peristaltic action evoked has given rise to intussusception or prolapse.

Fig. 11.—Same as Fig. 9 ($\times 300$).

Adenomata sometimes of considerable size occasionally undergo spontaneous cure, when the pedicle becomes long enough to permit of extrusion at the anus the retraction of the bowel after defaecation tears through the thin pedicle, but whether like cutaneous warts they disappear without any apparent cause we have no knowledge.

Fig. 12.—A case of extensive embryonic adenoma. (I am indebted to Mr. Heuston for the opportunity of seeing and reproducing this remarkable case.)

Treatment of simple adenoma consists in the removal of the pedunculated forms after ligature of the pedicle, and when this is at all broad and strap-like it is a wise precaution to transfix and ligature it in sections, the sessile varieties, especially if there is any tendency to infiltration of the deeper structures, are best excised. Where a considerable area is covered by villous growths they may be removed with the curette in the same way that venereal warts are so successfully dealt with.

REFERENCES.

¹ *Progrès Médical*, No. 30, 1885. ² *Comptes Rendus de l'Académie des Sciences*, 1887.

The Lettissomian Lectures

ON

THE CONDITIONS WHICH MODIFY THE CHARACTERS OF INFLAMMATIONS OF THE SKIN, AND THEIR INFLUENCE ON TREATMENT.

Delivered before the Medical Society of London.

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LECTURE I.—(Abstract).

INFLAMMATION OF THE SKIN.

THE lecturer began by stating that it was just about a century ago that Dr. Robert Willan issued his treatise on inflammations of the skin, founding his classification of them on their most prominent clinical feature, dividing them into papular, scaly vesicular, bullous and pustular forms.

Inflammations of the skin comprise more than half of all skin cases, six out of every ten patients having some form of dermatitis, and of these five-sixths come under eczema, psoriasis, impetigo contagiosa, lichen planus, erythema, and urticaria in hospital practice, but in private practice there are a very few impetigo contagiosa, and twice as many of lichen planus.

The inflammations set up by irritants differ according to the strength of the irritant. A strong irritant will set up a dermatitis in any one exposed to it, and its character is usually recognizable, and perhaps even the kind of irritant which was the cause of it. Examples were shown of the crowded vesicular eruption on the palms from the dye called "aurantia"; an irregular bullous eruption from the application of a caustic liquid; Roentgen ray burns, the latter being characterized by the obstinately unhealing character of the ulceration produced, and by the close network of dilated vessels over the whole injured area.

The mild irritants usually require a special vulnerability on the part of the patient, and the eruption produced often resembles an ordinary inflammation of the skin such as an erythema or an eczema, and the cause is often not ascertained unless it is several times repeated, and always commences in an exposed part. Occupation eczemas, such as those of bakers, barmaids, french polishers, etc., are the type of this kind of dermatitis, and frequently inflammation, starting at the irritated part, develops on distant parts, often symmetrically. Vulnerability to certain irritants once acquired often increases till the very slightest exposure is sufficient to bring on an attack. Iodoform dermatitis was given as an example, and it was pointed out that handling the gauze was enough to start it in the predisposed.

ECZEMA.

In discussing the pathology of eczema the papulo-vesicular type was taken, and of it the pathology is still a matter of dispute, and probably the safest line was not to ask, Is eczema parasitic? is it a blood dyscrasia? is it a 'neurosis'? but to acknowledge that all these were factors and to endeavour to estimate in what proportion each played its part in any particular case. Once the inflammatory process was started pus cocci, either the staphylococcus aureus or the streptococcus pyogenes, might, and often did, modify considerably the character of the inflammation, in some cases by the cultivation into virulence of a previously harmless organism, in others by the secondary invasion of one or other of these pus cocci. The change of a vesicular into a pustular eczema was instanced. The following list of inflammations due to the staphylococcus aureus was given:

- Boils.
- Carbuncles.
- Coccogenic and lupoid sycosis.
- Impetigo of Bockhardt.
- Quinquand's "folliculitis decalvans."
- Dermatitis papillaris capillitii.
- Pemphigus neonatorum.
- Pemphigus contagiosus.
- Cutaneous abscesses.
- Superficial whitlows.
- Erysipelas.
- Granuloma pyogenicum and other papillary growths
- Acne varioliformis.

Those due to the streptococcus of Fehleisen were:

Impetigo contagiosa and its varieties, including ecthyma, but excluding Bockhardt's impetigo.

Erysipelas.

Erysipeloid.

Superficial whitlows.

There were also pustular inflammations due to pyogenic organisms such as those of trichophyton megalosporon, the tubercle bacillus, blastomyces, etc. A mixed infection of pus cocci might occur, streptococcus impetigo being invaded and modified by the staphylococcus aureus.

Bockhardt's impetigo was a frequent precursor and concomitant of boils, and it should be promptly treated as a prophylactic measure against them. An untreated streptococcus impetigo led to a rapidly spreading erysipelas in an infant, and endangered the child's life. In the treatment of boils and carbuncles the aim should be the local destruction of the pus cocci as early as possible, and therefore an early incision and disinfecting the cavity with carbolic acid solution before the pus cocci had travelled along the lymphatics and set up a fresh boil some distance off.

In pemphigus neonatorum the bullae had perfectly clear contents, and both the staphylococcus and the streptococcus had been found by different observers, the staphylococcus being the most frequent. It was generally a sign of unhygienic surroundings, but unless neglected, or derived from puerperal fever in the mother, it was readily amenable to treatment. Under modern asepticism it was now never seen in lying-in institutions where formerly it was endemic.

