CLINICAL LECTURE ON LICHEN RUBER OF HEBRA.

Delivered at University College Hospital.

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GENTLEMEN,—I am anxious to draw your attention to-day to a rare but very interesting disease of the skin, as illustrated by a case which we have recently had in the wards upstairs, and have watched with unusual interest. I refer to the lichen ruber of Hebra. No case of this disease has been recorded as having occurred in English practice, so far as I know, except by the late Dr. Hillier; and his case is clearly one of pityriasis pilaris of Devergie. I suspect, however, that lichen ruber does occasionally occur amongst us, and that its true nature escapes recognition. I have, however, only seen two instances of it myself.*

Let me first give very briefly the main features of the affection, as described by Hebra; then the history of our own case; subsequently point out in what particulars the latter agrees with or differs from Hebra's account of the disease; and conclude by some general remarks as to the origin and cause of lichen ruber.

Lichen ruber, according to Hebra, is characterised by an eruption of miliary papules, which remain as such—*i. e.*, do not change to vesicles or pustules—during the existence of the disease. The papules are at first distinct one from the other, and only coalesce so as to form patches by the development of new between the old papules; in other words, the papules do not undergo peripheral growth in the formation of patches. The papules are covered by small, thin, not very adherent scales; they are red (hence the term ruber), are the seat of but little itching, and are unattended by scratching. When a large extent of surface is attacked, the integument, in an advanced stage of the disease, "is universally reddened, covered by numerous thin scales, and so infiltrated that, when a fold of skin is taken up, it is found to have more than twice its normal thickness." The movements of the part then become affected, and the hands are stiffened; flexion and extension of the fingers and toes are difficult; the skin of the palms of the hands and soles of the feet is hardened; and rhagades appear. The nails become thickened, opaque, rough and brittle, or thinned and platy. The hair of the head and axillæ is unaffected. In the later stages, troublesome itching occurs, but not so great as to induce scratching and resulting excoriations. Marasmus and death often finally set in. The morbid anatomy of the disease comprises generally the coincident conditions of anæmia, in internal organs. The skin, after death, is pale, loose, devoid of fat and thinned, and but slightly scaly. On section, there are found to be enlargement of the papillæ and hypertrophy of the cutis, with thickening of the root-sheath of the hair, which is "pointed below, expanding towards the mouth of the sac, and looking as if it were made up of several hollow cones loosely included in one another, and having the hair in the middle." Neumann has found a number of nucleated cells about the root-sheath. Lichen ruber is said to occur in males chiefly, and at any age, apparently, up to forty or so. Hebra says it is only cured by arsenic. Such is, in very short compass, Hebra's description of the disease; it will be useful to you by way of preface. Now we turn to our own case.

History prior to Admission.—S. J., a woman forty-six years of age, had lived in London twenty years, and worked very hard at dress-making since she was eleven and a half years old, and until eight years before admission, when she became a lady's maid. At this time, her health began seriously to fail; and she suffered from an extensive and severe attack of boils, and severe onychia, off and on, during an entire year. This prostrated her, and she never recovered her strength. Five years and a half ago, the present attack of lichen ruber began with intense itching in both eyes, which "got red and burned". During the next eighteen months there was little change; but at the end of that time the face generally began to redden considerably; it looked flushed at all times, and felt hotter than natural. The woman now complained of excessive debility, which, indeed, obliged her to

give up her situation. Nine months subsequently—that is, about three years and a quarter ago—the redness had spread to the neck, and had appeared about the back; the exposure of the face to the air or the fire causing it "to burn" excessively. The head itself had become irritable and red, and the reddened parts themselves somewhat scaly. The arms were also attacked, as well as the lower part of the back. In August 1868, having caught cold, the woman was attacked by the disease generally, which spread rapidly, and involved the legs. The patient stated that deep red stains constituted the first stage of the disease. She was told that the disease was erysipelas, but she "knew it was different". The redness was removable by pressure, and was accompanied by burning and itching, especially towards evening and morning. The first place where any "pimples" appeared was at the back of the neck, but subsequent in point of time to the redness itself. When the arms, however, became affected, "a dozen or two of tiny pimples" first showed themselves; and these gradually increased in number. The patient had suffered from "neuralgia" in the shoulders and arms during the last year or two; from indigestion, pyrosis, and menorrhagia; whilst she had lost flesh to a marked extent. She had never had any "fever" about her; had taken "quantities of arsenic under several doctors", and had always been the worse for it. Such is the early account of her case, as given by the woman herself.

