LECTURES ON DERMATOLOGY.

DELIVERED AT

The Royal College of Surgeons of England.

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LECTURE I.

[The course for the Session 1871 was commenced in the Theatre of the College on the 30th of January; and the lectures were amply illustrated with models, preparations, and strikingly effective drawings. The inaugural course of the previous year had been devoted to a synoptical survey of the whole subject of the pathology of the skin; the present was confined to the examination and demonstration of the objects composing the dermatological collection of the College Museum, together with a consideration of the principles of therapeutical management of cutaneous diseases. The dermatological collection contains 513 objects, and these have been arranged in the most convenient order to facilitate their study, and at the same time to conform to the recognised divisions of physiology and pathology.]

THE subject taking precedence of all the rest is common inflammation; and then follow in succession diseases resulting from blood-poisons and diathesis; diseases of the functions of nutrition, innervation, and pigmentation; diseases of the epidermis and nails, and, lastly, diseases of the hair, the sebiparous system, and the sudoriparous system. In this way, seven primary groups or classes are formed; and these admit of a subsequent division into nineteen sub-groups: thus, diseases of common inflammation include eczematous, erythematous, phlyctenous, furunculous and traumatic affections; the diseases dependent on blood-poisons are the exanthematous, syphilous and elephantous affections; diseases of diathesis are represented by the leprous, strumous, and carcinomatous affections; the diseases of function are the trophopathic, neuropathic and chromatopathic affections; the diseases of the epithelium comprise the epidermic and onychopathic affections; diseases of the hair-system, the trichopathic affections; and diseases of the gland-system, the steatopathic and idrotopathic affections.

First in the classification, and first, also, among affections of the skin, is the disease *eczema*. The word is less ancient than many of our pathological terms, and bears in its meaning the impress of the humoral doctrines of earlier times. It signifies a "boiling out", and, as Aëtius ingeniously explains, conveys the idea of an inward heat, which drives off the humours of the body from its surface like the seething of a boiling fluid; and although we no longer recognise the humoral doctrines, nor the expulsion of the humours of the body through the skin by an inward heat, we are nevertheless forcibly struck with the cogency of the expression when we see the minute vesicular bubbles which sometimes cover the surface of an eczema, the copious exudation sometimes welling forth from its surface, and hear the sharp complaints of our patients against the burning and scalding pains by which it is accompanied. More ancient observers seem to have been impressed with the intense itching which is common to eczema, and to have called it in consequence *psora*, from the Greek word signifying "to rub"; so that, in the mere nomenclature of the affection, we have delineated a fair picture of the disease; that is, of a disorder which is hot, burning, scalding, often exuding in vesicles, or by a copious oozing from the inflamed surface, and for the most part pruritic or itchy to a greater or less degree.

If we set ourselves the task of defining eczema, we should call it an inflammation of the skin, attended with a breach of its surface; and a knowledge of the common characters of inflammation will teach us the appearances which the inflammation and the breach of surface are capable of presenting. It is obvious that there will be redness, there will be more or less prominence, there will be displacement of the cuticle, either in the form of vesicles or desquamation, and there will be exudation, and the consequences of exudation in various degrees. One of the most eminent of our modern authorities on dermatology has said very truly—"If you rub a drop of croton oil upon the skin, you have immediately developed a case of eczema." And in like manner, it may be stated, that any irritation of the skin, whether the irritation come from without or from within, is capable of exciting an eczema.

If we turn to the Model No. 1, representing the thigh and leg, we perceive evidences of inflammation dispersed in a peculiar manner over the limb; in one situation there are blotches manifesting a lesion of

considerable extent, and in another the inflammation would seem to be centred in minute points. In the latter case, it is evident that the seat of the inflammation is the cutaneous follicles; in the former, follicles and interfollicular space are blended in one general disorder. There is redness of the affected parts, although but little; there is also slight swelling. In the blotches the redness is seen along the margin of the disease, where it is the forerunner of subsequent changes; while in the follicles the redness appears in the semblance of puncta, and the swelling is more conspicuous, elevating the mouth of the follicle, and producing that form of pathological lesion which is denominated a "papula." If any evidence were needed of the precise seat of the pathological changes present in eczema, it might be found in this model; the papulae are many of them perforated by the hair which issues from the aperture of its follicle, and along the circumference of the blotches the gradual implication of follicles and interfollicular surface is distinctly perceptible. We are also taught by this model the process of extension of the disease—its creeping or erpetic character; for between the two extremes of simply prominent papulae and the larger blotches may be found smaller blotches of intermediate size.

The next observation that may be made in reference to this model is the presence of a thin scab or crust on several of the blotches. The crust is the product of an exudation from the inflamed skin, and if it were removed, we should discover beneath it a raw surface moistened by an ichorous secretion. The secretion of eczema is apt to range in appearance, from simple transparency through the various tints of white and yellow opalescence to the deep yellow hue of pus; and, where any hæmorrhagic tendency exists, whether arising from external injury or from the weakened condition of the tissues, there we may find superadded the colouring principle of the blood, producing shades of different tint, ranging from reddish-brown to almost black. These are the conditions which influence the colour of the crust; while the degree of inspissation of its secretion and the quantity of such secretion will determine its thickness.

