LECTURES ON DERMATOLOGY.

DELIVERED AT

The Royal College of Surgeons of England.

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LECTURE IV.

UNDER the head of eczematous affections, I include three other allied diseases—scabies, lichen, and impetigo.

Scabies, or common itch, is not unfrequently mistaken for eczema, and especially for that form of the disease which I have described as eczema papulosum. Sometimes, however, it may present certain of the characters of eczema vesiculosum, and sometimes those of eczema pustulosum. That it should be mistaken for eczema is by no means remarkable, when we remember that the pathological lesions of the disorder are identical with that disease; and, under these circumstances, we are obliged to fall back, for the diagnosis of the eruption, upon the discovery of the living cause of scabies—namely, the *Acarus scabiei*.

We are not rich in illustrations of scabies. Nevertheless, we have in the collection eight or ten specimens of the acarus, male as well as female; and a small series of casts, with a drawing and lithograph of the disease. The casts exemplify very accurately the appearance of a well developed instance of the eruption occurring in a child; and we may detect in the casts a ragged state of the epidermis, a numerous crop of papulæ, several vesicles, and, associated with the vesicles, a somewhat tumid state of the surface of the hand.

Lichen is the universally accepted term for the papular element of eczema. From a frequent association with eczema, it is sometimes far from easy to distinguish between eczema papulosum and true lichen; and the distinction, at the best, must be admitted to be both arbitrary and unsatisfactory. In this difficulty, I have ventured to describe as lichen an eruption of papulæ presenting a monomorphic character, as contradistinguished from the dimorphic character of eczema papulosum. Our first illustration of lichen is a further example of the difficulty referred to; it is the representation of the trunk of a man covered with an eruption of papulæ closely crowded together and limited to a portion of the skin which had been subjected to the influence of an irritant article of dress. The eruption is named, in accordance with our present views as to dermatology, "lichen"; but there can hardly be a doubt on the mind of any student of morbid phenomena that, if the stimulant had been more active or more prolonged, the case would have merged into one of ordinary eczema papulosum. In reference to the present illustration, I may call attention to a difference of size of the papulæ, having relation to their more crowded or scattered position; and also to the manner of their distribution. Thus, over the greater part of the back, the papulæ are crowded, and the eruption entitles itself to the denomination of lichen *confertus*; but, if the distribution had been scattered, instead of being crowded, the proper expression would have been *disseminatus*. Then on the arms there is another kind of crowding—namely, in small isolated clusters or bunches; this is the corymbose distribution, which would be named *corymbosus*. And presently I shall have occasion to demonstrate two other methods of distribution; one of these being in rounds or orbiculi, hence *orbiculatus*; and the other in circles or rings, *circinatus*.

The diagnosis of true lichen properly should turn upon the question, whether the papule is an *idiopathic affection of the follicle*, or whether it is merely a part of a general disorder of the vascular tissues of the skin. In the case of eczema papulosum, it is decided that the papulæ are simply a complication of a general affection; and I have already stated my belief that the case of lichen simplex just submitted to examination was an eczema, which had stood still on arriving at the papular stage, in consequence of the early removal of the exciting cause. On the other hand, instances occasionally come before us wherein the papular manifestation remains permanent, without any other signs of eczema being discoverable upon the rest of the skin.

I have already dwelt more than once on the forms assumed by eruptions of the skin, with the view to make apparent that the variety in their form is of an accidental rather than of a specific nature; or, in other words, that it is a necessary consequence of the structure and organisation of the skin. If the cause of the disorder be one which is capable of acting with power upon the whole of the skin, the result will be a general eruption; no part of the structure will escape; follicles and interfollicular surface will alike suffer, and the eruption may be of

the conferted or crowded kind. But, if the same cause be supposed to operate with a weaker degree of power, we may have as a consequence a general eruption, which is corymbose or clustered; and, if it be weaker still, the eruption may be disseminated or scattered. Then, in the next place, with a different influence acting upon the nervous system, the eruption may be partial, instead of being general; it may be partial and extensive, or it may be partial and restricted, or, as we commonly term it, local. Again, in its manner of manifestation, also governed by the nervous system, we may find the patches to be irregular or regular in figure, sometimes diffused, sometimes circumscribed; and of the circumscribed kind we may have circles which are sometimes solid or orbiculate, and at other times open or circinate and annulate. I have called attention to these very conspicuous phenomena in speaking of eczema erythematousum orbiculatum and circinatum, and again in describing eczema papulosum corymbosum and circumscriptum; and I refer to it again for the purpose of showing that these apparent distinctions, though highly interesting physiologically and pathologically, have no bearing whatever on the practical consideration and practical treatment of diseases of the skin. Eczema, as eczema, is the only objective consideration to be kept in our mind; and, although I have travelled through a series of terms—for example, eczema, psoriasis, pityriasis, scabies, and lichen—I am still dealing with eczema, and have not yet got beyond the limits of that important and ubiquitous disease.

