- III.—1. *The Student's Book of Cutaneous Medicine and Diseases of the Skin*. By ERASMUS WILSON, F.R.S. London, 1864–65.
2. *A Practical Treatise upon Eczema; including its Lichenous, Impetiginous, and Pruriginous varieties*. By T. M'CALL ANDERSON, M.D. London, 1863.

THE first of these books is a work intended by the author as a class-book on cutaneous diseases. The first volume contains eleven chapters—the first two of which are devoted to a description of the anatomy and physiology of the skin, and the classification of the diseases to which it is subject. The part devoted to anatomy and physiology, and, indeed, almost the entire book, seems to be an abridgment of Mr. Wilson's larger work on the same subject.

In the second chapter, after describing the more usual characters of cutaneous maladies and the symptoms to which they give origin, the author takes up the subject of classification. He first gives an outline of the anatomical classification of Willan, which he designates "a rude classification of great simplicity, than which none can be better suited for the early training of the student. Its fundamental principles are few and distinct; easily carried in the mind, easily recognized by the bed-side, and easy of application under every circumstance." We beg to differ from Mr. Wilson on this subject. The classification of Willan, however much respected by old physicians in this country, seems to us to be a classification of cutaneous *lesions*, not of cutaneous *diseases*; and what advantage, we would ask, does the student derive from a classification which gives him no knowledge whatever of the nature of the diseases classified?

Similar sensations, experienced by patients, are common to many diseases quite different in their nature, and consequently require different treatment. In the same manner, some lesions of the skin are common to diseases entirely different in their nature and causation, and at other times we find several lesions symptomatic of the same morbid condition. A pustule, for example, is common to scabies, small-pox, and eczema; and it is quite common to find an eczematous eruption composed of papules, vesicles, and pustules at the same time.

A classification of *forms of cutaneous eruption* is quite necessary to the study of the subject, but to term such a classification of skin diseases is an abuse of language.

A classification of skin diseases of a more satisfactory nature than a mere classification of symptoms, has been long felt to be a desideratum in cutaneous literature in this country; and many

attempts have been made to supply the want, some of which are more amusing to the reader than instructive. Mr. Hunt, in a work entitled "A Guide to the Treatment of Diseases of the Skin, with suggestions for their prevention" (London: J. Richards, 1861), makes short work of classification, by stating that "skin diseases are either syphilitic or otherwise." And his system of therapeutics is both short and simple: a syphilitic disease is to be treated with "mercury," and all "otherwise" diseases, with arsenic. Professor Laycock of Edinburgh, in the following year, felt himself called upon to meet this "simple" method of treating the subject adopted by Mr. Hunt, by a paper entitled "An Etiological Nosology of Diseases of the Skin" (Edinburgh: Neill & Company, 1862), in which he enumerates the following primary orders of cutaneous maladies:—1, Hæmatic diseases; 2, Specific diseases; 3, Constitutional diseases; 4, Sordid diseases; 5, Figurate diseases; 6, Diseases of special cutaneous tissues. The last of these classes is a step in the right direction; but the subdivision of all the classes is too confused for our comprehension. The author of this paper has a wonderful facility for making varieties of disease where no difference exists, or is perceptible to ordinary observers. But Dr. Laycock is not an ordinary observer. He can tell by the colour of the lobe of a patient's ear, the state of the circulation of the vital stream within the cranium; and he can estimate a man's intelligence by the size of the said aural appendage, or rather by its being pendulous or attached to the cheek. A large pendulous lobe being diagnostic of good mental calibre, and *vice versâ*. Taking these things into consideration, we need not wonder that the talented author has described in this paper some forms of cutaneous disease which we fail to discover in other works. For example, he has discovered a "white inflammation" in cutaneous pathology, which, he says, "occurs when empty capillaries take the place of the full or congested, or are intermingled with them." He states—"It is seen as a central point in anthrax; in certain forms of human glanders; in the first stage of gangrene of the nose in the course of typhus, or from frost-bites," &c. How the author has managed to discover inflammatory action present in a part the vitality of which is destroyed by cold, or otherwise, is more than we can conceive; but, as we previously remarked, Dr. Laycock is possessed of no ordinary powers of observation and penetration.

