CLINICAL OBSERVATIONS ON DISEASES OF THE SKIN.

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ICHTHYOSIS.*

HITHERTO I have considered ichthyosis as general, and therefore complete; but it is by no means invariably so. Instances are often met with in which it occurs only in a partial form. These betray a roughness of surface varying in degree and extent in different cases, but chiefly observed on the outer aspect of the limbs and the loins, and most of all in the vicinity of the knees or other large joints. We shall here search in vain for any indication of the eruption on such parts as the face, hands, or feet. The scalp participates, but irregularly; it may exhibit at a single spot a large, thick, and irregular crust, very adherent, and covered with hair; or in other cases, separate white patches, scarcely raised, but equally tenacious as the last, and penetrated at various points by hair. In the regions which are thus devoid of any squamous characters, perspiration will frequently be found continuous and excessive, as if to compensate for the more general deficiency of the same secretion elsewhere; nor even in winter is it altogether deficient, particularly in such places as the palm and sole. In one respect this excess of perspiration proves a boon to the patient; for in consequence, as will be presently remarked, no feeling of irritation is caused by the disease. The latter is an inconvenience, but no more; nor is it much influenced by those changes of climate or weather which otherwise aggravate the complaint. Again, partial ichthyosis is sometimes very restricted in its locality; and I well remember a young lady, a private patient of Mr. Startin, in whom this disease was entirely confined to the palmar and plantar surfaces. Her father was similarly but less severely affected, while the rest of the family were quite exempt. Still more recently, an example of this rare affection came under my care at the Hospital in a young woman, 20 years of age, who likewise had the complaint limited to the hands.

From what has now been stated of ichthyosis, it will be seen that I have used the term in a far more comprehensive sense than has hitherto been assigned to it. Considered from this point of view, there are few cutaneous disorders which offer so many and at the same time such distinctive degrees of comparison. A malformation of the skin rather than an actual disease, it varies from a general roughness of the surface, and even this may be scarcely perceptible, to a condition of the utmost severity, as in the harlequin foetus; between these two extremes every connecting link in the chain of development is complete. If I may hazard a conjecture, and something more than a conjecture, I would say that, whatever type the complaint originally assumes, its tendency is always to revert to that state, and seldom to exceed it. We do not find, for example, the lower varieties of ichthyosis, however modified by external causes, attain a higher or more advanced grade; nor, on the other hand, does partial ichthyosis pass into a more general form. Whether the instance of Barbara C., previously cited, which was likewise accompanied by a deficiency of some of the digits, may be deemed in this respect as entirely exceptional, a larger number of cases can alone determine. It is probable that increased data would furnish parallel results, since we detect in all malformations of the extremities a certain order in their very irregularity—a method, so to speak, which repeats itself with perfect exactitude. Thus far, however, I can affirm, that scarcely a single case of ichthyosis has passed under my notice unattended by a peculiar malformation of the external ear, and notably of its lobe, which might be taken as no mean exponent of the degree of the primary disease involving the skin. My attention was first directed to this inquiry when examining a harlequin foetus, in which no trace of an external ear remained; and, in proceeding through successive deviations from this example, a corresponding diminution in the extent of malformation was observed, until the opposite limit was reached. The only apparent alteration then consisted in the lobe being connected with the adjoining surface of the cheek, of which it seemed to constitute a part.

Allusion has been already made to the complication of ichthyosis with prurigo: that with eczema will demand a few words. The occurrence of eczema, although sufficiently rare, is chiefly found in ichthyosis when the latter is partial. In some instances, the eczema, if slight, would seem to be accidental; but I am disposed to conclude that in the greater number the complication should be regarded as congenital, returning as it mostly does in the course of a few months from the date of the original disorder, and with an inclination to harass the patient more or less afterwards. At first it is the face or scalp which commonly suffers, and

then the complaint spreads to other parts, as the neighbourhood of the larger joints; and thus we find that, while the outer aspect of the extremities is uniformly rough and harsh, the inner surface is studded with eczematous patches. These vary in degree at different periods; but seldom, under the most favourable circumstances, is the skin wholly free. Sometimes the eczema developed in ichthyosis is due to syphilis, which may be delayed in its outward manifestation until the second or third year; later than this no instance has come under my knowledge. They are amongst the most severe in all that concerns the extent of the eruption and the attendant irritation. As a rule, they are unaccompanied by loss of flesh or syphilitic cachexia.