Condition on Admission.—November 10th, 1869. The patient looked careworn and anxious, and she was thin. The pulse was 68, regular, and tolerably full. She complained of occasional pain on the top of the shoulder, and of sleeping badly. She was the subject of marked pyrosis; the bowels were quite regular; the urine free, but high coloured; and the tongue clean. At various times during the day, the skin was the seat of considerable itching wherever the eruption was present; and this irritation was paroxysmal, lasting half an hour or more. At other times, a burning sensation was felt in the back and shoulders; and in the arms the sensation was "like hot fire". This burning came and went capriciously, and lasted about an hour at a time. She had itched a good deal. The disordered sensation in the face was not so annoying or so severe. The skin had no appearance of having been violently scratched. The patient rather rubbed the skin. She declared herself to be "very nervous". The face looked, though the weather was cold, as if the patient were over-heated; the colour was deep red. The skin appeared pretty dry; it was slightly wrinkled; and, though it was in itself indurated, yet there was an absence of subcutaneous fat, which made the surface look thinned. The state of the skin might be said to resemble reddened xeroderma. The whole of the scalp was reddened, and was covered by minute scales; but the hair was not altered, save that it was a little drier than natural. At the back of the head, and extending from the poll to the level of the middle of the scapula, the skin appeared as though it were discoloured red by a minute subcutaneous mottling; the redness being most marked at the centre, near the spine; whilst right and left, on closer examination, this mottled aspect was seen to be made up of small reddish-brown flattish papules, of the size of pins' heads, seated at the follicles—elevated, however, but slightly, and covered by exceedingly minute white scales. On looking sideways, the skin had a very shining appearance. In the centre of the back, and laterally, the disease existed over an area of about six inches from above downwards, and extending from side to side into the lateral regions; and consisted of a dull red congestion, with papulation, the glistening aspect being well marked at the lower part of the patch. The front of the whole of the chest and the abdomen was marked by this dull red mottling and minute scaliness, the papulation being most distinct around the nipples and at the midsternum. The disease was absent from the lower part of the abdomen, and the skin just around the umbilicus was free for about one inch. The reddened patches all felt hotter than normal. On examining the posterior part of the body below the level of the crests of the ilia, a different appearance was perceived, inasmuch as the papular aspect was very well marked indeed. There was the same dull red aspect as before; but the surface was covered by fine white glistening scales, seated upon flattened papulæ. But, in addition, there seemed to be a minute and close pitting, like the camel's stomach, on a very small scale; and these little depressions, which were bounded by the natural furrows of the skin, were seated at the follicles, and were covered by thin white scales; and they seemed to be consequent upon the removal by absorption of the papulæ. This mixed appearance of red papulation and depression extended down to the knee, especially on the outer side, less on the inside of the limb; and, at the mid-thigh, the scaliness and coalescence of the papules, forming thickened patches, were very well marked. The thigh had been affected about a year. Below the knee in front, the leg presented the aspect of a nutmeg-grater with very fine points, as much as anything else. It felt harsh, and the elevations were covered by adherent small white scales. Over

*I refer to lichen ruber possessing the features in such development, both as regards the eruption itself and the general constitutional symptoms depicted by Hebra. I am by no means sure that the lichen planus of Erasmus Wilson, whose description of it is admirable, will not have to be classed under the same head as lichen ruber, but as a less expressed form of that affection. But I leave out of view for the moment this lichen planus, and will deal with that specially in a separate lecture.

