When the child is worn out by restless nights, a dose of chloral, 3 to 8 gr., at bedtime, will often get a good night's rest, with diminution of the itching; or tr. cannabis Indicæ (m. v. to x) three times a day may be given. Occasionally three to four grains of quinine, given in milk at bedtime, is of great service.

2. The next case shown was a boy of about 10, but looking younger. His father said that four years before, after a severe attack of measles, a spot appeared on his face, which continued to increase in size, and was followed by the appearance of similar spots in various parts of his body, about eighteen in all. They each increased slowly in size, varying from that of sixpence to a five-shilling piece. He had been sent to the country and to the seaside without benefit; the only treatment that had been of service was "an operation" which had succeeded in some cases but not in others. There were a number of patches of reddened and thickened, rather translucent, skin, slightly tubercular in places. The case was shown as one of either strumous dermatitis or multiple lupus. Though no logical distinction could be drawn between the two, the term strumous or tubercular dermatitis was convenient for cases in which the disease was in nature more inflammatory than neoplastic. It destroyed the skin, however, leaving scars, and the only effectual treatment was destroying each patch.

3, 4. Next two cases of lupus erythematosus were exhibited, both undergoing cure. The first was that of a girl, aged 16. When first seen it had lasted eighteen months, and affected the bridge of the nose and each cheek in red patches covered with seborrhœic greasy scales. There was slight destruction of the skin in places. Citrate of potash, in drachm doses, had been given. Some patches had been treated with the application of collodion, and others with Duhring's lotion of sulphide of zinc (zinci sulph., potas. sulphuret., aa gr. xxx., sp. vini rect., ʒiij, aquæ ʒiv). The latter application had succeeded best in this case. The second case was a woman, aged about 40, who had the disease over an extensive area, including the scalp. She was practically cured, only a small

patch remaining on the bridge of the nose. At one time collodion, at others Duhring's lotion, had suited it best. Citrate of potash in large doses is occasionally of much service.

5. The next case shown was a woman, aged 36. She had not been seen for six months, and was asked to present herself for examination at the demonstration. She presented a rather lurid redness on the backs of the arms and backs of the legs, interspersed amongst which were numerous scars, mostly of a circular shape. In passing the hand over the affected parts, there were found some deep-seated, solid patches, about the size of peas. She had been under observation with this condition for about seven years. It got better or even well during the summer, and bad or worse in the winter. It was just beginning for about the seventh time. The case, which is fully recorded and depicted in the *Clinical Society's Transactions* for the present year, p. 15, was regarded as belonging to the lupus family, partaking in some respects of the characters of lupus vulgaris and lupus erythematosus. Treatment had not been found to influence it. It was a most unusual one in its characters and situation.

6. Next was shown a case which, when first seen, it was difficult to say whether it was lupus or syphilis. It was now regarded as lupus and syphilis. The patient was an unmarried woman, aged 44. The disease began at the age of 8, and had persisted until now. The appearance when first seen was extremely like syphilitic ulceration. It affected the greater part of the face and the lips, had spread from one part to another, leaving superficial scars where it had healed. No history of syphilis was obtainable,

Fig. 1.—From Photograph by Mr. Roger Hutchinson.

though carefully inquired for. This and the fact that it began at the age of 8, and that no manifestation of inherited syphilis was present, led to the belief that it was lupus. Now came the interesting point. After various plans of treatment had been employed without effect, iodide of potassium alone, and with perchloride of mercury, was tried, and the disease began to heal. Numerous relapses had occurred; each had yielded to iodide and mercury, though it was found that their action was increased by the simultaneous, or occasional, use of iron and cod-liver oil. It was practically cured now, with numerous soft white scars. The facts narrated seemed to justify the diagnosis—lupus and syphilis.

7. In connection with the last the next case shown was a woman, aged 29, suffering from a tuberculo-ulcerative syphilide of the face. The patient had some tubercles with much crust, beneath which there was ulceration of the skin. The characters distinguishing this syphilide, sometimes called "syphilitic lupus," from true lupus were pointed out. The patient had only been under treatment one week, but already great improvement had followed the administration of iodide of potassium and an ointment of calomel.

8. Another case of syphilis was exhibited—a man of about 40, with a tubercular and ulcerative eruption on the forehead and scalp, closely resembling "acne varioliformis." So close was the

resemblance in many cases that many experienced dermatologists regarded all cases of acne varioliformis as syphilitic. That this case was syphilitic was beyond question. The patient had had primary syphilis fourteen years before. That acne varioliformis was sometimes independent of syphilis was, however, quite clear, as in a case Dr. Mackenzie had described and depicted in the *Clinical Society's Transactions*, vol. xvii, p. 227.

