LECTURES ON DERMATOLOGY.

DELIVERED AT

The Royal College of Surgeons of England.

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LECTURE III.

THE doctrine that I am desirous to inculcate is that eczema is a simple inflammation of the skin; and that the varied manifestations which it is apt to present are due to peculiarity of structure of the integument on the one hand, and to peculiarities of constitution of the individual and duration of the disease on the other. It is evident that a natural accompaniment of inflammation of the skin is hyperæmia; that hyperæmia may involve the whole of the vascular portion of the skin equally, or may select the follicular plexuses in preference to the papillary plexuses; that one of the simplest of the consequences of hyperæmia will be arrest of nutrition of the epidermis and a resulting exfoliation of cuticle; and that another obvious consequence of hyperæmia of the skin will be, infiltration of the derma to a greater or less extent, and exudation of the infiltrated fluids, either beneath the cuticle, so as to give rise to vesicles, or an oozing moisture on the unbroken surface, or an abundant secretion streaming forth from excoriations or fissures. Then, as evincing additional force of the affection, we may have purulent discharges, pus, and pustules, taking the place of the primary lymph exudation; and at a later period, and evincing a chronic alteration, the substitution for the fluid exudation of an epithelial desquamation in the form of small scales, and constituting a squamous eczema, sometimes termed psoriasis, and sometimes pityriasis. Occasionally we hear the terms "catarrh" and catarrhal applied to eczematous inflammation; and we might with equal truth term catarrh an eczema of the mucous membrane of the air-tubes, as is sometimes undoubtedly the fact.

The wax cast numbered 27 offers an example of a portion of the skin of the bend of the elbow in a healing stage, that has recently been in an active state of exudation. And the evidences of congestion, of infiltration, and of tumefaction of the skin are still apparent in the redness of surface, the polish and fine wrinkling of the newly formed epidermis, the deep ruts of the lines of motion, and the tumid and seemingly puffy condition of the intervening skin. I may add, by way of parenthesis, in connection with this case, that, finding it very rebellious to treatment, I painted it with a tincture of croton-seeds, with the result of immediately arresting the exudative process and setting up a curative action.

Eczema capitis is illustrated in No. 29, and demonstrates a very common form of that affection. There is evidence in this delineation of the presence of ichorous exudation; the drawing together of the hairs in pencil-tufts is due to the flowing downwards of a fluid secretion; and the thick broken crust embedded among the roots of the hair over the entire head, which has gained for the case the epithet of eczema scabidum, is a consequence of the exudation and desiccation of an ichorous fluid, partly limpid and transparent, partly viscous, and partly opaque and puriform. On the forehead, the incrustation becomes gradually thin, and in the fissures between these crusts may be perceived the vivid redness of the inflamed skin.

Next in succession to eczema vesiculosum, eczema ichorosum, and eczema pustulosum, we come upon a series of illustrations of a more chronic condition of the eruption than the preceding, on one in which the fire of the inflammation would seem to be exhausted, wherein there is no exudation, and which is characterised especially by desquamation, constituting a form of the disease which may be termed *eczema squamosum*. They present a somewhat considerable variety of tint of colour, ranging from scarlet or arterial to purple or venous, and a not less striking variety in the character of their desquamation. All have received from the French dermatologists, under whose care the patients were treated, the name of "psoriasis", and one of them is termed by Bazin "psoriasis pityriasisforme."

We have evidence in these instances of the proper application of the term *psoriasis*—namely, to a dry and itchy psora or eczema, and at the

same time to a rough psora or psora leprodes. Psoriasis, consequently, is a chronic eczema; and it seems difficult to understand why the latter term should not be generally used. In employing the two words eczema and psoriasis, a suspicion is awakened that they signify two different diseases, whereas in reality they are stages of the same disease. Moreover, the word psoriasis has been applied erroneously to another affection, the lepra of the Greeks; and is also not uncommonly used for every affection of the skin attended with dryness and scalliness, which is otherwise unrecognised. It would be wise, therefore, under these circumstances, to call eczema eczema, and lepra lepra; and no substantial progress will be made in dermatopathology until this obvious truth shall be accepted and adopted in practice.