the ankle, the scales were confluent; and there was also here redness, with scalliness and minute pitting. The small hairs over the body were ill formed, and many were broken off. The right limb was affected just as was the left. The general appearance on the outside of the arms was the same as that of the upper part of the thigh, except that at the upper part there was a little more close package of scales, depressions, and papules. The disease at the lower part of the anterior surface of the forearm consisted of isolated palish or only slight red papules, and was not unlike syphilitic lichen. The papules were hard, distinctly elevated, but not scaly. The nails were thin, fibrous-looking, and at their roots appeared red, dry, and scaly. The soles of the feet and palms of the hands were free from disease; but the extensor surfaces of the finger-joints were red, indurated, scaly, and showed a disposition to crack; but we observed none of the excessive changes noticed about the hands and feet by Hebra.

Now let me briefly sketch the progress of the case whilst in the hospital. The woman could scarcely get any sleep on account of the irritation, which became intensified towards evening; but, by the use of remedies, she improved; and in six weeks she was altogether better, both as regards the digestive organs and the skin. The redness had faded, and no fresh papules had appeared. Still, however, the burning continued. Once an intensification of the redness was observed for several days; but still the thickening and papulation disappeared very considerably, and she left the hospital with only a moderate amount of redness, removable by pressure, about the back, the upper part of the chest, and the upper part of the thighs and arms. She had gained flesh, and was apparently getting well. This was in January. On May 14th, she had a relapse, having been hard at work, and became nervous and depressed; and we then had an opportunity of seeing how the papules were developed. In examining different parts of the body, the redness presented a punctated appearance; and the red points, which subsequently gave place to solid papules covered by minute scabs, were seen to be seated at the hair-follicles. This is now specially well seen about the mammary region; for the red points run in lines from the midsternum above downwards and outwards, and chart out the little areas formed by the natural furrows of the skin. On the thighs and arms, distinct red papulation, taking the place of the red points, is clearly seen; and, in the most advanced seats of disease, patches are performed, as about the arms, made up of crowded red papules covered by scales. About the thigh there are rather minute depressions, covered by thin scales, left by the absorption of the papules, it seems to me; hence the minute pitting, in fact, of which I spoke a moment ago. The skin looks as though the little areas enclosed by the natural furrows had been distended, and had not subsequently recovered from the stretching, for they are larger than natural: further, as if effusion had not only taken place into the walls of the hair-follicles, but had spread into the interfollicular spaces, and then been absorbed. The appearance now referred to is well seen in the parts where patches of disease have been formed by coalescence of papules. Even where the papules have been quite distinct, their disappearance is followed by some slight pitting in many cases, covered by thin scales. Let me only add that an appearance of pitting in the interfollicular spaces is often induced likewise by the elevation produced by the formation of papules. The woman is, I am happy to say, improving again rapidly.

General Remarks on the Case.—The disease in our patient, a woman above forty-five, is clearly lichen ruber. Hebra's cases, as far as he has given us particulars, occurred in men below forty, with one exception. The disease commenced in the face in our case, and took the form, at the outset, rather of an erythema than of a papulation. You will recollect that the papules appeared first of all at the back of the neck, and some time after the erythema had existed about the face and head. This redness was a more prominent feature than in the instances recorded by Hebra. From his description, one concludes that the redness follows upon, or is coincident with, the development of patches of disease by the coalescence of papules; whereas it was in our patient the first stage, inducing an uniform redness in such vascular parts as the face, and a punctated redness about the body; the red points being seated mainly at the hair-follicles, but also at the papillæ (?) in some cases. Now this redness does by no means imply the existence of inflammation. The skin felt dry and hot; but it seemed to me, looking to the quiet character of the pulse, and the absence of all pyrexia, to be simply an active dilatation of the minute blood-vessels; and this was followed by effusion of plastic matter into and about the follicles, hypertrophic growth of the root-sheath, and in some cases of the papillary layer of the skin: hence the formation of papules, the next stage being thickening of the skin and stretching, especially of the interfollicular spaces, with subsequent absorption, giving rise to the minute pitting before observed, and seated at the follicles and interfollicular spaces; the whole