To return to Mr. Wilson: he has not adopted in this work the classification of lesions which he holds in such high esteem, nor any other pre-existing classification *per se*. The following is the arrangement which he adopts as the basis of the present work. He adopts this, he states, "in the absence of a more perfect

system," "as arising out of the analysis of a large number of cases of disease:"—

1. *Eczematous affections*; including Eczema, Psoriasis, Pityriasis, Lichen, Impetigo, Scabies, and Gutta rosacea.
2. *Erythematous affections*; including Erythema, Urticaria, Erysipelas, and Roseola.
3. *Bullous affections*; including Herpes, Miliaria, and Pemphigus.
4. *Furunculous affections*; including Ecthyma, Furunculus, Hordeolum, and Anthrax.
5. *Nervous affections*; including Hyperæsthesia, Anæsthesia, Pruritus, and Porrigio.
6. *Vascular affections*; including Nævus vasculosus and Hypertrophia venarum.
7. *Hæmodycrasic affections*; represented by Purpura.
8. *Developmental and Nutritive affections*; typified by Xeroderma, Ichthyosis, and Cachexia cutis.
9. *Hypertrophic and Atrophic affections*; exemplified by Nævus hypertrophicus, Ecephyma, Kelis, Bucnemia tropica, and Atrophia cutis.
10. *Zymotic affections*; including Rubeola, Scarlatina, Variola, Varicella, and Vaccinia.
11. *Alphous affections*; including Alphos alone.
12. *Strumous affections*; including Scrofuloderma and Lupus.
13. *Syphilitic affections*; embracing the syphilitic skin diseases, of whatever form.
14. *Carcinomatous affections*; including cancers of the skin in general.
15. *Leprous affections*; including, as principal forms, Lepra and Vitiligo.
16. *Affections of the Hair and Hair-follicles*; including Alopecia, Area, Canities, Hirsutus, Trichiniasis, Trichosis, Favus, Kerion, Sycosis, Plica, Erythema folliculorum, Stearrhœa, and Narcosis folliculorum.
17. *Affections of the Sebiparous apparatus*; including Stearrhœa, Ichthyosis sebacea, Comedones, Accumulationes sebaceæ, Cornea, Tubercula miliaria, Tumores serosi, Tumores sebacei, and Acne.
18. *Affections of the Chromatogenous apparatus*; including the Dyschromatodermata—for example, Lentigo, Ephelis, Melasma, Leucosma, and Chloasma.
19. *Affections of the Sudoriparous apparatus*; as Idrosis, Anidrosis, Osmidrosis, Chromidrosis, and Hæmidrosis.
20. *Affections of the Nails*; including Degeneratio unguium and Onychia.
21. *Traumatic affections*; including injuries resulting from the bites and stings of insects, and their habitation in the skin; also other accidental injuries.
22. *Phyto-dermic affections*; including Trichosis, Favus, Kerion, Sycosis, and Chloasma; and, according to some, Area.

The foregoing classification is an improvement on Mr. Wilson's previous arrangements; but it is too artificial to form a sound basis for the study of the subject, and we cannot conceive how the author of this compilation could bring his mind to believe that it is better than any other extant. The best of the 22 classes are those taken from Hardy's classification of the Hôpital St. Louis. We refer to those classes arranged *according to the nature of the diseases*, such as 12, 13, and 14. No classification of skin diseases can be rigid; but a classification *according to the cause* which produces the eruption, when such is known, is the most rational and the most satisfactory to the student. It seems to us very absurd to arrange *scabies*, *eczema*, *psoriasis*,

&c., in one class. What natural affinity, we would ask Mr. Wilson, does there exist between *psoriasis* and *scabies*? And why should *psoriasis* be placed side by side with *eczema*? Psoriasis is a distinct disease from any other, and, except that it is a cutaneous inflammation, has nothing in common with either *eczema* or the other diseases with which he classes it. (*Vide* Class 1.)