Another observation to be made in reference to these cases, relates to the important secondary change that takes place in the structure of the corium. It is infiltrated and thickened, and at a later period more or less indurated. It is to these pathological conditions of the skin that are due its prominence or apparent swelling and loss of elasticity; and to the same causes are to be referred its rigidity and wrinkling. In some situations and in very chronic cases, moreover, there are super-added to these states of the skin a hardness and brittleness that result in the cracking or fission of the corium upon the mere act of motion or stretching.

If we were to review the pathological steps of the process, we should find them very few and simple; for example, there are hyperæmia, then infiltration; next desquamation; and, lastly, fission; and associated with these lesions, itching to a greater or less extent; all of these symptoms being the pathognomonic characters of chronic eczema.

In examining the present series closely, we are struck with the exact similarity of the pathological phenomena of the disease, the thickened and hardened character of the inflamed skin, and the active production of an epithelial layer which is cast off in the form of broken fragments and scales, as soon as it is produced. And if this be the case in the instance of the objective phenomena, it is equally so with the subjective phenomena or symptoms; these are, the extreme stiffness of the part, the violent and intermittent pruritus, and the copious exudation of a colourless lymph whenever, for the relief of the pruritus, the part is severely rubbed. The last of the preparations, moreover, exhibits another consequence of infiltration and induration of the skin—namely, a state of brittleness which is manifested by cracks or fissures, technically called rhagades, and these rhagades give forth a colourless ichor as well as blood.

We have now run through the series of what may be termed the regular forms of eczema; its incipient and early forms, namely, erythematous, papulous, and vesicular; and its more advanced forms, namely, ichorous, pustulous, and squamous. Or we might divide them differently, and say the *dry* forms, namely, erythematous, papulous, and squamous; and the *moist* forms, namely, vesicular, ichorous, and pustulous.

The study of these various forms of the disease has suggested the presence here and there of a tendency to hypertrophy: in one form, it may be a hypertrophy of tissue, as in the example of the thickened and indurated corium; in another, it may be a hypertrophy of the epithelium, as in the instance of eczema exfoliativum; or again, it may be a hypertrophy of secretion, as in the example of eczema ichorosum and eczema pustulosum. There is reason to believe that the hypertrophy is not of the active and preconcerted kind, but of the passive kind; the detention of the blood in the dilated capillaries supplies an additional nutrition and power of nutrition to the cells, and the cells make profit of this superabundance by hyperplasia, as well as by hypertrophy. It is in this way that we must seek to explain the phenomena manifested by the next series of preparations, which are five in number.

We can have no doubt in regarding these models that we have before us as eczema; we need but compare them with those that have gone before to be assured of the fact; but, nevertheless, a strange and new feature has seemingly been added to the disease, namely, the production of epithelium in large quantity in Cases 42 and 43, to the extent of giving rise to callosities of considerable thickness and extent; and in prodigious quantity in No. 44, thereby giving origin to a rugged mass splitting into fragments in the vertical axis of the mass. Further evidence of this very remarkable hypertrophy of the epidermis under the stimulus of eczema is shown in preparation 45, which exhibits portions of epidermis removed from the heel, showing the fibrous character of the horny mass and the vertical direction of the fibres. The conclusion at which we are bound to arrive, as it appears to me, from the examination of the objects before us, is that to the ordinary products and consequences of inflammation of the skin presented by eczema we must add hypertrophy of the horny portion of the epidermis; and that we may regard this phenomenon as the result of a chronic congestion of the

capillaries, acting as a stimulus to the normal nutritive function of the skin.