surface being covered by a minute pityriasis, and patches being formed by the aggregation of the papules, which were always of a red colour. All this was seen more clearly as the patient improved in the hospital. The disease was, in short, active congestion of the hair-follicles, with the result of its persistence and active growth of the root-sheath; not mere congestion and its results, as in pityriasis rubra, but also an active change in the root-sheath, excited by the congestion. But then comes the question, upon what did this active congestion depend? Before the disease came on, the woman had been evidently sadly out of health, as her attack of boils, lasting a year, showed. She had lost flesh to an excessive degree, and she suffered from nervous debility. The idea derived from a careful examination of the case was just this, and nothing else: that the control exerted by the sympathetic nerves over the blood-vessels was lost; and hence the occurrence of dilatation and its results, for that is all we have in lichen ruber, and the itching and burning are accounted for by the congestion of the papillary layer. But then have we any indication of such a causation of the congestion? any facts? as the Germans would say. I think we have. You will remember that one of the first items in the original outbreak of the disease was suffusion of the conjunctivæ, followed by redness of the face or engorgement of the capillaries; and pyrosis has always been a most persistent and prominent feature of her case, though there has been a clean tongue. Recollect also the constant menorrhagia from which the woman suffered—all pointing to, and most easily accounted for by, the occurrence of congestion of the mucous surfaces of the conjunctiva, the stomach, and the uterus. Besides, the woman constantly complained, and complains still, of distressing palpitation of the heart; and there were symptoms of spinal irritation, which may be explained by an alteration in the normal influence of the inhibitory nerves; and it occurs to me to ask whether the sleeplessness may not in part be explained in like manner by the congestion induced through the sympathetic. Certainly, the general condition of the patient pointed to a condition of some of the internal surfaces and organs analogous to the congestive state of the skin. This view of the case appears the more probable from the negative signs of other disease in the woman, and her peculiar and rapid loss of flesh. The skin-affection is only a part of a general congestive condition, dependent upon perversion of the regulative influence of the sympathetic nervous system.

Now, with regard to the diagnosis, what shall we say? If you once see the disease—and we will strip the patient to-day—you cannot fail to recognise it in future, and to distinguish it from psoriasis and pityriasis rubra, with which it might be supposed to be confounded. The occurrence of red congestive points, which subsequently develop into red papules, preserving their characters as such, at first isolated, then becoming crowded together, not by peripheral growth, but by development of new papules, into a patch, covered by very fine scales, and attended by burning and itching; the absence of discharge, of excoriations, and the presence always of isolated papules, and the general dull red mottling, at once settle the difference. There are never such large scales as in psoriasis, which increases by the centrifugal or peripheral extension of minute spots, and is not a follicular affair, but a heaping up of epidermic scales, with stasis in the papillary layer of the skin. In pityriasis rubra, no papules are seen. As the rule, if pityriasis pilaris occur, it is mere plugging of the follicles by epithelium. There is no infiltration about the follicles, and there is very free desquamation over the surface.

The prognosis was regarded by Hebra as unfavourable, especially when the disease is well marked and marasmus is present; but Hebra has recently had better success with his cases, and the last seven have terminated favourably.

Treatment.—The woman, S. J., before you is now well, save in so far as she is in an hysterical condition, which rest and change of air will probably remove. Now, how did she get well? Hebra states that the only remedy of any use is arsenic, which he thinks a certain specific, though, as in the present case, some patients do not bear it well. We had to deal with (1) an irritable and congested state of skin; (2) congestive conditions of internal organs, digestive troubles which prevented the proper assimilation of food; and (3) a very debilitated constitution. Local measures were had recourse to, to meet the first condition. I acted upon the principle which I am always commending to your notice—to soothe whenever and wherever there is a red but irritable skin. The patient was ordered alkaline and bran baths every night, with an oxide of zinc and chalk lotion to be applied many times a day. This gave great relief. The first step, as regards internal treatment, consisted in dealing specially with the pyrosis. I gave bismuth and pepsine in large doses, varying the adjuvants, soda and bitters, with prussic acid, from time to time. After a while, with the aid of henbane, and opiates and hydrate of chloral at night, but especially the latter, the patient obtained a fair amount of relief and sleep;