9. The next case shown was one of purpura rheumatica, occurring in a middle-aged woman. She had been suffering for about three months, and presented numerous hæmorrhagic spots on the forearms and arms, legs and thighs. She had had rheumatic fever years before, and had some swelling of one ankle with the present attack. The disease was a very definite one, characterised by a purpuric eruption, chiefly, but not necessarily, confined to the extremities, coming out in successive crops, usually occurring in the later part of the day, and associated with a feeling of great tension in the affected parts, and often with itching. The spots were often raised slightly on the first appearance, but were hæmorrhagic from the first. The right of the disease to be regarded as rheumatic was evidenced from the purpura coming on in some cases during an attack of acute rheumatism, from its being attended by definite symptoms of rheumatism of a slighter character in others, and from its occurring in patients who had pre-

Fig. 2.—From Photograph by Mr. Roger Hutchinson.

viously suffered from well-marked rheumatism with resulting heart disease. In cases where there was no rheumatism present, and no history of past rheumatism, its characters were so like those that occurred in the typically rheumatic, that in such cases it might be regarded *per se* as evidence of rheumatism. It sometimes yielded quickly to turpentine, in doses of ten to thirty minims, three times a day, but sometimes was very rebellious and lasted for many months.

10. The next case exhibited was one of lichen planus in the retrogressive stage. It was shown to illustrate the difficulties in diagnosis such a case would present if seen for the first time. It was true one was not often called upon to make a diagnosis at this stage, as a patient getting well under one doctor did not usually take a fresh doctor's opinion. Still, circumstances might occur in which it might be necessary to make a diagnosis in such a case. The patient was a woman about 50 years of age. She presented a number of brown stains on the fronts of the legs and a few on the fronts of the forearms. The skin was not thickened, and there was no itching or burning complained of. Such a condition might

be mistaken for a syphilide; indeed, lichen planus is not infrequently diagnosed as syphilis, even when in its typical stage, by those inexperienced in the disease. Careful examination, even in the present condition, revealed the presence of small smooth flat-topped papules. When the patient first came under observation the characteristic papules, some with central depressions, were well marked, the eruption had a violet tint, and was attended with intolerable burning and itching. There were well-marked patches of leucoplakia buccalis, the remains of which were still slightly visible when exhibited. The patient had been treated with Unna's ointment (acid. carbolic. mxx . hydrarg. perchlor. gr. ij., ol. olivæ mxx ., ung. zinci ox. benzoat. ad 3j .) Arsenic was given at the commencement, but did not agree, and since then quinine had been substituted.

11. The next case was one partaking somewhat of the nature of psoriasis and having some of the characters of eczema. The patient was a well-nourished brunette, aged 43. Two-and-a-half years ago, the disease began with scaly patches on both knees. Under treatment it subsided, but recurred again a year ago, when, in addition to the knees, one elbow was also attacked. It was rough and dry until recently, when the patches on the legs began to discharge fluid "like water," which stiffened linen. When she first came under observation about one month before being exhibited, the patches on the knees were very red, hot, and weeping. They had, however, well-defined raised borders. This is the form of psoriasis which has been described as *psoriasis eczémateux*. It occasionally led to difficulties in diagnosis, and was important to recognise, as the ordinary treatment for psoriasis was not appropriate. In so far as it partook of the nature of eczema, it required treatment suitable for that condition, namely, soothing local applications. In the present case a lotion of glycerole of subacetate of lead had taken away the heat, and stopped the discharge, and the condition was thereby greatly improved. Later, stimulating applications, such as tar or ichthyol, should be cautiously used, and arsenic given internally.

