AN ADDRESS ON THE NOMENCLATURE OF SKIN-DISEASES; WITH ESPECIAL REFERENCE TO HYBRID, SYPHILITIC, AND MEDICINAL ERUPTIONS.

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DERMATOLOGISTS have always found an interesting occupation in the classification of skin-diseases, and it must be admitted that tracing out their relationships is a somewhat fascinating study; but, except as an exercise which each may follow for himself, it is of very little practical use. The nomenclature of skin-diseases on the other hand, though less interesting is of far greater importance. The free interchange of medical literature at the present day renders a uniform nomenclature in the highest degree desirable. A very close approximation to uniformity has already been attained in England, France, Germany and America, and this is rapidly extending to other countries. This result has been gradually brought about, not by any sudden change, but by a steady exclusion of those names that are useless or obsolete, and the retention of those only that indicate definite diseases. Most of these names have become familiar by long use, but have now assigned to them a more exact and scientific meaning than formerly.

A good example of this dying-out of names is supplied by the word "porrigo," which is fast becoming obsolete. The name is used by Celsus for diseases of the scalp, and early in the present century Bate-man thus defines it: "The porrigo is a contagious disease, principally characterised by an eruption of the pustules denominated favi and achores, unaccompanied by fever. The several appearances which the disorder assumes are reducible to five or six specific forms," namely, "Porrigo larvalis" (infantile eczema capitis); "P. furfurans" (steatorrhea cap.); "P. lupinosa" (favus); "P. scutulata" (tinea tons.); "P. decalvans" (area); "P. favosa" (impetigo). It is interesting, and in this case satisfactory, to look back and see what progress we have made in half a century. Porrigo, then, is a good example of a name which has just died out. Eczema on the other hand, is an illustration of an old word retained, but used in a far more exact though also more comprehensive sense than formerly. Not long ago this disease, as it passed through its different stages (hyperæmic, papular, vesicular and squamous), was called successively erythema, lichen, eczema and pityriasis; and even at the present time most writers speak of the early stage of eczema as erythematous. One, and I would add perhaps the most important advance in scientific dermatology is the recognition of the fact that most skin-diseases are not mere eruptions, but definite diseases, of which the eruption is only one though perhaps the chief feature. It appears to us at the present time very confusing to speak of erythema passing into eczema, and then into a scaly stage called psoriasis or pityriasis. As long however, as the names meant only eruptions of various kinds there was nothing absolutely wrong in the practice; but now that the words erythema, lichen, eczema and psoriasis are used to indicate definite diseases, it becomes grossly erroneous to apply them to different stages of one and the same disease.

In addition to the exclusion of superfluous names and the more accurate application of others, a further change has been made by the introduction of a small number of new names; some of these merely replace old ones, as for example, xanthelasma by general consent replaces vitiligoidea; in other cases old but suitable names have been substituted for inconvenient ones, as lepra for elephantiasis Græcorum; and lastly, a very few newly discovered diseases have required new names. We have got rid, then, of most of our superfluous words, but I think that one or two more might advantageously be dropped. The names I refer to are pityriasis and ecthyma. With regard to pityriasis, which is much the more important of the two, we have (1) pityriasis simplex, (2) pityriasis rubra, (3) pityriasis versicolor, (4) pityriasis maculata et circinata. Here then, are four diseases, all named pityriasis, which implies that they are in some way related,

and yet they have not the slightest relation to each other whatever. It would indeed be difficult to find four other skin-diseases that have less in common. I have always denied the existence of any definite disease that can properly be called pityriasis simplex. A simple exfoliation of cuticle, which sometimes occurs from defective nutrition, and much more commonly as the sequel to various eruptions, is not worthy of a distinct name; pityriasis simplex of the scalp is either exfoliation of cuticle or dry steatorrhea. For these reasons then, the name pityriasis simplex may well be dropped. The name dermatitis exfoliativa has already nearly replaced the older name pityriasis rubra. Pityriasis versicolor is not a very appropriate name for a disease that is not remarkably scaly; and as it belongs to the parasitic group, it might well be called tinea versicolor, as was suggested by the late Dr. Tilbury Fox. Lastly, pityriasis maculata et circinata (of Bazin) is an inconveniently long name. The disease runs a rapid and definite course, is attended with slight febrile disturbance, and is uninfluenced by treatment. These characters induced Dr. Behrend (of Berlin) to suggest the name roseola furfuracea herpetiformis, but as this name is too long, I would suggest roseola circinata as more appropriate. If then these changes already partly carried out be continued, we shall get rid of the name pityriasis altogether, which as at present applied, links together four diseases which have no relation to each other whatever.