and then it was that, the pyrosis subsiding, I pushed arsenic, in the form of Asiatic pill, and also cod-liver oil, with quinine and good diet; and with marked good effect. She began with one-twentieth of a grain of arsenious acid thrice a day on November 10th, and went on with it till December 9th, when there was an exacerbation of the heat and redness, though the papulation and scalliness had considerably lessened. I omitted the arsenic now for a while, and soon resumed it, the oil being taken all the time. In another fortnight, she left the hospital almost well. When the relapse took place in May, I again tried arsenic; but she has been unable to again bear it, since its employment is always followed by an intensification of redness and burning. I trusted chiefly to quinine, cod-liver oil, and bismuth, till lately, when I have given assafoetida freely; and the patient is rapidly recovering—whether as the effect of the assafoetida, I know not. Locally, I have used soothing remedies—calamine and glycerine lotion. There can be no question that, when the dyspepsia and pyrosis were at their worst, the skin was most disordered; and the cause of these disorders was probably a common one, as I have explained. In the management of these cases, I advise you to look closely to the stomach and its behaviour in the first instance, and to give cod-liver oil and arsenic, if they can be borne, freely.

[I saw the woman three weeks after the delivery of this lecture, and found her well, excepting a few scaly patches here and there.]

RECOLLECTIONS OF THE MEDICAL SCHOOL OF VIENNA.

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II.

THE other clinical professor of Vienna is in many respects a contrast to the great Skoda. The abilities and merits of Professor Oppolzer are so much more obvious and striking than those of his colleague, that many persons make it a point of honour to suppose that they must be less solid. To contrast two eminent men is always invidious, and the judgment would be of little consequence, but that the mere humour of comparison may lead to unfair depreciation. There are, however, many students beside those of his own country to whom Oppolzer is the one clinical teacher of the continent, who has most completely decentralised the well earned prestige of the Paris school. Not only does he seem to be at the present day without a superior, if not without a rival, in the French capital, but, so far as literature enables us to judge, to well bear comparison with the most brilliant ornaments of the older Paris school. The most striking characteristic of Professor Oppolzer is, that he is widely accomplished without being in any way superficial. It is not easy to pick out his strong or his weak point. He has practically no speciality, though it is the custom to say in Vienna that all above the waist belongs to Skoda, all below to Oppolzer. He does not cultivate diagnosis to the neglect of treatment, nor give more than its due weight to science or to practice. His wide acquaintance with the recorded experience of others, does not render him less apt in making use of his own; he never suffers book-knowledge to dull the edge of his fine clinical tact. This may seem very undiscriminating eulogy, and such even excellence is liable to compose a somewhat commonplace character, without some conspicuous feature or active outline to make it interesting. There is, however, one dominant feature which gives unity to the many accomplishments of Professor Oppolzer, and that is his marvellous tact in teaching. Although he is endowed by nature with remarkable quickness of perception, the habit of teaching, which has become a second nature, makes him moderate, so to speak, the rapidity of the mental process, that the steps may be obvious to those whom he has to instruct. One day you will admire a brilliant diagnosis, which looks almost like divination; another time you will wonder, if you are not in the secret, why every step should be taken so deliberately, every contingency considered, every objection weighed, before the conclusion, which seemed obvious all along, is reached. Perhaps the hasty English mind, apt to jump at the conclusion first and prove it afterwards, will hardly appreciate the patient *finesse* which comes of a German education and German habits of mind. Be this as it may, the advantage of such a system in instruction is obvious. The method, not the conclusion, is that which is most valuable. It is much better for the pupil that his teacher should arrive at a wrong result by a right method, than that he should follow a bad method and yet by some chance be right. Best of all is it that the result should be both right and legitimately obtained; nor is this an unfrequent achievement of Professor Oppolzer's diagnosis, the high average accuracy of which may be judged of by the importance attached to an occasional error.