12. The next patient exhibited was an example of a very rare disease, primary sarcoma of the skin, or, to give it its exact name, sarcoma idiopathicum multiplex (pigmentosum) cutis (Kaposi's type). The patient was a Polish Jew, aged 45. He first came under observation about eighteen months ago, when notes were taken by Mr. Schorstein, and he dated the onset of his disease two-and-a-half years before that. It began with swelling of the hands, and six months later of the feet. The latter were pigmented from the first, but the swelling of the hands, according to the patient's statement, occurred six months before they became pigmented. The eruption gradually spread over the hands and feet, and patches appeared on the thighs and elsewhere. It was accompanied by no pain, and only slight itching. When he first came under observation there were patches of discoloration on both upper and lower extremities. A typical patch was slightly raised, of a deep purple (plum) colour. Nodular patches were also to be seen and felt here and there. The patches felt hard, but there was no pain, heat, or loss of sensation, and the skin moved freely in all but one or two places over the underlying tissues, but it moved *en bloc*, and had lost all suppleness. The eruption was situated on the hands and feet, and slightly on the

thighs. The mucous membranes were free from disease, and had never been affected. He stated that some of the patches had disappeared, leaving usually a yellow stain, but sometimes no signs of their existence. He was weak, and somewhat wasted. The case was quite new in my experience, and I was unable to determine its nature. He remained under treatment six weeks. His general health improved, but the local condition remained unaltered. Later, he came under the care of Dr. Pringle, who showed him at the Dermatological Society. Dr. Pringle had him under care at the Middlesex Hospital, but the disease resisted treatment. To Dr. Pringle is due the credit of ascertaining later that it was a case of primary multiple sarcoma of the skin of Kaposi's type. The patient has again come under my care, and the disease has made great advances since he was previously under my observation. The hands and feet (Figs. 1 and 2) are now greatly swollen, and have numerous fungating and ulcerating masses upon them and the integument is thickened, hard, and of bluish colour. The case conforms very definitely to Kaposi's type of sarcoma cutis, which has been carefully studied, and described also, by Amicis,

Léon Perrin, and Funk. The disease generally occurs in persons between 40 and 60 years of age. It does not appear to be hereditary. It occurs chiefly in the labouring classes, especially in those subjected to fatigue and hardship. It may remain limited to the extremities for one to several years, during which time some spots disappear and others make their appearance. Ultimately, in all but a few cases, the disease becomes generalised, the mucous membranes and internal organs invaded, and the patient sinks into a state of marasmus, from which he dies. Microscopical examination has shown that the disease is a sarcoma, which is pigmented from blood exudations, and not a melanotic growth. A few cases have recovered from the administration of arsenic, especially when given subcutaneously. This is interesting in connection with the occasional cure of lymphadenoma (lympho-sarcoma) by arsenic.

13. The next case was likewise a rare disease—xeroderma pigmentosum, also first described by Kaposi. The patient was an imbecile lad of 20, sent to me by Dr. Day, of Lower Edmonton. From notes by Mr. B. E. Dawson it is gathered that at the age of 3 or 4 years, whenever he was exposed to the sun, he became red and the face blistered, and when a little older he became freckled. At first the freckles faded somewhat with each winter, but of recent years

Fig. 3.—From photograph by Dr. Crookshank.

there has been no change with the seasons. At the present time the exposed parts of the body—namely, the face, neck, ears, external surfaces of the arms, posterior and external surfaces of the forearms, and external surfaces of the hands are of a reddish-brown colour; the skin of these parts is rough, dry, and easily puckers. Scattered over these parts are numerous brownish-black pigmented spots, on an average about 2 millimètres in diameter, and interspersed amongst them are numerous white spots of an atrophic character (Fig. 3). The skin of the legs below the knees is rough and rather pigmented, but the condition is not nearly so marked as in the upper extremities. Cases of this rather rare disease resemble each other very closely. The disease begins in early childhood or infancy, and affects exclusively the parts that are uncovered in children. It is at first an exaggerated condition of freckles. Later, the skin becomes rough, atrophic spots and vari-

cosities appear, and eventually warty excrescences and fungating growths (on the face) make their appearance, which may fungate and ulcerate, and eventually, after the disease has lasted many years, bring about the patient's death. The tumours, examined microscopically, have been proved to be epitheliomata. Dr. Radcliffe Crocker, who has given an admirable description of the disease in the *Medico-Chirurgical Transactions*, and in his manual of *Diseases of the Skin*, has shown that in one case the tumours were papillomata. The disease, though not hereditary, has a tendency to run in families. The peculiar distribution of the pigmentation, the roughness and spots of atrophy of the skin, and the history of its origination in early childhood, generally in the first or second year, render the diagnosis easy. Unfortunately, it is a disease for which treatment so far has done but little. Nothing has been successful in arresting it. Treatment of the ulcers and tumours when they appear saves the patient suffering and retards the final stage; and treating the conjunctivitis which results from the ectropion caused by the puckering of the skin of the face, may prevent their appearance. I am indebted to Dr. Crookshank for taking the photograph illustrating this case.

