Remarks

ON

THE TREATMENT OF TAENIA.

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THE method of treatment here described has been followed for some years in my wards at the Middlesex Hospital, and although it differs only in details from that generally recommended it may be worth recording, as the results appear to be somewhat more favourable than are usually obtained.

The routine method in vogue in the out-patient department years ago was only rarely successful, but since it has become the custom to admit these cases to the wards, failure has been as rare as success was formerly. The method is as follows:

1. The patient is kept in bed.

2. For two or three, or in some cases four, days the patient is given a diet consisting of: Beef tea, 2 pints; Mason's essence, one tin; two rusks; and port wine, 4 oz. During the same period the patient takes tabloids of cascara sagrada (gr. ij) three times daily.

3. On the fourth day (usually) at 5 a.m. haustus sennae co. $\mathfrak{z}\text{j}$; at 9 a.m. a capsule containing mxxv of the extract of male fern; at 9.15 ditto; at 9.30 ditto; at 9.45 ditto; at 11 a.m. haustus sennae co. $\mathfrak{z}\text{j}$. If by 1 p.m. the worm has not been passed and the head found, a second course of treatment with male fern at intervals of fifteen minutes is begun; to be followed in an hour by a purgative draught. If the head is not found a third course of treatment is prescribed.

It is rarely advisable to continue the treatment beyond this without an interval of a day, as the patient may be somewhat exhausted.

It will be seen on reference to the table that in Case 18 the head was not found until the treatment had been repeated four times, and that in Case 12 the treatment was repeated six times. In the latter case, although the head was not found, the patient was cured, as he had not passed any segments when heard from seventeen weeks later.

In the first 8 cases the treatment was as described above, but, in addition, a single dose of $\mathfrak{z}\text{j}$ of extract of

male fern was given after the four doses at fifteen minutes' interval. As this was subsequently found to be unnecessary, it was omitted.

Having regard to the prolonged duration of the affection in many of the cases and to the frequent failures of previous attempts to dislodge the parasite, it may fairly be claimed for this method that it presents advantages over that which is apparently still generally adopted.

The chief points of difference are:

1. *Complete Rest in Bed.*—It is not advisable for patients taking such an inadequate diet as is necessary to continue at their ordinary occupation.

2. *Prolonged Period of Restricted Diet.*—The usual instructions given to out-patients were to eat no solid food after mid-day and to take the draught prescribed on the following morning; this to be followed by a purgative an hour later. The following, which is taken from a well-known textbook of therapeutics, shows that this method is still approved:

The oil (male fern) should be given in the morning on an empty stomach, the bowels having previously been evacuated. At noon an ordinary meal may be taken, and in the evening a brisk purge.

To ensure that the bowels shall be as nearly empty as possible when the vermicide is administered, it is necessary that a diet which leaves little solid residue shall have been taken for some days, and that for the same period a laxative, such as cascara sagrada, which is said to act most efficaciously when given in small and repeated doses, should be used. The duration of the period of restricted diet depends upon the strength of the patient.

3. *The Method of Administering the Vermicide.*—If a single dose is given, it is conceivable that it may pass rapidly over the worm and fail to destroy it, whereas it is possible that the prolonged action of repeated doses is more effective. The nauseous taste of the drug is avoided by the use of capsules.

4. *The Search for the Head of the Worm.*—As the worm usually breaks at a distance of about $1\frac{1}{2}$ in. from the head, and as the portion left is an exceedingly slender filament, a very careful search is necessary to find it. To facilitate this, the pan into which the motion is passed should be covered with black crape, as against this the fine white filament terminating in the head is more readily seen.

It will be observed that the head of the worm was found in seventeen out of the twenty-two cases, and that a cure