A special character of common eczema is the number of lesions present in the skin, hence the terms *eczema polymorphicum* and *multiforme*; but there are certain of its forms which are remarkable for a dimorphic character, comprising nothing more than redness, followed by exfoliation of the cuticle, and to such forms have been assigned the term *eczema erythematousum*. These forms are represented by an interesting series of models in the dermatological collection, in one of which the exfoliation has taken place in circular disks, in another in rings, while a third is remarkable for a desquamation of the entire surface of the integument.

The latter affection has been variously named *dermatitis* and *dermatitis exfoliativa*, but in reality it has every claim to be considered as an *eczema exfoliativum*. It presents the peculiar characters of an inflammation of the skin of the entire body, accompanied with intense redness, and with repeated exfoliations of the whole of the cuticle in shreds or flakes. The shreds and flakes, when seen upon the skin, give it a "fluffy" appearance; some are upwards of two inches in length, while the free edge is half or three-quarters of an inch in breadth. Nothing can be more singular than the appearance of the body marked by these white lines of exfoliating cuticle; the features look as if they were tattooed with graceful and symmetrical undulated curves; and on the trunk and limbs the curves follow the direction of the normal lines of motion of the skin. To the eye of a patient suffering under this curious complaint the long curved lines sweeping around his body and limbs suggested the idea of "ribs," and he spoke of his body as being "ribbed," and the comparison was by no means exaggerated. When these long flakes or exuviae of exfoliating epidermis are broken off, they fill the clothes and bedclothes of the patient, and when in their broken state they are collected together, they resemble the bracts of hops.

The abundance of the epidermic exuviae is so considerable at the height of the disease, that in one of the cases illustrated by the preparations in the museum, the weight of the scales collected from the bed amounted to more than two ounces daily, and in bulk to upwards of a pint; and as the period of active exfoliation was prolonged for upwards of two months, I calculated that during that period the quantity of cuticular exuviae thrown off by the skin could not be less than ten pounds in weight, and more than a bushel in bulk. Devergie, however, gives sanction to a higher computation than this; for, according to him, the quantity of exfoliated cuticle amounted to between two and three litres or quarts in the day, and consequently to between two and three bushels a month. This quality of exfoliation especially attracted the attention of Devergie, and, likening the broken exuviae to the fine scales which are produced in pityriasis, he called the affection *pityriasis rubra*, and Hebra has adopted the same term. But if we search into the intrinsic nature of the disease, and refuse to be content with one only of its symptoms, we shall be nearer the scientific truth if we keep the affection in the family of the *eczemata*.

The Professor concluded his lecture by the narration of a very interesting case of eczema exfoliativum which he had at present under treatment; this case was accompanied with all the symptoms already detailed, and, in addition, with loss of the nails and loss of the hair. The patient was a man of gouty diathesis, and was also the subject of *lepra vulgaris*.

"IS IT PROPER FOR CONSUMPTIVES TO MARRY?"

By CHARLES J. B. WILLIAMS, M.D., F.R.S.

THIS question is too wide and vague to admit of a direct answer; but it may be usefully debated by those who have had much study and experience in connexion with the subject.

Holding, as I do, that consumption in its widest sense—including not only cases of distinct tuberculosis, but those also of caseous pneumonia and chronic inflammation, which are only different forms and degrees of the same malady—is a disease of degeneration and decay, it can hardly be supposed that I should generally recommend consumptives, with the seeds of decay in them, either to waste their remaining stamina by sexual indulgence, or to incur the risk of unhealthy propagation from their own decaying stock; and yet I have advised many a consumptive to marry, and in numerous instances the result has been happy and fruitful.

For a patient in *confirmed* or *active* consumption to marry, could never be advised by any rational physician, on either physical or moral grounds. Both reason and experience forbid such a step, as fraught with perils and penalties, present and future.

It is different with many of the now numerous class of cases of *arrested* or *limited* disease, in whom the bodily functions are active and vigorous, and in whom there is a probability of life for many years under *favourable circumstances*. Among these favourable circumstances may often be counted the increased social and domestic comforts and the *enlivening* communion and sympathy of a well assorted and well regulated married life. To those who have not the gift of continence, and whose affections have been already engaged with the hope of marriage, a single life is one of unnatural restraint and disappointment, injurious to health, and likely enough to accelerate disease and decay. To such, a judicious marriage and the moderate exercise of the sexual functions become a source of bodily health, as well as of mental happiness, the beneficial influence of which can hardly be overestimated. To such, the new life seems to have a regenerating influence, with increased vitality and energy, extending even to the organic functions of assimilation and nutrition. I believe that these remarks apply to both sexes, including childbearing and lactation in the female. So long as all these processes go on normally, with good and regular feeding and digestion, the maternal organism receives fresh vigour from the quickening influence of foetal and infantile life; and processes of degeneration and decay are retarded or suspended. So far is correct the common belief that pregnancy and lactation retard the progress of phthisis. But such remarks do not apply to sickly pregnancies, to severe and exhausting confinements, and to excessive or disordered lactation. Such unfortunate contingencies, which cannot always be foreseen, pretty surely impair the vital powers and hasten the progress of decay.