14. A very curious, and, indeed unique, case was next shown. In an elderly man, an enormous patch of scaly dermatitis, with well defined margin, was present on the back, and the disease was limited to this part (Fig. 4). It had healed partly or entirely once or twice, leaving only a staining, but recurred; on one occasion he had an attack of bullæ on the feet. The case had been shown at the Dermatological Society, but no one had ventured to give it a name. No cryptogam was present. No treatment had been permanently successful in dealing with it.

15, 16. The last two cases were examples of a somewhat rare disease, though by no means so uncommon as the previous two—dermatitis herpetiformis. The first was a man aged 40. The disease began nine months ago with an eruption on the front of his chest, which, from his description, appears to have been an erythema; later appeared blisters, accompanied by such great itching as to prevent his sleeping at night. When he came under observation, three months ago, he had clusters of vesicles, arranged somewhat symmetrically, over both mammary and scapular regions, shoulders, and both lumbar regions near the spine, but isolated vesicles were scattered sparsely on other parts of the trunk and extremities. He had had a few bullæ, one of which contained blood. No vesicles on mucous membranes. Since then he has had many bullæ, some containing blood, papules, and a few pustules, the latter at the mouths of the hair follicles. When shown there were no grouped vesicles, and only the remains of bullæ; all itching has now ceased. He had been treated with soothing local applications, and the administration of arsenic, and later, quinine. To the latter the chief benefit was probably due.

The second case was a much more serious one, which had been under observation within a week or so of its origin, nearly four years ago. The patient was a male, now aged 41. The disease began after exposure, followed by a cold in the head, loss of voice and pains in the chest, and about a week later little

blisters came out in his mouth, on the lips, inside and out, and gradually spread nearly all over his face, on and behind the ears, neck, chest, arms, hands, penis and scrotum, and inside of knees. Fresh spots came every day and old ones died away. When seen about one week after its onset, his face was irregularly red, covered with small blisters in all stages of development and retrogression, many surrounded by a zone of redness. Grouped vesicles of rather larger size were on the neck. The chest was covered with a centrally arranged patch of circinate erythema and vesicles. The inside of the arms was similarly affected. There were grouped vesicles on the penis and scrotum, and vesicles and bullæ on the extremities. There were several vesicles on the tongue and inside of the mouth. There was a remarkable and unusual freedom from pruritus.

Since its commencement four years ago, the skin had never recovered its normal appearance. Various phases had occurred. For a long time vesicles and bullæ continued to come out on the extremities, genitals, and buccal mucous membrane, with frequent attacks of circinate erythema. At one time the greater part of the body was covered by soft, flat, rather large scales, which gave rise to an appearance not unlike psoriasis. The "scales," however, were really flattened flaccid bullæ, such as occur in pemphigus foliaceus. At this time he fell into a marasmic condition which occasioned grave anxiety. At one time he had a certain amount of urticaria, spontaneous and factitious. At the present time his skin is a good deal pigmented, partly from arsenic and partly from the recurring dermatitis, interspersed amongst which are minute white atrophic spots or superficial scars. One or two bullæ only were present when he was exhibited; his tongue was glazed from superficial glossitis, his general nutrition was still fair. His skin, however, was everywhere so sensitive and tender that the slightest knock excited a bulla. Innumerable plans of treatment had been perseveringly tried, but neither internal nor external remedies had sufficed to cure the disease. Arsenic exercised the greatest influence, but this fell short of being curative. Dühring had published a case that went on for twelve years. The disease is a very interesting one, and has been described under a variety of names. From its occurring in pregnant women it had received the name of "herpes gestationis." It had been called "pemphigus pruriginosus." The

Fig. 4.—From Photograph by Mr. Osborne.

late Tilbury Fox and Radcliffe Crocker preferred the term "hydra." It seemed in this case, as in others recorded, to have been induced by cold, and cold influenced it even at the present time to a marked degree.

PROFESSOR VON ZIEMSEN, of Munich, the editor of the well-known *Cyclopædia of Medicine*, celebrated his 60th birthday on December 13th.

DR. ALEXEI P. DOBROSLAWIN, Professor of Hygiene in the Military Medical Academy at St. Petersburg, died on December 4th of typhoid fever at the age of 47. He was one of the leading sanitarians in Russia, which he represented at the International Congress of Hygiene at Vienna. He was the author of several works on hygiene, and for many years the editor of a popular journal bearing the title *Sdorouje* ("Health").