Among the occasional accessories of ichthyosis—for the name of complications they hardly deserve—may be enumerated an undue escape of the lacrimal secretion. This happens in those cases where, from the rigidity and consequent retraction of the skin of the cheek, the lower lid is everted; the eye becomes suffused, and soon the tears overflow the face, thus creating an annoyance which the patient is altogether unable to prevent or control. Another and a more common attendant, inasmuch as it generally selects the milder examples, is the occurrence of coryza, and with it an inflamed condition of the Schneiderian membrane at its lower part. The coryza is often easily provoked, and may continue unchecked throughout the winter months. Again, the subjects of ichthyosis, it may be observed, are more than others liable to bronchitis or catarrh, or they suffer habitually from cold to a far greater extent than ordinary persons. On the other hand, where no apparent outlet is afforded in any portion of the skin, the extreme of heat is still more dreaded in certain instances, although they happily constitute a minority. It is not mere exposure to the sun's rays, or any kind of extraneous warmth, which awakens this burning sensation in the skin, once forcibly expressed to me by a patient upwards of 70 years of age, who had had general ichthyosis, I need not add, all her life, or nearly so. The heat of summer alone is enough to induce it.

There is a species of so-called ichthyosis to which the name of *spurious* has been given by some writers. It is a product of the sebaceous glands, and has no connexion at all with the disease under review. In another kind, *ichthyosis cornea*—as remarkable as it is rare—I must refer the reader to what I have elsewhere mentioned on this subject.

The prognosis of ichthyosis, in its several varieties, is unfavourable as regards complete or permanent relief; but the complaint is, nevertheless, in most instances greatly amenable to treatment. After a time, the skin becomes smooth, and scales are no longer renewed—a source of no slight satisfaction to the patient. The malformation, however, in any case remains; and with it a disposition to the return of the disease, which may be invoked by many causes, such as exposure to atmospheric changes, or the neglect of precautionary measures; and it is to the non-fulfilment of the required conditions, in so far as they relate to the general health, and the state of the skin, that a relapse is mostly attributable. I have known ichthyosis successively relieved, and to such a degree, by the warmth of summer alone, that during the season it could scarcely be said to exist; but, with the approach of winter, its true character never failed to be declared. In this class, which may be said to be restricted to the less serious cases, and only a particular section of them, there is no doubt that a removal to a more genial climate than our own would be followed, for the time at least, by a tolerable exemption to the patient from his complaint. I have now under observation, in the private practice of Mr. Startin, a boy aged 11 years, the subject of ichthyosis, who is a singular exception to a very general rule in this disease, inasmuch as in the summer months he derives the greatest benefit from a residence at the seaside, and even from bathing in the sea. The first example of ichthyosis recorded at the commencement of this paper is a notable instance of how much may be gained by remedial measures properly applied, the patient being enabled to return to her ordinary duties as a domestic servant with comparative comfort as regards the cutaneous disorder, thus kept in abeyance. In the milder cases, in which, although general, the limits of pityriasis are scarcely exceeded, much and at the same time more lasting benefit will likewise accrue from remedial agency; and the same applies with equal if not greater force to ichthyosis in its partial form. In that kind, which is distinguished by the extent and thinness of the scales, and where the surface partakes more or less of a reddish tinge, the probability of even marked improvement, in my experience, is remote. In these, the severity of the disease is less determined by the size and thickness of the cuticular products, than by the general completeness of the complaint; and of this we have sufficient proof in the exposed mucous lining of the lower eyelids, the lips, as well as in the malformation of the external ear. There is also liability to exacerbations and remissions, a sense of aching and burning generally preceding an attack. The fingers are then apt to contract in the flexed position, and likewise the elbows and the knees. As a consequence, transverse cracks

* Concluded from page 620 of last number.

speedily arise over the phalangeal articulations, or fissures form at the side of the elbow or the neck, or on the loins. While this condition lasts, the patient's distress may be imagined from the very helplessness it entails; and I am acquainted with such a case, in which, during an attack, the patient cannot move in bed or feed herself without assistance.