Date and Number.	Name.	Age.	Sex.	Duration of Symptoms.	How often Previously Treated.	Duration of Limited Diet.	Number of Treatments.	Nature of Worm.	Remarks.
1899									
1	F. R.	32	M.	3 years	No information	3 days	Two	? <i>Taenia medio-cancellata</i>	Head not found.
2	K. W.	22	F.	5 years	"Many times"		Three	? <i>T. medio.</i>	Head not found.
3	M. D.	35	F.	5 months	Four times	2 days	Two	<i>T. medio.</i>	
4	A. R.	27	M.	2½ years	"Several times"	3 days	Three	<i>T. medio.</i>	
1900									
5	H. F.	29	M.	9 months	Once	3 days	Two	<i>T. medio.</i>	
6	D. C.	37	M.	2 months	Not previously	3 days	Two	<i>T. medio.</i>	
1901									
7	W. W.	20	M.	18 months	Twice	3 days	Three	<i>T. medio.</i>	
8	E. B.	28	M.	6 months	Twice	3 days	Two	<i>T. medio.</i>	
1902									
9	G. F.	29	M.	12 months	Four times	3 days	Three	? <i>T. medio.</i>	Head not found. Patient wrote 15 weeks later no segments passed.
10	J. H.	30	M.	?	Once	2 days	One	<i>Bothriocephalus latus</i>	
1903									
11	J. W.	43	M.	16 years	Eight times at least	4 days	Three	<i>T. medio.</i>	
12	H. L.	20	M.	2 months	Once	3 days (twice)	Six	? <i>T. medio.</i>	Head not found. Patient wrote 17 weeks later no segments passed.
13	E. G.	28	F.	3 years	Once	3 days	Two	<i>T. medio.</i>	
14	M. C.	22	F.	3 years	Eight times	3 days	Two	<i>T. medio.</i>	
15	E. J.	21	F.	2 years	"Many times"	3 days	Three	? <i>T. medio.</i>	Head not found.
1904									
16	O. M.	25	M.	2 years	No information	3 days	Two	<i>T. medio.</i>	
17	M. T.	48	F.	8 months	Once	2 days	One	<i>T. medio.</i>	
1905									
18	M. V.	23	F.	2 months	Not previously	3 days (twice)	Four	<i>T. medio.</i>	
1906									
19	M. L.	50	F.	5 years	Twelve times	4 days	Two	<i>T. medio.</i>	
20	H. I.	19	M.	9 months	Not previously	3 days	One	<i>T. medio.</i>	
21	C. W.	30	M.	1 month	Not previously	3 days	One	<i>T. medio.</i>	
22	R. F.	36	M.	8 months	Not previously	4 days	One	<i>T. medio.</i>	

was certainly effected in two out of the remaining five cases, 86 per cent. in all.

The other three patients have changed their address and have been lost sight of, but as they were instructed to report themselves if not cured and have not done so, it is probable that the treatment was effective in those cases also.

Great credit is due to the sisters in charge of King's ward (males) and Murray ward (females) for the careful search for the head of the worm which they have made in every case. In the former ward the treatment has been successful in the last thirteen cases; and in the latter, where the cases are not so numerous, in three successive cases.

There appears to be a belief that oil of male fern is less successful against *Taenia mediocanellata* than against *Taenia solium* and the *Bothriocephalus latus*. This series of cases, so far as it has any bearing on the point, does not support such a view. None of the very various toxic symptoms described as having occasionally followed the administration of this drug were observed.

An Address

ON

PSORIASIS AND ITS TREATMENT.

DELIVERED BEFORE THE EALING DIVISION OF THE
METROPOLITAN COUNTIES BRANCH OF THE
BRITISH MEDICAL ASSOCIATION.

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WHEN your Honorary Secretary did me the honour to invite me to read a paper before you, I happened to be in a somewhat depressed state of mind. I was thinking of our, or I should say my, deplorable ignorance concerning things which are constantly around us. Take this common disease psoriasis, for instance, cases of which must frequently come under the notice of all of us. At first sight it might appear almost a waste of time—a work of supererogation—to make it the subject of a paper to be read before such a body of medical men as this; but I fear that, although this disease has been so long known to medical science, we must confess that, as with many other diseases with which we have to do, our knowledge of it is still far from complete. In point of fact, opinions still differ with respect to its etiology, its pathology, and even in regard to its treatment.

I propose to discuss shortly a few points in connexion with some of the various views, and to refer particularly to some observations that I have made, and some conclusions that I have arrived at from a study of a number of cases which have been under my own care at the Hospital for Diseases of the Skin (Blackfriars) and at the West London Hospital.

ETIOLOGY.

