Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

CLINICAL REPORTS ON THE PAPULAR DISEASES OF THE SKIN.

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LICHEN.

THE distinctive characters of the papular eruptions first recognised and classified by Willan have been acknowledged by most subsequent writers on diseases of the skin. They comprise lichen and prurigo; and include under the former, strophulus or gum-rash.

As a rule, the papular eruptions are characterised by pruritus, and by an elevated state of the papules of the skin, which undergo no further change. They are also devoid of any kind of moisture, and in no way contagious.

Several varieties are assigned to lichen, which, as an ordinary eruption, is met with in a simple or in a chronic state; the terms lichen simplex and lichen agrius being employed respectively to designate these two classes. The other, but less common, forms of lichen, as lichen tropicus, lichen urticatus, lichen circumscriptus, lichen pilaris, and lichen lividus, may be said to depend rather for their nomenclature upon some such causes as situation, colour, or climate. Two kinds described by Hebra remain to be mentioned, lichen scrofulosus and lichen ruber.

Lichen is generally characterised by successive developments of fresh papules, although Duparc and Alibert relate instances of the eruption being simultaneous and complete. It spreads gradually; but not often by continuity of surface. Thus originating in the lower, it may then proceed to the upper extremities, and afterwards appear on the chest and loins, or *vice versa*; or, on the other hand, it may be quite local. The pimples of lichen are solid and firm, seldom larger than a millet-seed, and the intermediate tissue is of its natural colour; but in the chronic stage of lichen it is disposed to become thickened, and hypertrophied, and of a darker or yellowish-brown tint.

Lichen most frequently occurs in early or adult life; and men are more liable to it than women. Rayer speaks of lichen as being now and then hereditary, and Devergie lends his authority in support of this statement; but its rarity as an hereditary complaint, properly so called, may be inferred from the latter author, notwithstanding his large experience, being able to record it in only ten cases. Without entering into further discussion on this point, it may nevertheless be affirmed, that some individuals are much predisposed to it, and in them the disease is both obstinate and very liable to relapse.

There is no one character more constant in the papular eruptions than pruritus; and although this may vary in degree in different cases, yet, where it has been excessive, it will often linger after the eruption has entirely disappeared. Sometimes it assumes a periodic or an intermittent form, recurring at regular intervals; or, what more frequently happens, it returns on the least error in diet, or exposure, or any excitement. The amount of pruritus bears, however, no proportion to the number or development of the papules.

Since there is hardly any period of life at which lichen may not occur, its causes are numerous. What-ever tends to determine the capillary circulation towards the surface, may be ranked as a predisposing agent. Cases of that kind, which are so common in the South of Europe, and still more in the East, under the name of "prickly heat", are entirely due to a high range of temperature; or lichen may result from artificial causes, and is a frequent complaint in persons exposed to alternations of heat and cold, particularly if dust or any similar irritant be superadded. It will sometimes appear on the legs from the friction occasioned by the use of worsted stockings, or on the forehead from the pressure of a tight hat. Severe mental emotion has also been known to give rise to it.

Diagnosis. The papular eruptions will sometimes co-exist with other diseases of the skin, as scabies, eczema, and impetigo, and in debilitated subjects with ecthyma; or may succeed to them. It is not unfrequent to find in some hereditary affection, as in any of the squamous order, one member of a family the subject of psoriasis, another of lichen, and so on; and the difficulty of diagnosis is greatly increased, when the papular eruptions are thus complicated. It is important, however, to reflect, that lichen itself contains no vesicles, nor do its papules acquire a pustular character—conditions which are constantly observed in eczema and scabies; and, moreover, the outer aspect of the limbs and the back are the localities generally selected by the papular diseases. Certain cases of chronic lepra may resemble lichen circumscriptus; but the more or less raised circumference of lepra, and its freedom, in most cases, from itching, will seldom fail in enabling us to distinguish between them.

Lichen commonly terminates in resolution, with or without cuticular desquamation. In some exceptional cases, superficial ulcerations follow, which are tedious in healing.

Varieties of Lichen. Strophulus is a disease of infancy, and occurs shortly after birth, or about the period of dentition. In some cases, the eruption is of a vivid red colour, interspersed with erythematous patches; or it approaches the natural colour of the skin; or, what is rare, the papules are perfectly white. This last variety has been called lichen albicans; while, to the first, has been given the name of lichen intertinctus. These varieties of strophulus, which may be intermingled one with the other, are generally to be found on the face, neck, and hands, or they may spread from these parts to the trunk. Strophulus is a trivial complaint, unattended with danger, and seldom lasts beyond a few days. Lichen simplex is also a mild form of the disease; and runs an average course of three or four weeks. Some febrile disturbance occasionally attends it. The eruption is indicated by a number of small red pimples, occupying a like situation to the last, followed by a sensation of itching and tingling. After some days, the pimples fade, or are succeeded by a new crop, and sometimes a slight desquamation is seen.