It is very reasonably objected to dermatology, that it possesses so great an abundance and variety of names as to render its study repulsive and perplexing. But let us look at the subject in another way. The skin is one of the most important and most highly organised of the constituents of the body. It is interesting to us for its structure and functions. Why should it not be equally interesting to us for its diseases? The answer is obvious. We know something of its structure and organisation; but we know little of its diseases. And yet these diseases are constantly under our eye, constantly within our reach, and are known to constitute in some instances the greatest annoyance and vexation of life. I can fancy such an objector continuing as follows: "Yes, I wish to become acquainted with the diseases of the skin; but I shrink from their investigation, on account of the obscurity with which they seem to be invested." But my reply would be simple. There is no obscurity to those who dare to make the first advance towards their study. A vast deal of the apparent obscurity has really arisen less from the abundance of diseases or abundance of terms, than from the abundance of teachers. We have had one great teacher in Great Britain in Willan, with his disciple, Bateman. But now I ask you to forego all human teachers, and come to this College to learn from the face of Nature herself, or from as near an approach to Nature as it is possible for man to invent. We will not alarm you with classification: we will only refresh your memory as to the early rudiments of medicine. We will tell you that certain of these diseases—say three—are diseases having a pathological basis; that other three are disorders of function; and that the remaining three are diseases of special apparatuses of the skin. We will ask you to inspect the first eighty-five members of our collection with the aid of our catalogue; and we will say to you, "Behold simple inflammation of the skin, and the curious modifications engendered by structure or by the constitution of the patient. Seventy-five out of those eighty-five preparations illustrate eczema, and the remaining ten a different eruption." A word more: and, with the exception of those cases of eczema termed scabies, the whole of the remainder are to be treated alike. These are the general principles which Nature will teach, and which medical men, from the very requirements of their education, are always eager to learn. I foresee the day when every medical man, whatever his specialism in other respects, whether physic or surgery, will be nothing unless he be at the same time a dermatologist.

But, it may be asked, why describe minute appearances when they have no bearing on the essentials of the disease? The answer is manifest. 1. They are there, and we only describe what we see. 2. We note them, that we may recognise them when we see them again; and 3. We note them, that we may estimate them at their proper value, and exclude them from exercising an improper influence on our judgment or our principle of management. The immensity in number of the stars does not prevent the astronomer from recognising and individualising the constellations, nor from comprehending the mutual relations of the universal whole.

To return from this long digression, I may observe that, in my judgment, all the forms of lichen which we have just been considering would be more properly transferred to the group of eczema papulosum, than retained as a part of a distinct group. The variety of eruption termed lichen circinatus is not unfrequently the forerunner of eczema, and is very commonly associated with a dry eczema or pityriasis of the

scalp, or with moist eczema behind the ears or in folds of the skin in other parts of the body.

But, while I would transfer the superficial varieties of lichen already described to eczema, it would be necessary to retain under this name at least three forms of the affection—namely, lichen marginatus, lichen planus, and lichen urticatus.

Lichen Marginatus entitles itself to special distinction by being in its essence a chronic inflammation of the follicles, and by its independence of other forms of eczema, although originating in the same way. It is a singular affection, and is evidently an exaggeration of lichen circinatus. It consists of rings having an inflamed and prominent margin, and ranging in size between a few lines and many inches in extent; the rings being sometimes numerous and dispersed, at other times solitary. It may be developed on any part of the body or limbs, but manifests a predilection for the region of the perinæum, often originating from the point of contact of the scrotum and thigh, and thence spreading upwards in front and behind, and giving rise to a series of remarkable curves upon the pubes, the groins, and the nates.

Lichen Planus is a chronic affection of the follicles, giving rise to papulæ peculiar in colour, configuration, and structure. The colour of the papule is a dull purplish or lilac red, and would seem to have suggested to Hebra the appellation "*lichen ruber*". The figure of the papule is flat, depressed on the summit, and quadrangular at the base. It is very slightly elevated. Its flattened summit is smooth and glistening, like horn, evidently from hypertrophy of the epidermis; and it is umbilicated at the centre, where may be seen the aperture of a follicle filled with dry epithelial exuvie. The eruption is discrete and disseminated at its first appearance, but is apt to congregate into blotches of considerable extent by the aggregation of its papulæ, and their blending by an infiltrated base. In this latter form, the horny coverings of the papulæ and the cuticle of the intervening congested skin exfoliate more or less abundantly, and, with the hard, dry, and greyish excreta of the follicles, give rise to an uneven desquamating surface, surmounting a red and thickened base. Lichen planus is frequently attended with intense and intermittent itching, and, on the subsidence of the papulæ and blotches, very commonly leaves behind it deeply pigmented maculæ.

Lichen Urticatus is an affection distinguished by the eruption of large scattered papulæ, of red colour, and attended with so much tingling and itching as to have suggested a comparison with urticaria; hence its name, lichen urticatus. It is an eruption of childhood, and has no relationship whatever with eczema, although included under the general denomination of eczematous affections. Its proper place very probably would be by the side of urticaria, and to that group it will doubtless be some day transferred.