For a long time, and by many authorities in this country, psoriasis was regarded as largely a manifestation of the "gouty diathesis," and in France the "arthritic" constitutional condition was and still is by many considered to be the important etiological factor; on the other hand, it has been looked upon, especially in Germany, as a purely local or external affection unconnected with any internal or constitutional defect. Many dermatologists in Europe and America now consider it to have a "neuropathic" origin, while a still larger and increasing number believe that it is really a parasitic disease, and that it is communicable by contagion.

Arguments and cases in illustration can be, and have been, brought forward in favour of all these different views, and yet, as far as I can see, the matter stands very much where it did: that we do not, beyond all doubt, know the true cause of psoriasis.

If we take, moreover, the numerous observations that have been made on the histo-pathology of the efflorescence, it is extraordinary how the various investigators differ, and at what diametrically opposite conclusions they

arrive. According to a large number of excellent authorities, such as Kaposi, Neumann, Rindfleisch, Weyl, Vidal, Bazin, and a host of others, the initial lesion in psoriasis occurs in the true skin; while according to just as many equally able observers—for example, Besnier, Unna, Neisser, Auspitz, Rosenthal, etc.—the primary lesion is in the epidermis. Comparatively recently these fundamentally-different theories have been accentuated by two important observations: one by Munro, who maintains that the first lesions seen in psoriasis are small erosions in the horny layer of the epidermis, followed by the formation of small milium abscesses; and the other by Verrotti, who claims that the early changes take place in the true skin, and are caused by an "acid auto-intoxication," which is in direct relation to the renal functions.

The only points upon which every one seems to agree, and which my own sections taken from 6 cases confirm, are that microscopic sections show at some time or other hyperaemia of the vessels of the papillary and subpapillary layers of the corium with perivascular cell infiltration, and hyperplasia of the Malpighian layer of the epidermis with parakeratosis or anomalous keratinization.

I would venture to suggest that the explanation of a great part of all this divergence of opinion (and not only in pathological matters) is to be found in the tendency of so many observers to generalize from insufficient data. A microscopist makes a few sections from a case or two of a disease, and prepares and stains them in his favourite manner. If he has a theory, he naturally is inclined to see what he thinks ought to be there, and to attach great importance to whatever bears out his view, at the same time (no doubt unconsciously) overlooking or minimizing other points which are perhaps really existent in the same sections. But apart from this possibility of error he is often too apt to jump to a decided conclusion—*Ex uno disce omnes*—and to think that what these particular sections show him must be the true and only pathology of the disease. I am afraid that this criticism is applicable to some of the publications of even our "great" authorities.

I shall say but little in reference to the micro-organisms which have been from time to time described in connexion with psoriasis. Lang's fungus "epidermophytosa" is believed by most pathologists to be nothing more than particles of eleidin made manifest by the mode of preparation; and the morococci described by Unna and the microbes seen by others are not yet generally accepted as pathognomonic of the disease. The arguments in favour of microbic origin, indeed, are mainly based upon other considerations, such as the clinical behaviour of the eruption, the undoubted effect of parasiticide remedies, the occasional instances of possible contagion and successful inoculation.

Some twelve years ago I made a short communication on the subject of psoriasis at the Newcastle meeting of the British Medical Association, and presented some statistical notes concerning 355 cases of the affection which had occurred among 3,700 patients suffering from various diseases of the skin that had been under my observation during the preceding two or three years. It may be interesting to compare these notes with somewhat similar statistics of cases that have more recently—within the last five years—been under my care at the two hospitals. I have to thank Dr. E. J. Cowen, my able clinical assistant at Blackfriars, for compiling and annotating (no small work!) the statistics of that hospital. These recent figures refer to 582 cases of psoriasis occurring within the last five years among a total of 10,759 skin patients. The numbers show a percentage of 5.4 of psoriasis in relation to other diseases of the skin. As seen in the table, the ratio differs to some extent in the two hospitals; at Blackfriars it is 333 in 5,368, or 6 per cent., and at the West London Hospital 249 in 5,391, or 4.8 per cent.

In my 1893 figures the proportion of psoriasis to other diseases of the skin was 9.5 per cent., a ratio considerably higher than the above, and indeed higher than that previously published by other observers in this country, which was about 7.5 per cent.

Are we to conclude from the present obviously smaller percentage that psoriasis is diminishing in London in the hospital class? I am not prepared to say yes, for it is plain that any such deduction could only be even approximately made by including the similar statistics of all the other special skin hospitals and dermatological depart-