The name ecthyma is not of much importance. I know of no one definite disease that can well be called ecthyma. The word may still be used as an adjective—ecthymatous, to indicate a peculiar form of discrete pustule with a raised and pointed scab, which is not uncommonly met with amongst the badly fed poor in such diseases as scabies, phthiriasis and impetigo. Lastly, I would point out that single names, *ceteris paribus*, are preferable to double ones. I admit that the latter cannot be entirely avoided, but in this respect we are slowly moving in the right direction. As an example of my meaning, I may say that the names lepra, zona and area are preferable to their synonyms elephantiasis Græcorum, herpes zoster and alopecia areata; indeed everything which tends to simplify names is an advantage.

On the chief points, then, in our nomenclature all are pretty well agreed; but I pass now to more debatable ground. There are certain skin-diseases with regard to which the profession has not yet universally adopted a uniform nomenclature. These diseases consist of three groups: (1) mixed or hybrid skin-diseases (or diseases so-called); (2) syphilitic skin-diseases; (3) medicinal eruptions.

Coincident skin-diseases are very rare; by this I mean that it is very unusual to see two definite diseases of the skin occurring at the same time in one and the same person. I know of no better established fact in dermatology than this. There is an exception to the rule in the case of some contagious diseases. It is obvious that the presence of eczema or lupus, for example, cannot possibly diminish the liability to scabies or ringworm, and may even increase the liability to erysipelas. Although I have stated the case somewhat strongly, I do not of course mean that two skin-diseases never occur at the same time; everyone occasionally meets with them, but when this is the case—and I wish to lay much stress on this fact—the two eruptions are generally quite distinct, and the difficulty of diagnosis is scarcely increased.

I now pass to the most interesting and important part of my subject—mixed or hybrid skin-diseases; and I would remark in passing that mixed eruptions are not of necessity the same thing as hybrid skin-diseases. Mixed skin-diseases, as I use the term, are those in which two or perhaps three different diseases are so far mixed that their eruptions are more or less blended and modified. I think it is very doubtful whether any real blending of disease ever takes place; in other words, it is doubtful whether there is anything that can be called a hybrid or cross between two diseases; as to this, however, there is a difference of opinion. The local irritation caused by one disease, such as varicella and vaccinia, will sometimes set up another skin-disease, such as urticaria and impetigo, but this is not what is meant by the blending of two diseases. It would not be necessary to dwell on this point, were it not that it appears to have led (I say appears, because I do not know it as a fact) a very distinguished writer and observer, Mr. J. Hutchinson, to introduce a system of nomenclature which I think is especially calculated to mislead and puzzle beginners. He connects the names of two skin-diseases by means of a hyphen, so as to form a compound name, thus: lupus-psoriasis. He has published an excellent drawing of this disease in plate 19 of the New Sydenham Society's Atlas, and he gives us two synonyms—"psoriasis-lupoides" and "multiple patches of superficial lupus." The name "psoriasis-lupoides" rather increases our difficulty, but "multiple patches of superficial lupus" makes all plain as to the real nature of the disease; but one cannot help asking, why call it any-

thing else? Anyone carefully reading the account of this disease will agree with Mr. Hutchinson that the case is one of scaly "multiple patches of superficial lupus," and I would venture to add, of nothing more. If I read his meaning aright, it is that the case is one of lupus with some distinct characters of psoriasis about it; but I do not think that explanation will apply to all the examples he gives us of his method of nomenclature.