If we move a step further, and visit, so to speak, the more highly organised tissues of the skin, we shall meet not very rarely with an eczematous congestion of that organ which results in hypertrophy of the vascular portion of the derma, and particularly its papillæ cutis. And these cases of increase of growth of the epithelium on the one hand, and of the vascular tissues of the skin on the other, lead us onward to larger and more massive forms of hypertrophy—forms which are already foreshadowed by the cedematous hypertrophy of a large portion of a limb, and sometimes of the entire limb; a state to which I have ventured to assign the distinctive appellation of "spargosiforme;" and cases which in all but their mode of origin may be fairly compared to the Arabian elephantiasis.

We must now retreat a step to take into consideration a form of hypertrophy resulting from eczema which affects a special portion of the epithelium, namely, the nails; and the morbid appearances which are presented in this case are analogous to those massive hypertrophies of the epidermis which we have already contemplated in preparations 42 to 45. From attacking the walls and matrix of the nails and manifesting its pathological metamorphosis in the horny matter of the nails, I have termed this affection *eczema onychicum*.

This is not the only example by many of the intervention of pathology for the illustration of normal structure; and pathology in this instance may be said to have contrived a rude model by which to distinguish that portion of the nail which is the product of the matrix from that which is produced on the surface of the latter by the vallicula unguis; it is the former of these which has undergone the morbid change, while the latter remains comparatively unaffected.

Just as eczema onychicum carries us back to hypertrophy of the epidermis in conjunction with eczema, another preparation, which is numbered 513, recalls us to the ichorous and the purulent exudations which we have already had occasion to submit to inquiry in connection with moist eczema. The pus-globules in the purulent secretions of eczema are generally derived from the epidermic cells; and in some instances we meet with an illustration of a portion of skin converted into a secreting surface without any abrasion of the epidermis. Such a state of the skin finds its nearest parallel in the mucous membrane; and we might by a figure of speech make the statement that the skin was converted into mucous membrane. Even the secretion bears a close similitude with the secretion of an inflamed mucous membrane; and the form of affection may very aptly be denominated *eczema mucosum*; and the same name may be applied to any part of the mucous membrane which is exposed to the air, and manifests a similar morbid process.

The disease is a peculiar one. The exposed part of the mucous membrane of the lips becomes inflamed; it pours out a muco-purulent secretion; the secretion dries and hardens; and in a short time one or both the lips may be enclosed in a sheath of dark brown or black colour and possessing the density of horn. I have usually met with this affection in young women, and occasionally in young men, one of the examples of the latter class being a young gentleman who was engaged to be married in a few months. In his case, it occurred to me that the too free use of the lips might have been the exciting cause of the disorder, and with his existing prospects the disease threatened to become chronic.

In reviewing the illustrations of eczema up to this point, we find that their number is fifty-three, and these fifty-three preparations supply us with a fair history of the various manifestations of the disease. It is to be hoped that time will add to their number, and that every year our stores may become richer and richer still.

THE LEVÉE.—At the Levée held on Saturday last, by his Royal Highness the Prince of Wales, on behalf of the Queen, the following members of the medical profession were presented:—Surgeons F. B. Baker and W. R. Lane, Grenadier Guards, by the Field-Marshal Commanding-in-Chief; Dr. Burrows, on appointment as Physician Extraordinary to the Queen, by Sir Henry Holland, Bart.; Dr. E. S. Cleveland, Surgeon, Madras Army, by the Secretary for India; Assistant-Surgeon C. Gray, Rifle Brigade, by Colonel Lord A. Russell; Dr. Robert H. More, R.N., Assistant-Surgeon H. F. Nathan, R.N., and Inspector-General Salmon, M.D., R.N. (on being appointed Honorary Physician to Her Majesty), by the Director-General of the Medical Department of the Navy; Assistant-Surgeon J. H. Connel Whipple, M.D., Coldstream Guards, by his Serene Highness Prince Edward of Saxe Weimer. The levée was also attended by Sir Henry Holland, Dr. Arthur Farre, Dr. F. Farre, Dr. C. D. Phillips, Dr. H. Cooper Rose, Dr. Sall, Dr. Sieveking, the Director-General of the Medical Department of the Navy, and Mr. Erasmus Wilson.