Impetigo is the last of the examples of eczematous affections. It is a superficial pustule, an offshoot of eczema pustulosum, just as lichen, a pimple, is, as we have already seen, an offshoot of eczema papulosum. The study of eczema pustulosum has prepared us for an idiopathic eruption developing itself like an eczema, with a purulent or mucopurulent secretion; and such an affection we find illustrated in several of the models before us.

OBSTETRIC MEMORANDA.

LABOUR INDUCED BY UTERINE INJECTION.

THE case of Labour Induced by Uterine Injection, related by Mr. Kemp in the JOURNAL of February 11th, reminds me of an almost exactly similar one in my own practice.

E. W., a labourer's wife, a short square built woman, had had eight previous labours at full time, and on every occasion had been delivered by craniotomy—the children having been dead, owing to prolapsus of the cord, with the exception of the last, which was the first with which I attended her. In this case, as in Mr. Kemp's, there was no distortion of the pelvis; but its dimensions were abnormally narrow, so that the head of the child (a large one) stuck fast in the brim. Determined never again to run the risk of having to sacrifice a living child, I told her if ever she were in the family-way again, to give me an early notice, which in about a year she did. At the end of the eighth month of pregnancy, I injected a pint of warm water into the uterus by means of a large catheter and a syringe. As no action followed, I repeated the injection in twenty-four hours, using a pint and a half of water. This was at 11 A.M. At 4 P.M., violent pains occurred in rapid succession, and in two hours the child was born, but dead—the presentation being normal. Although the douche acted sufficiently well in this case, I think that in another I should be disposed to try dilating the os uteri, as it seems to me probable that the child's death was due to the violence of the expulsive efforts of the uterus while the os was still closed.

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CLINICAL REMARKS ON THE TREATMENT OF HÆMOPTYSIS.

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GENTLEMEN,—I wish to call your attention to the treatment of hæmoptysis. Cases of this affection are very frequently met with in our wards, and will often occur to you in your practice hereafter. There is scarcely any symptom which more alarms a patient, or a patient's friends, than the expectoration of blood; for people have a well-founded belief that it is a very common indication of the existence of pulmonary consumption. Indeed, setting aside those cases in which hæmoptysis is associated with heart-disease, or is of a vicarious character, in a very large proportion of the remainder it is undoubtedly connected with phthisis. I do not mean to say that hæmoptysis always indicates the presence of tubercles in the lungs, for I believe it may occur at a very early period of consumption, and before any tuberculous deposit has taken place—in fact, that, at times, it is the first indication of phthisis, and may determine the development of that disease. The existence of hæmoptysis cannot prove to you that pulmonary consumption has arrived at any particular stage; for just as, I believe, it may take place before there is any tuberculous deposit, so it may occur when the disease is far advanced, and the lung full of cavities.

Considering the frequency of hæmoptysis, it is only in a small proportion of cases that it proves fatal—the patient dying suddenly from the profuseness of the hæmorrhage, and consequent suffocation, or sinking more or less rapidly from exhaustion. A case of rapid sinking occurred not long ago in my practice in the hospital, and I will briefly relate it to you.

H. G., aged 30, was admitted under my care on October 12th, 1869. He was brought from a vessel which had just arrived in the port, and was spitting up large quantities of blood. He was in a sinking state when admitted, and he died in about six hours. He had been under my care in the hospital three months previously. At that time there was dulness, with other signs of consolidation at the base of the left lung, and I considered the case to be either chronic pneumonia, likely to develop into phthisis, or phthisis beginning at the base. On making a *post mortem* examination, we found a large cavity at the base of the left lung, and a smaller one at the apex, and the substance of the lung was studded throughout with tubercles. The anterior part of the lung was emphysematous, and also contained tubercles. The right lung was more or less emphysematous throughout, and infiltrated with tubercles. In the middle lobe there was a large cavity filled with blood. A considerable quantity of blood was also found in the stomach. Here, then, we had a case in which ulceration or rupture of a large vessel on the walls of a cavity produced hæmorrhage so profuse as to cause rapid death.

This is the only case that has occurred in my practice in this hospital where hæmoptysis has been *directly* fatal; but, curiously enough, within a short time—about ten days—of the death of my patient, my colleague, Dr. Glynn, lost a patient from pulmonary hæmorrhage, and, after death, a cavity was found in the left lung, into which blood had been poured in large quantity.

Whenever hæmoptysis is only slight, during the progress of a case of phthisis, no special treatment need be directed to it. It is better to continue the measures which you are adopting for the general treatment of the disease, and give encouragement to your patient if he be disposed to be alarmed at the appearance of a few specks of blood. But should the hæmorrhage be at all severe, you should at once enjoin rest, nor should you allow your patient to take exercise, or run any risk, by which an inflammatory attack might be brought on, until all appearances of blood have been lost for some days. I consider this rest and care most important, whether there have been no previous symptoms of phthisis and no other signs are present, or whether you have indications of existing deposit; and for this reason: that hæmoptysis is not infrequently followed by pneumonia, especially where the hæmorrhage has been severe. When blood is poured out into the lungs, unless it be all expectorated, it must necessarily act as an irritant, and inflammation is liable to be set up around it. This inflammation is often of a limited character; but, in two instances which have oc-