I will take another example of the same kind. In the first volume of his excellent *Lectures on Clinical Surgery* (vol. i, page 207) he describes a case of "lichen-psoriasis," which, he says, is "an excellent example of the disease known as lichen ruber or lichen planus." In this case he points out that some patches are very like psoriasis; this is so common in lichen ruber that I should have said it was the rule rather than the exception, and certainly not enough to justify the change of name to lichen-psoriasis.

I will quote another example, with a view of showing that the same nomenclature is used also in a rather different sense. The second lecture in the volume above quoted is devoted to varicella-prurigo, and the facts recorded are most interesting; I am only about to criticise the name. Mr. Hutchinson says: "I think, therefore, that I am safe in stating that these cases do begin as *bond fide* varicella," and further on he says, "Great irritation is produced, and the child becomes fretful and thin. The eruption may last for months, and the spots then resemble ecthyma, on the one hand, or yet more frequently the disease known as lichen urticatus." Now, varicella is a fever which is quite as definite in its nature and course as small-pox or measles, and it is quite impossible that it can last as varicella for more than a short and well-defined period, but it is sometimes followed by just such eruptions as Mr. Hutchinson describes; these eruptions are, however, a sequel to the varicella. I have seen a spot of psoriasis develop round each varicella vesicle and nowhere else, so that each little spot of psoriasis had a small pit in its centre; this would, I presume, be called varicella-psoriasis. All these are, however, examples of one disease excited by and following another, though it may be difficult to say exactly where one ends and the other begins. It is in this respect that the name varicella-prurigo is not quite on all fours with lichen-psoriasis and lupus-psoriasis. In his lectures will be found many other instances of this kind of nomenclature; for example, we have acne-prurigo, lupus-psoriasis scrofulosus, and rupia-psoriasis. Again, in the *JOURNAL* of July 24th, 1886, he gives a description of a case of "eczema-erysipelas." From simply reading the accounts without seeing the patient (the temperature is not given) it might be difficult to make an exact diagnosis of the case, but the difficulty cannot be removed by calling it eczema-erysipelas. Of course erysipelas may be caught by a person suffering from eczema; a raw surface would much favour it. We not very infrequently find patients in the medical wards with lupus contract erysipelas, but it would be quite absurd to change its name in consequence to lupus-erysipelas. I do not know that this name has ever been used, but it is only a small step further than eczema-erysipelas.

There are from time to time anomalous cases of skin-disease cropping up of which the diagnosis is very difficult; it is, however, better to reserve our judgment as to the nature of the case rather than adopt a mixed name, which in no respect removes the real difficulty.

I remember a rather severe outbreak of rtheln occurring some twenty years ago in a large country town with which I was well acquainted. At that time and place little was known of rtheln, and the "new disease" was supposed to be a hybrid between measles and scarlatina, and was called "scarlatina-measles." A little experience proved its real nature. It is, I am persuaded, mainly the imperfection in our diagnosis which begets a belief in hybrid disease.

On two occasions I have been able to watch, at the Middlesex Hospital, the effect of syphilis contracted by a patient of mine, who was attending at the time for psoriasis. In both cases the syphilis was treated in the usual way, but was followed by eruptions that ran a course quite independently of the psoriasis, which also retained its character unchanged throughout. I must admit that on the first occasion the result was to me unexpected. If hybrid diseases exist at all, one would have expected to meet with them in connection with syphilis. I do not say positively that they do not exist, but I do say that it is extremely difficult to prove that they do. Can anyone point with certainty to this or that disease, and say that it is clearly and without doubt a hybrid? I cannot place the opposite view before you in better or more forcible words than those of Sir James Paget. In his Bradshawe lecture, delivered at the College of Surgeons in 1882, he says:—

"I. An exact likeness is never transmitted by inheritance; neither an exact likeness of either parent, nor an exact composite of both. This is evident enough in features, size, weight, and all that we can

observe in external things. If we could be exactly endoscopic, we should observe equal variation within; the same want of exact likeness in liver and lung, and I venture to say in blood and lymph and plasma, and whatever goes to make up the whole person, healthy or diseased. The inheritance of likeness in disease or liability to disease is, indeed, clear evidence of the transmission of likeness in the very minutest part of structure and composition. But the likeness is never perfect; it may in different persons deviate this way or that; it may vary towards disease, or back again towards the healthy type; but it is never perfect, and in successive generations its degree of unlikeness may in some persons increase to a great width of difference.