CLINICAL LECTURES ON SOME SURGICAL CASES.

DELIVERED AT

The Medical School of the Middlesex Hospital.

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LECTURE II.

GENTLEMEN,—In the practice of your profession, mistakes are of as much importance as successes; and, if we profit by them as we ought, much more is to be learnt, and learnt, too, more impressively from them. The first case to which I shall draw your attention to-day is one which affords a practical illustration of my remark.

Some time ago, Dr. Goodfellow asked me to see a patient with him, who, he thought, was the subject of nasal polypus. She had considerable firm elastic swelling, with duskiness of the face, on the left cheek and side of the nose, with protrusion and eversion of the left eyeball. She could scarcely breathe through the left nostril; and the palate on that side was somewhat swollen and vascular. She was cachectic-looking, and had emaciated rapidly. She was, too, suffering from discharges and occasional hæmorrhages *per vaginam*, which digital examination proved to be due to incipient cancer of the uterus. Her only other symptoms were frequent sickness and a general torpid condition. She suffered very little pain in the face or head, and her chief complaint was of weakness and exhaustion. Now, although it is unusual, in my experience, to find cancer of the uterus complicated with cancer elsewhere—excepting, of course, as extensions from the neighbouring pelvic organs and glands, or parts in direct relation with them—I did, nevertheless, regard this woman as the victim of cancerous disease advancing rapidly towards the eye and brain through the bones of the orbit and skull. She was in consequence transferred to the cancer-ward, under my charge. She remained, however, but a comparatively short time; for her symptoms were soon aggravated. The sickness remained; she became more drowsy, and ultimately comatose; and in this state she died. I confess that so strongly was I convinced that this patient was affected with some deep growth involving the posterior regions of the face, and going on to invasion of the cranial cavity, that I did not look so closely to the case as I should otherwise have done. The symptoms correspond with those occurring in cases where cancer makes its way through the skull to the brain. You get a progressively drowsy or comatose condition, but without any active brain-disturbance. I have seen cases where, though the patients have retained consciousness, and indeed taken an interest in what was going on about them, to within a few days of death, the one hemisphere of the brain has been almost destroyed by malignant disease. But what did the *post mortem* examination reveal in this case? I am bound to say, gentlemen, my diagnosis was by it completely falsified. There were necrosis of the left nasal bone, and an enlarged and hardened, but not ulcerated, os and cervix uteri; but no cancer in the neighbourhood of the skull, orbit, or nostril. In fact, all the organs and parts of the body, excepting those mentioned, were in a fairly healthy state; and all swelling of the face had disappeared. That mere necrosis of the nasal bone should produce such grave symptoms, ultimately ending in complete stupor and death, without disease of the organs of organic life, is hardly conceivable. Those of you who saw this case will for ever bear in mind the experience which it affords and the lesson which it teaches.

Let us now turn to another case lying in Pepys Ward. A man was admitted ten days ago with considerable swelling of the right leg, which, he said, was of only one week's duration. He is twenty-two years of age, and of a pale pasty appearance. He says he has not lost flesh; but his pulse is uniformly quick. His right thigh measures three inches at the centre more than the left, and the skin is of brawny firmness. The swelling in the leg is also considerable; but the skin gives a different impression to the touch; there is only simple cedema. Before the swelling began, he suffered considerable pain down the thigh, but now is quite free from all uneasiness. His general condition is fairly good. At first, one was at a loss to explain this condition, as no hardness or tumour could be felt in the pelvis or abdomen, and no cause existed which would account for phlebitis or plugging of the femoral or iliac vein. It occurred to me that he might have deep-seated inflammation, periosteal or other; but the local and general symptoms did not correspond with such a notion. It was observed, on