Such a case occurred during the writer's stay in Vienna, and may be worth relating. A patient who had been under observation for some time in the clinical wards died rather suddenly, and the autopsy was conducted in presence of the Professor and his whole class. The result was, that what was supposed to be disease of the liver, turned out to be disease of the pancreas; an error of a kind not unknown in any hospital, but which would not everywhere excite so much surprise. But the Viennese students believe in Oppolzer so much that they cannot understand his failing to diagnose anything, even disease of the pancreas. The autopsy created a positive sensation. All that day the question was asked everywhere—"Have you heard of Oppolzer's great mistake?" and the next morning there was an enormous audience at the clinical lecture to hear the Professor's explanation. The explanation was simply an admirable summary of all that was known on that obscure subject. It was pointed out within what limits it might have been possible to gain positive information, and the Professor took blame to himself for having neglected certain investigations which might possibly have thrown some light on the subject. If the students lost anything through the case not having been diagnosed, they were certainly well repaid with so admirable a lecture.

Professor Oppolzer's manner has no kind of assumption or display. His language is not that of the rhetoricians of the French school, though always fluent and appropriate; and he often makes a fine use of the vernacular idioms, which correspond in German to what we call in our own language good Saxon English. This racy and vigorous language gains in effect from his clear high-pitched voice and peculiar accent, for Professor Oppolzer, like Skoda and many ornaments of the Vienna school, is of Bohemian extraction; although, it is said, of a German family. Not the least among his many claims on the gratitude of his pupils, is his unwearied interest in teaching. The prescribed hours for clinical lectures are two hours a day for five days in the week; but the Professor is rarely absent on any day of the seven, and the prescribed two hours are almost always extended to three. In some medical schools, such devotion might be misinterpreted; it would stamp a man at once as having no practice; and we may then be permitted to say that, if common report is to be trusted, Oppolzer is very far indeed from having this excuse for his devotion to teaching. To teach medicine for twenty hours a week with unflagging energy and unexhausted resources, and at the same time to be on a level with the many novelties of an ever-changing science, this is in itself no slight intellectual effort; but when those hours are reserved for science and for the poor, which might be given to social advancement and to the service of the rich, there is something more than the intellectual effort which claims our admiration. Professor Oppolzer has given much more time to teaching than to writing; more, perhaps, than to research; and his published works represent him very imperfectly. We have, indeed, a considerable instalment of his lectures, edited by Stoffella, which are undoubtedly a very important contribution to medical literature; but they have been (unfortunately, as we think) reduced to text-book form, and are given in the language of the editor rather than the author; so that the charm of the oral delivery is lost. For the matter of the lectures, we cannot presume to judge or to praise it here.

The chief teachers of clinical medicine in Vienna having been spoken of, the surgical side now claims our attention. It has been generally admitted that this is the weak point of the Vienna school, as, indeed, it is of the German schools generally; nor could Vienna till lately boast of any surgeon of so great European reputation as Langenbeck of Berlin. The late Professor Schuh, who died a few years ago, was much regretted, and is still sometimes spoken of as "*unser unvergessbarer Schuh*" (our never-to-be-forgotten Schuh); but his merits were perhaps less widely known abroad than warmly appreciated at home. His place remained for some time unfilled, and the circumstances connected with the appointment of his successor may perhaps be instructive. There were, and are, in Vienna many surgeons of good repute, judged not only by a German, but by an European standard, whose names must be known to those who read German surgical literature, and especially the *System der Chirurgie*, now in course of publication. According to the system of appointment which prevails in many places, some one of these surgeons, occupying one of the subordinate or "extraordinary" chairs, would have been promoted to the higher post of Professor Ordinarius; as has been said, there was no lack of competent and even eminent men. Nevertheless, this did not appear enough to those who had to make the appointment. They were anxious to get, not only a competent and eminent Professor, but the most competent and eminent attainable; and acting on some such principle as this, the heads of the medical faculty selected, in preference to one of their own men, a professor of rare distinction from the University of Zürich. Dr. Billroth, now professor of clinical surgery in Vienna, was a pupil of Langenbeck, but has, by his numerous and classical researches in histology and