Further, there is a considerable number of consumptive individuals for whom, although the disease be limited and not active, marriage is not desirable. To say, in general terms, that these are *weakly* individuals, does not sufficiently characterise them. Weak they are, both in body and mind; but there is also a nervousness which aggravates the weakness and adds to sensibilities and sufferings. The weakness extends to the sexual function; and although, unfortunately, it does not extinguish desire, it renders the exercise of that function harassing and exhausting. To such persons, married life would prove a perpetual snare and worry; and their safest course is to cultivate the grace of continence in single blessedness.

The apprehension of procreating unhealthy children is an objection more valid with physicians and friends than with the consumptive himself when his affections are engaged; and we are bound to consider that its weight varies also with circumstances. In predicating anything concerning a future generation, it must be borne in mind that we can deal only in terms of probability; and to give them numerical value would require larger statistics than any yet available. Although our experience abounds in examples of children born of consumptive parents being unhealthy, and sooner or later falling victims to some form of the disease, yet the exceptions are numerous also, and prove the power of young life to countervail any inherited proclivity to decay. I could cite many cases, but it would take more time and space than can be given here.

Guided by general principles and experience, we may well warn all consumptives born of one or both consumptive parents, or having several blood-relatives consumptive, that there will be great risk of their own children proving consumptive also, and that the risk is further increased when a consumptive marries into another consumptive family; and on this consideration, as well as for their own sakes, we cannot sanction the union of such consumptive persons.

On the other hand, consumptives whose malady originated in an inflammatory attack, without any clear history of family taint, and whose present condition is that of arrested disease, with good general health, need have no unusual solicitude as to the healthiness of their progeny, if due care be taken with their hygienic and dietetic management. In this respect, as well as in the general treatment of consumptives, the affluent might have a better chance than those in straitened circumstances; for change of air, a salubrious residence, and a variety in the best kinds of food, are potent but expensive means for the restoration and preservation of health. But the indolence and caprices of the affluent often deprive them of their advantages; and, even when they seek advice, they too commonly are guided by their own inclinations as to how far they will follow it. Whilst I was writing these lines, a gentleman entered my consulting-room, saying that he wished for my advice about the propriety of his marrying. Eight years ago, he had been sent home from India, condemned as a consumptive, having spit blood daily for several weeks, and lost much flesh. However, he so far recovered as to be able to return to his military duties in India, from which he again returned invalided two months ago, with a renewal of pectoral symptoms. It is needless to enter into details; but I found signs of limited disease in one lung, which, as I told him, was probably inflammatory, and might be removed with proper treatment and care, and then he might entertain his marrying project. "O!" said he, "I am going to be married the day after to-morrow."

ON MODERN TREATMENT BY DRUGS:

An Extract from the Annual Oration before the Hunterian Society, 1871.

By T. BOOR CROSBY, M.D., F.R.C.S.

LET us now consider the modern method of treatment of disease by drugs. As a natural sequence of altered opinion respecting the utility of bleedings for the suppression of acute disease, the antiphlogistic class of therapeutical agents, especially such direct cardiac depressants as antimony, fell from common use, and are now only employed in special instances. Not only did this change occur, but faith in the curative action of drugs was shaken to its foundation, and thoughtful minds began to question the value of the universal physic-giving practice of former days, from "which scepticism" have arisen great improvements—"a rational selection" and "an improved mode of administration."

Modern therapeutics owes much to the past for many valuable remedies handed down to it, with an authority of the best possible kind—"the test of experience"—more to the application of chemical laws and to results of physiological experiments. Pathology teaches us the stern fact that many morbid conditions are out of the pale of therapeutical control. A careful watching of the efforts of nature herself under disease, unaided by medicines, has shown how powerful is the *vis medicatrix*; these two circumstances have contributed much that is valuable to the *reason-why* of modern medicine. I will now direct your attention to the application of some part of the above reasoning.

To chemistry we owe much that is effective and easily explainable in the employment of drugs, and for the simplification and multiplication of remedial agents. Gout and acute rheumatism are diseases attended with, if not wholly caused by, an accumulation of acid in the system, of uric acid in the former, and lactic acid in the latter. Modern medicine has brought chemistry to its assistance in both, and, by the alkaline treatment, may fairly claim to have diminished the severity and duration of the acute forms of both diseases. Both diseases are accompanied by pain, generally of a severe character; for its relief we have a remedy—colchicum for the one, and of the application of blisters to the swollen and affected joints for the other. For this plan of treatment of rheumatic pain, which experience proves to be most valuable, we are indebted to our able coadjutor Dr. Herbert Davies.

To the empiric experience of the past we are wholly indebted for the valuable specific colchicum—specific certainly it is, as it possesses no