In the treatment of ichthyosis, local measures will be found of great service. Our first endeavour should be directed to get rid of the scales, and to render the skin as far as possible soft and supple. This is best accomplished by the aid of glycerine—a valuable agent in many diseases, as was first pointed out by Mr. Startin, who introduced it to the notice of the profession many years ago. Unlike other greasy or fatty compounds, it is readily miscible with water; and hence its efficacy in removing, or at least in diminishing, the excessive dryness of the skin in ichthyosis. It may be turned to account in several ways. As a bath, in the proportion of six to eight ounces to thirty gallons of water, and at a temperature of 94 to 96 deg., it will prove most agreeable, and may be resorted to two or three times a week. Although it signifies little at what time of the day the bath is employed, I generally advise its use in the afternoon or at bedtime, as at the latter period it mostly secures a good night's rest; and in winter particularly, with proper precautions, the patient runs little risk of catching cold afterwards. The high price of glycerine is, however, often a bar to its use in this manner, from the frequency of repetition it entails; and it will then be enough for the patient, after taking an ordinary warm bath, to sponge the whole surface with a quart or more of warm water containing two or three ounces of glycerine; or he may use the latter undiluted, while the skin is still wet. This last is not only an economical mode of employing glycerine, but it is one of great service, as thereby much of its greasy character is lost, while the skin retains its pliability for several hours. In many cases, the bath is impracticable; in such, the patient should be told to grease the surface with an ointment containing camphor and glycerine—ten grains of one to as many minims of the other, to each ounce of lard. This is to be applied with a fold of flannel, and any excess removed by the same means. Sometimes, in lieu of an ointment, castor-oil is preferred; while any objection to its odour is readily obviated by the addition of a few drops of oil of bergamot or bitter almonds.

This comprises all I have to say as regards local remedies. When the scales are very thick, and not readily removed with friction or soaking with warm water, a piece of pumice-stone will often assist in detaching them. This is sometimes seen in ichthyosis of the palms of the hands, or when it appears on the foot or around the heel.

As regards the general health, tonics, especially those containing steel, will be commonly indicated; and of these none are better than the sulphate or the perchloride. These it is, in most cases, advisable to combine with an aperient, from the tendency they naturally possess to produce constipation. The diet should be nutritive, consisting largely of animal food, and at the same time plain.

While the above remarks were passing through the press, an opportunity has been afforded me of observing a rare example of ichthyosis cornea. The affected surface comprised the greater part of the skin covering the right clavicle, the elbows, knees, and ankles; also the back of the hands, including the digits. In these localities, the skin presented a smooth, almost glistening, appearance, and was, moreover, of a yellowish hue. It had lost its natural elasticity, and felt indurated to the touch like a piece of cartilage, from the subcutaneous tissue being likewise involved, and adherent above. There was contraction, in the semi-flexed position, of all the fingers—more evident on the right hand than the left, from its longer duration, and evidently produced by the same cause. A similar state existed on the toes.

The patient is under the care of Mr. Startin, whom she consulted for the first time on the 17th of the present month (June). Her age is 47. The catamenia ceased two years ago, when the above complaint commenced, which it did on the chest; and since then it has appeared in other and distant parts. There is no lack of perspiration generally; but she suffers much from exposure to cold, particularly in the extremities. Pain is felt chiefly over the haunches and in the side, especially along the plantar fascia; and so severe has it become of late as to occasion much difficulty in walking. There is no evidence of the affection being at all hereditary.

The extreme infrequency of this form of skin-disease, described by French writers as *sclerema*, must plead my excuse for thus placing it on record. So nearly does it correspond in many essential points to a similar case described by Willan in his work, page 209, that there is no difficulty in recognising it as an instance of what this close observer has been pleased to call ichthyosis cornea. In all that concerns, however, its more obvious characters, as well as in the free perspiration of the surface generally, and the development of the complaint at a so-called

critical period of life, it is distinct from that class which, in its several grades, I have ventured to express under the common term ichthyosis. Indeed, its sole claim to the latter designation rests on the horny state of the integument, which has already occasioned permanent flexure of the digits, and threatens, unless checked, to lead to more extensive results.