Fungating papillary growths were apt to form on all chronic suppurating surfaces and after some acute suppurations less generally recognized conditions dependent on pus organisms occurred. They were all pyogenic granulomas with different names according to the underlying diseases on which they developed, they might be tuberculous, syphilitic, and in the axillae and groins form part of the symptomatology of pemphigus vegetans. The so-called botryomycosis hominis was an example of a fungating granuloma after acute suppuration. Hypertrophic scars also were probably avoidable by excluding pus organisms during the healing process of an open wound.

This diversity of lesion from the same organisms was largely due to the mode and depth of implantation in the skin, of the pus cocci and showed how far we had advanced on Willan's classification according to the primary lesion.

DERMATITIS AND SEBORRHOEA.

The modifications of dermatitis produced on a seborrhoeic basis or the seborrhoeides were then discussed, and it was pointed out that seborrhoea oleosa was now again regarded as excess of secretion from the sebaceous glands, and not from the sweat glands as Unna advocated, and that Sabouraud ascribed it to a special micro-bacillus, the comedo also being due to the same bacillus. While the former fatty incrustation so common on the scalp was no longer regarded as a true seborrhoea, but a cell proliferation chiefly of the horny layer, due it was said to be the bottle bacillus and the seborrhoeic micro-bacillus in combination, the secondary invasion of the staphylococcus aureus and a grey coccus produced, if Sabouraud was correct, the various seborrhoeides. That is to say, the apparently trivial seborrhoea afforded a favourable breeding ground for other more actively mischievous organisms. An example was given of the active dermatitis which might suddenly spring up under mental emotion on a scalp on which this fatty pityriasis had been present for years without any symptoms beyond general thinning of the hair.

The seborrhoeides were described as imitators of different forms of eczema, lichen, and psoriasis, and other inflammations, and it was added that Sabouraud ascribed to mixed infections of the pus and seborrhoeic organisms the production of the pustular eruptions—acne varioliformis, acne furunculosa, chronic furunculosis of the neck, sycosis, acne keloid, and dermatitis papillaris capillitii. If these views of mixed infection were confirmed, and they were highly probable; it was an important generalization which ought to lead to improved conceptions both of the pathology and treatment of many forms of dermatitis.

LOCAL ORIGIN OF GENERAL ERUPTIONS.

The lecturer then passed on to the consideration of the local origin of many general and symmetrical eruptions, and showed that while it was first pointed out by Brocq in relation to the somewhat acute disease called pityriasis rosea, it was capable of extension to other diseases, such as psoriasis

and lichen planus, in their primary attacks. In pityriasis rosea there first appeared a single patch, generally in some part of the trunk, which slowly enlarged peripherally for eight or ten days, and then a widespread symmetrical outbreak occurred which might in a few days cover the whole body and upper segments of the limbs, the lower segments seldom being much involved, and after lasting three or four weeks the eruption gradually disappeared. In less typical cases the development might be slower, might stop more or less short of generalization, and the tendency to spontaneous involution be much less, so that sometimes cases lasted for several months.

In first attacks of psoriasis, the lecturer had frequently been able to trace the same mode of development, though, owing to the slower course of the disease, it was less obvious than in pityriasis rosea. For weeks, months, and occasionally even years, there might be only one or two patches, then they began to multiply: if slowly, perhaps on the same limb only, and not very far from the original patch or patches, but either with or without the local extension, generalization eventually took place, and in recurrences this sequela of events could no longer be traced. In lichen planus development from a single focus could not often be proved, but it was common for a few foci of the chronic form of the disease to be present for months or even years, and then suddenly for a generalization of the more acute miliary form to occur sometimes from a traceable and sometimes without a traceable exciting cause.

The most feasible explanation was that there was first an invasion of a microparasite from without, and that this underwent local multiplication, or perhaps a toxin was formed, and then internal absorption into the circulation and generalization from within outwards.

The moral was that every effort should be made both to get rid as soon as possible of the beginnings of disease, and that in a recurrent disease like psoriasis it was not sufficient to remove the bulk of the eruption, but efforts should be made to clear up every remnant of it.

THE BACTERIOSCOPIC DIAGNOSIS OF SEWAGE POLLUTION OF SHELLFISH.

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It appears from various published accounts that those who have worked at the bacteriology of shellfish are disinclined to attach any precise significance to the occurrence in them of certain microbes which come under the term of bacillus coli and coli-like bacteria. It is therefore with the object of inviting reconsideration of the subject with a view to obtaining unanimity in the matter of a standard for diagnosis, that I offer here the following remarks. After a considerable experience, I have arrived at the conclusion that, due consideration being given to all the facts as to the conditions of the precise locality whence shellfish have been derived, the presence in greater or less amount in such shellfish of certain bacteria affords a trustworthy indication as to whether or not such shellfish have been recently exposed to undesirable fouling (sewage pollution).

It is an important question—important from the public-health point of view—whether, in the event of a small amount only of fouling being demonstrable, such shellfish are to be rejected as unfit for consumption. It will be admitted, I think, that oysters which are laid down in a locality to which sewage discharged at a distant point into the tideway has access in very small amounts only and occasionally stand in a different position—*qua* possible disease production—from oysters which are practically continuously exposed to, at times are actually flooded by, crude sewage discharged in their immediate neighbourhood; and, further, it is obvious that there is an important distinction to be made between the latter and other oysters which are miles removed from a sewer outfall, but which, owing to being laid down in a shallow part of a bay, may still be, and at intervals only are, brought into contact with matters that have long before, perhaps many days previously, been discharged from sewage outfalls. This last category of oysters could only in a very remote degree be considered as potential disease producers.

Oysters, moreover, stand in a different position from cockles; for, whereas the former when they have inhibited the *B. typhosus* soon (after ten to fourteen days) discard it again when placed