"2. The certainty and probable extent of this variation must seem the greater if we consider the mingling of diatheses and of all dispositions and liabilities to diseases in transmission from and through both parents. Consider the difficulty of maintaining a "breed" in any of the varieties of the species domesticated or cultivated by us—in horses or dogs, in pigeons, or in seedling plants; the care that both parents should be of the same blood, or the same race, and that their produce should be raised in all due conditions; and then consider how numerous and wide, in spite of all this care, are the deflections from the type. With these facts before us we cannot imagine that diseased conditions should often be transmitted singly and unchanged; it is, surely, not likely that disease should be transmitted with more fixed conformity to type than normal compositions are. *Hybrids and mongrels must be even more common among diseases than among species and varieties.*" [The italics are my own.]

I readily admit Sir James Paget's facts, but not his conclusion. I should rather have said that, taking into consideration all these facts, it is very remarkable that we do not meet with hybrid diseases, but that they come up, as a gardener would say, true. Irregularly developed diseases, no doubt often exist, but there is very little evidence that the irregularity is produced by crossing. I would suggest as some explanation of this, the following considerations, the first of which is the most important: (1) That diseases are not natural, and do not follow the laws of natural development. (2) That diseases, as a rule, do not exist in us at the time of birth; in other words, they are not inherited at all in the same sense that we inherit our eyes and nose, the forms of our faces, the likeness to our ancestors, so that the two cases are not on all fours. (3) If diseases followed the laws of hybridisation, they must by this time, by constant crossing, have been all completely and thoroughly mixed, and be incapable, one would think, of further modification in this way.

II. I pass now to the nomenclature of syphilitic diseases. It has long been the custom to apply to syphilitic eruptions the name of those ordinary diseases of the skin which they most nearly resemble, preceded by the word "syphilitic;" thus we have syphilitic psoriasis, syphilitic lupus, and even syphilitic varicella. These names have not been generally used to indicate any mixture of two diseases, but simply as a convenient form of nomenclature. Syphilitic psoriasis would of course mean not a hybrid disease but a syphilitic eruption resembling psoriasis. It is admitted that the nomenclature is convenient, but it is nevertheless erroneous, and it is especially confusing to beginners. Take for example, one common misnomer, syphilitic lupus; what can be more puzzling to a student who has read an account of the pathology of lupus than to hear his teacher speak of "syphilitic lupus." There are, of course, instances where it is very difficult to say immediately whether an ulceration is lupus or syphilis, for in certain stages, when the chief character in each is simply negative, simply a destruction of tissue, there must be a similarity of appearance; but a correct diagnosis can always be made by watching the case; and under no circumstances can we avoid the difficulty as a diagnosis by calling the ulceration syphilitic lupus. The name is not always used in this very objectionable way; but in whatever sense it is used, the nomenclature is essentially bad. We cannot correctly say syphilitic pemphigus, or syphilitic lupus, because pemphigus and lupus are not really present; if we do, we may as well go a step further, and speak of syphilitic epithelioma and syphilitic varicella.

It is not very difficult to describe syphilitic eruptions without using the names of ordinary skin-diseases. Thus we can speak of macular, papular, vesicular, squamous, pustular, and ulcerating syphiloderma, besides gummata and nodes, and many other well-known terms in common use; and, when we consider how very polymorphic the syphilitic eruptions are, we see that this has certain advantages over the older form of nomenclature. It always appears awkward, for example, to speak of a patient as suffering from syphilitic psoriasis in one part of the body and syphilitic lupus in another; whereas we can easily speak of a squamous and ulcerating syphiloderm. Lastly, I would say that the old nomenclature has been dropped by most of the best

writers of the present time, as, for example, by Dr. Duhring and the late Dr. Hilton Fagge, and partially by the late Dr. Tilbury Fox. I must, however, except Mr. Hutchinson's article on Syphilis in Heath's excellent *Surgical Dictionary*, where he speaks of "syphilitic psoriasis or lichen."