CLINICAL NOTES.

(Reported from the Practice of Dr. WILKS, at Guy's Hospital.)

NO. IV.—INFANTILE REMITTENT FEVER.

THE following case is reported by Mr. Murphy.

Elizabeth H., aged 12, was admitted under Dr. Wilks on March 2nd, 1870. She was well until twelve days ago, when she began to lose her appetite, and complain of headache. She was, however, not very ill until five days ago, when she became much worse, and took to her bed. She had rigors, pains in the head, limbs, and back, and was delirious at night. On the following day, she passed several loose motions. The mother stated that there was a bad smell in the room which the child occupied. The patient's younger sister was lately admitted into the hospital with similar symptoms, and subsequently some rose spots appeared on the skin. On admission, the above-named Elizabeth H. had a temperature of 102.2, with a pulse of 104; she was tolerably intelligent; had a flush on the face; a dry cough; abdomen not tender, tympanitic, nor affording any gurgling on pressure; skin hot and dry, with no rash; tongue moist, and only slightly furred. Saline mixture and milk-diet were ordered. March 3rd.—Bowels opened twice, not loose. Skin dry and cool; no rash. Temperature 101.2. March 4th.—Much the same. March 5th.—Bowels opened twice; coughs, but does not expectorate. March 6th.—No rash; temperature 100. March 7th.—Better; skin dry; temperature 98; cough, but no expectoration. She continued to improve, and was soon sent out well.

CLINICAL REMARKS BY DR. WILKS.—The term infantile remittent fever is so vague, that no very definite idea can be conceived of the nature of the disease signified. There can be little doubt that various maladies are included under the same name, or the profession would have long ago agreed to substitute for it the more decided expression typhoid or enteric fever. That a great many cases of children's disorder, known by the name above mentioned, are nothing more than this last-named fever, is very certain; although there is often much difficulty in the recognition of the complaint, from the absence of the characteristic rash. It is often rather from a contemplation of the case from its commencement to its termination, and the surrounding circumstances, that the conclusion is arrived at. There are cases, however, which show so marked a remission of symptoms, and which occur under circumstances where so strong a suspicion of miasmatic influence exists, that there can be little doubt of their true aguish type. Besides these two forms included in the term infantile remittent, there is a large class of cases which do not run a very definite course, and to which the name gastric or worm fever has been applied. This complaint may last a few days, a week, two weeks, or even longer, and is apparently due to gastro-intestinal disturbance, and has no title, therefore, to the name of a specific disease. The child is often taken suddenly ill, with high febrile symptoms, which are more marked at night, and subdued in the morning, accompanied by a furred strawberry tongue, foul breath, sickness, confined bowels, hacking cough, drowsiness, and extreme irritability. Cases of this kind have no right to the appellation fever, which is applied to a specific disease, as they are clearly due to a depraved condition of the alimentary canal; the febrile condition is a mere pyrexia accompanying a gastro-intestinal affection, whose duration is indefinite. Dr. Wilks said the whole subject of the so-called "infantile remittent of children," required reinvestigation; it was clear that much of the disease was typhoid, and then, of course, the ordinary treatment was adopted; when the disease was due to stomach or bowel disturbance, and was more distinctly what had been styled gastric fever, then medicines to improve the condition of the alimentary canal were necessary, and for this purpose the various aperient powders in the *Pharmacopœia* were very useful. At the Royal Infirmary for Children, where a routine practice is necessary, Dr. Wilks gave the pulvis rhei salinus (rhubarb and sulphate of potash) once or twice a day, for a few doses, and then some quinine. This was the most successful method. He had learned this plan from his old teacher, Dr. Golding Bird, who had charge of the children's ward at Guy's Hospital, and who used to impress upon his class the great value of the powder above named; a compound invented by Dr. Fordyce, Physician to St. Thomas's Hospital, who himself thus spoke of its merits: "Had I been more ambitious of dying a rich man, than of living an useful member of