Lichen agrius is of a severer, as well as a more chronic kind than the last, to which it sometimes succeeds; or it may commence primarily. I shall take it as the type of the rest. The eruption consists of small florid conical pimples, irregularly scattered over the face, back, or outer aspect of the extremities. To the touch, the pimples are hard, scarcely exceeding a pin's-head in size, and mostly distinct. They may be found either in clusters, or more widely distributed over the body. On passing the hand over the part, a peculiar rough sensation is perceived, which has been not inaptly compared to that of a nutmeg-grater. When on the face, the integuments are

usually more or less swollen, and considerable disfigurement ensues. It is seldom that any constitutional disturbance ushers in an attack, and the general health remains unaffected. The pruritus is often so great, that the patient cannot refrain from scratching; and hence are to be seen small dark crusts of dry blood on the summits of the papules, or a slight serous fluid exudes from their forcible abrasion. The complaint is very variable in its duration, and likely to become protracted in those who have previously suffered from its effects.

Lichen tropicus, or "prickly heat", is common in most warm countries. Indeed, there are few who have resided any length of time in tropical climates that escape from this annoying complaint. It generally shows itself as the hot season sets in, and continues with greater or less interruption until the approach of the rains, or the advent of cooler weather. The chest, back, and extremities, are attacked together or successively; the eruption not differing from that observed in lichen agrius, and sometimes scarcely apparent. It is always increased by food, and becomes aggravated generally towards night. A cold bath may afford temporary relief; but the itching soon returns, and in no way abated. The eruption sometimes vanishes altogether for a time; and is less felt in the morning than at any other period of the day. It is most severe where the extreme of heat is found. It has fallen to my lot to witness many instances of this kind of lichen, when doing duty as an assistant-surgeon in Upper Scinde, or on board one of the late Hon. East India Company's vessels of war in the Red Sea and Persian Gulf—climes which may be reckoned among the hottest in the globe. "Prickly heat", it may be added, occurs at that time of the year when sickness is least prevalent, and is usually associated with excellent health. The danger, supposed by some to arise, of repelling suddenly the eruption by plunging into cold water, has no real existence. No class of men, from their habits, or the exposure to which they are frequently subjected, as when engaged on survey duty, are more liable to "prickly heat" than sailors; and yet they continually bathe in the sea in this state, with no ill consequences resulting therefrom, as far as I have seen or heard.

Lichen urticatus is usually met with in children of a few months old. Sometimes it occurs at a later age, especially when the skin is fair. It is attended with the same degree of restlessness that marks the other forms of lichen, but which generally abates towards the early morning. The part attacked seems as if it had been stung by a nettle or bitten by a gnat. It is subject to exacerbations and remissions; and follows mostly the line of extension of the limbs on their outer surface, and also the back. It is oftentimes very intractable.

[To be continued.]

HOMEOPATHIC LITERATURE.—"I lately met with a retired writer for the periodical press, who stated that one of the things with which he most reproached himself, was the getting up a work for a homœopathic practitioner, whom he characterised as a man of good address and plausible manners, but excessively ignorant professionally, and who, in a literary point of view, was scarcely able to string half-a-dozen sentences together. All the cases of cure were pure inventions; yet the work procured the supposed author a large amount of practice for some years; he got introduced to the Queen Dowager, to whom he presented a copy, which was duly noted in the papers." (*Dr. E. Lee's Pamphlet.*)

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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In the last paper, typical cases of acute mania were described; and the intimate connexion that exists between mania and melancholy was illustrated. The difference between these forms of insanity is scarcely sufficient, in my opinion, to separate them into distinct species. Indeed, a separation of the cases is almost impracticable; so much does one form merge into the other.

In all primary cases of what is called acute mania there is, as a rule, a premonitory stage of melancholy. In some cases, this stage is quite transient; in others, it is of longer duration. And, on the other hand, many of the cases which are called melancholic pass into a stage of maniacal excitement after a certain period; and often such stage is of favourable augury.

In one of the cases of mania narrated, the stage of depression was doubtful; and this was not the primary attack of insanity, and the patient was melancholic in the first attack. In the second case, the depression existed, but was scarcely heeded by the parents. In the following case, the melancholic stage was more evident, and became gradually mixed up with maniacal excitement towards the latter period of the attack.

CASE XIII. B. E. was admitted in December 1861. The following history was narrated by the mother. B. E. was the wife of a coach-painter, and worked at shoe-binding. There was hereditary tendency to insanity in the family. The mother's sister was considered to be a lunatic, but was never in confinement. B. E. had had delicate health. She had rheumatic fever in her childhood, and had been subject to headache since. She was of irritable disposition; "the least thing preyed upon her mind." She had always been an industrious, sober, thrifty wife, and a perfectly respectable person.

About two months prior to admission, the patient was walking home with her mother, when they were stopped in the street by a man who accused B. E. of having robbed him. He said that she accompanied him home one night, and passed the night with him; that she rose early on the following morning, robbed him of all his clothes, and then locked him in to prevent pursuit. The man attempted to give her in charge, but the policeman, to whom she appealed, refused to arrest the patient. The man then demanded her address, which she gave; and from that moment she began to be greatly distressed in mind, and was "in a constant state of terror". She soon became very desponding; had numerous fears and apprehensions; began to neglect her house and children; was confused, forgetful, and abstracted in mind; "would often forget to dress the dinner". Her state of alarm increased daily. She next began to say that she saw "the man" (meaning her accuser). She saw him at all times of the day. Then followed illusions of the other senses. She complained of various smells—of the fumes of sulphur; said that the house was full of gas; that poison was in her food. By the end of the second month, she became unmanageable. One day