III. Cutaneous eruptions are occasionally produced by both the external and internal use of drugs, and the nomenclature often applied to these eruptions is similar to that of syphilitic eruptions, and is open to the same objections. I will take iodide of potassium as an illustration of my meaning. In some people this drug will produce an eruption of pimples, and in others an eruption of blebs. Dr. Van Harlington says that this latter eruption was first described by O'Reilly, of New York, and soon after by Bumstead. It has been also noticed in this country by several accurate observers, especially by Mr. Hutchinson, who has given us an excellent drawing of the eruption in plate 32 of the New Sydenham Society's Atlas. Bumstead calls the eruption pemphigus, and Hutchinson calls it hydroa. It is not to be supposed that either of these writers believes the eruption to be really pemphigus in the one case or hydroa in the other, but simply that it resembled the eruptions of those diseases, which could not possibly be produced by drugs. It would be almost as easy to produce scarlatina or small-pox. Blebs from iodides are what the eruption consists of, and what we had better call it.

I will briefly sum up that part of my paper which deals with disputed matter, and restate the points for which I contend in five brief propositions.

1. When two skin-diseases coexist, they are generally quite distinct, and should be called by their well-recognised names.
2. That diseases are not natural, and do not follow the laws of natural development.
3. That it is very doubtful whether hybrid or crossed diseases exist at all, and that certainly there is no sufficient justification for a hybrid nomenclature.
4. That syphilitic skin-diseases differ from ordinary skin-diseases in their etiology, pathology, and treatment; and that this difference should be fully recognised in our nomenclature.
5. That medicinal rashes are not diseases of the skin, but simply eruptions, and should be so named.

ILLUSTRATIONS OF EXCEPTIONAL SYMPTOMS AND EXAMPLES OF RARE FORMS OF DISEASE.

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XVI.—PSORIASIS OF THE NAILS: TRUE PSORIASIS OF NAILS CONTRASTED WITH CHRONIC ONYCHITIS ATTENDED BY FIBROUS THICKENING.

I MAY contrast two remarkable cases of chronic disease of the nails which came under my observation on the same day. In the first, I think there cannot be the slightest doubt as to the disease being what may be correctly called "psoriasis of the nails." The patient was a surgeon, and could therefore give a clear account of his whole history. When a student at King's College, eighteen years before I saw him, he was treated by Dr. Duffin for common psoriasis, which affected the tips of his elbows and the fronts of his knees. This got well for a time, but often relapsed. It was never a very severe case, and, with the exception of still affecting his temples and the adjacent part of the scalp, the skin-eruption finally left him about six years before his visit to me. His finger-nails began to suffer a few years after the first appearance of psoriasis on the skin. He had taken arsenic repeatedly, and with benefit; but a remarkable feature of his case was that the psoriasis, both of the skin and of the nails, had often undergone spontaneous cure. His nails had, he said, been repeatedly quite well, and that without any special treatment. He had been a liberal beer-drinker, but had taken much exercise, and had, on the whole, had excellent health. His mother had suffered from psoriasis on her elbows, knees, and other parts during a great portion of her life.

Having thus shown that the disease with which we have to do is clearly an appanage of common psoriasis, I will now describe the peculiarities presented by the nails. It was exactly like that in the case of a Mr. D., in whom also psoriasis of the skin is still present. It was an inflammation of the nail-bed in the first instance, and always showed itself first at the edge of the nail, either at its side or at its extremity, never at the root. There was no thickening of the nail; it simply became loose, dry, and opaque. A probe could

be pushed under the affected nails for a considerable distance. In Mr. D.'s case, great complaint was made of the brittleness of the nails, which used to break when he was using his fingers. The subject of my present case did not make much complaint about this. Quite recently he had observed, however, that the finger-tips were numb, so that in picking up things he could not feel well. It occurred to me that this might be due to arsenic; but he did not think that it was, as he had not taken much.

His toe-nails were affected like those of his fingers. He told me that the disease always returned in the same nails, and asserted positively that they were often quite well for months together. It was the nails of the thumb, index, and middle fingers which were attacked, those of the two ulnar fingers wholly escaping. The case which I would contrast with this is that of Mrs. H., in whom the condition of chronic inflammation of the nail itself, as distinct from that of the nail-bed, is presented. In her, the nails are rough and fibrous over their entire surfaces, and are much thickened, the thickening being greatest in the middle. They are not in the least loosened, and the whole of their free edge is broken away. It is a condition not infrequently seen, and of which I have several good drawings. Mrs. H.'s account of its beginning is that her finger-ends used to look a little puffy, and felt hot and irritable; then the nail began at its root to roughen, and gradually the condition extended from the root to the tip. The forefinger was the one first affected, and on both hands the ring-finger had remained exempt. The little finger was free on the right hand, but affected on the left, and it had suffered last; the thumb on each hand was affected subsequently to the index and the middle. I may here remark, as a point of some interest for future observation, that it will appear that the ring-finger is usually the one last to suffer, and that next to it comes the little finger; the index and the middle are usually those first attacked. In Mrs. H., the nail of one great toe was reported to have recently taken on the disease. It was difficult in this instance to assign any special cause. Our patient was a widow, aged 36, florid, and of robust health, and of a beautifully transparent skin. She had a troublesome pruriginous eczema of the labia and mons of a few months' duration; but, excepting this, she had never at any time had any trace of skin-disease. Her nails had been in perfect condition until six months before I saw her. She had several times had slight attacks of true gout. She could take arsenic, but could not take either iron or quinine, as they always made the head "feel light," and, if persevered with, caused excruciating headache. Although we find the disease in association with eczema of the genitals, it must be clearly understood that there was no eczema round the nails; the disease began in the nail-roots, and was confined to their substance.

XVII.—CHRONIC INFLAMMATORY DISEASE OF MANY FINGER-NAILS, BEGINNING IN EARLY CHILDHOOD, AND CONTINUING FOR TEN YEARS: HISTORY OF SYPHILIS IN THE FATHER, BUT NO SIGNS WHATEVER OF IT IN THE CHILD.

A very healthy little girl was sent to me by a valued friend, the question being whether a certain disease of the finger-nails from which she suffered was or was not syphilitic? The father of the child had suffered from syphilis several years before his marriage. It had been a complete attack, but he had been well treated, and, during the whole of his married life, he had appeared to be in perfect health. He had been married thirteen years, and his little girl was ten years old when she was brought to me. She was not the oldest, there being a boy, two years older, who ailed nothing. Neither of the children had, so far as I could learn, had any suspicious symptoms in infancy, but both were said to have suffered from "crusta lactea." The child herself had excellent features and perfect teeth. Thus it would seem that the history of syphilis in the father was the only suspicious fact. The disease of her nails had been noticed in early infancy, possibly soon after she was a year old; and it consisted of a sort of chronic inflammation at the root of the nail, which caused the lunula to become fibrous and break up, and had repeatedly led to exfoliation of almost an entire nail. In some cases it did not lead to loosening of the nail, but caused a fibrous opaque condition, with transverse furrows or pits. Although, in some instances, there had been distinct inflammation of the tissues surrounding the nail, with suppuration under the edge, nothing approaching the condition of onychia maligna had been produced. The condition had affected now one finger and now another, and the fingers had lost their nails repeatedly. The new nails had been developed in some instances so perfectly that I could not have told that there had ever been any disease. The toe-nails had always been exempt, and there had never been any skin disease, except the eczema of the scalp in infancy. The finger-nails of the two hands had been affected with tolerable symmetry. It would seem that