The most natural, and consequently the best classification of diseases of the skin that has come under our notice, is one suggested by the late Dr. A. B. Buchanan in a paper on "The Theory and Classification of Inflammations of the Skin" (*Edinburgh Medical Journal*, January, 1863)—a paper which, we have no hesitation in saying, contains more sound scientific reasoning than any work extant on the subject; and his country, and the students of medical science throughout the world, may well deplore the untimely death of the talented, highly educated, and gifted author. We copy the following passage from the paper above alluded to, and we earnestly request Mr. Wilson to read it carefully before he publishes a second edition of his recent work. Mr. Wilson religiously abstains from citing the authority of British dermatologists in his works; but he does not hesitate to take advantage of their labours, and for the sake of science we request him to study the following extract carefully:—

"Pathology is the science of disease. Skin diseases, like all others, ought to be classified according to their *nature*; in other words, according to their *pathology*, in the widest sense of the term. Every disease has, whether we know it or not, a *cause*, which cause determines certain *pathological processes* in the system, and these give rise to symptomatic *structural lesions*, and occasionally even to obscurer symptoms, the connection of which with a definite lesion may not be apparent. Now, a classification according to the nature of the structural lesions accompanying different diseases would correspond in principle with that of Dr. Willan; and a classification according to the pathological processes determining such lesions would correspond with Professor Hebra's. In both these systems, however, the *cause*, as an element of distinction, is overlooked: a defect which is remedied in the system of Hardy. A knowledge of the cause of the disease gives generally a far more accurate indication of its true nature, and, as a consequence, of the best means of getting rid of it, than can be bestowed by any knowledge of the processes, lesions, and symptoms which are the mere *effects* of that cause. Therefore we ought to classify skin diseases according to their causes, *if we can*; and if we cannot classify them all in this way, owing to their causes being multiple or unknown, we ought, at least, to group as many as possible together on this principle, which I propose to do under the head of "Diseases defined by uniform causes." Such causes must be *definite*; they must really have an existence in nature; and must not be merely hypothetical, as is the case with the *dartrous diathesis* of Hardy, which cannot be proved to exist at all. The *strumous diathesis*, the *cancerous diathesis*, the *tubercular* and *rheumatic diatheses*, and so on, express conditions which *may* result from special causes, but the existence of these has never been fully demonstrated. So far as we know at present, the groups of skin diseases defined by uniform causes are *three* in number: the *parasitic diseases*, and the *syphilitic* and *febrile eruptions*. There is nothing

hypothetical about the existence of a parasite, since the animal or vegetable can be seen with the eye, or with the aid of a microscope. There is nothing hypothetical about the poison of syphilis, since it can be transferred from person to person on the point of a lancet. And, lastly, there is nothing hypothetical about the existence of some subtle agent, capable of transmitting from one person to another such diseases as measles and typhus fever. Sometimes we know of the existence of a cause, can isolate it and recognize it; as in the case of a parasite. Or we know of the existence of a cause, can isolate it, but cannot recognize it; as in the case of syphilis or small-pox. Or, again, we know of a cause, but can neither isolate it nor recognize it; as in the majority of contagious fevers. Still, in none of these cases is the actual existence of the cause in the slightest degree doubtful or hypothetical.

"With regard to the diseases which are not defined by uniformity of cause, we do not know the cause of them, and so we must arrange them into groups according to another principle, and, if possible, according to that which is of next greatest importance in determining their real nature and affinities. Now, a disease is best determined, if we do not know its cause, by the process immediately induced by the action of that cause on the body. The pathological processes determining lesions in the skin enable us, when we consider them, to separate three groups—the *inflammations*, the *new formations*, and the *hæmorrhages*. I do not mean to say that there are not other pathological processes besides these. We have, for example, hyperæmia or congestion; anæmia or inanition; but these do not lead to results which are fairly to be considered as *diseases* of themselves. Thus, unless hyperæmia be sufficiently intense to pass into inflammation, or unless it be *secondary*, from the influence of another distinct lesion, as in *acne rosacea*, it is merely a transient symptom, which does not rise to the rank of a skin disease.

"What is *inflammation* of the skin? A disease of the local circulation, say some; and, no doubt, when a part is inflamed there is generally a rush of blood towards it, which, however, does not make it necessary that the rush of blood should be the cause of the part inflaming. Its affects the 'pars papillaris' of the corium as well as the 'pars reticularis' and the subjacent cellular tissue; and it occurs, according to Virchow, in the papillæ in which there are no blood-vessels, in exactly the same way as in the papillæ in which these are present. It occurs also in the papillæ in which there are no nerves just as much, and in the same fashion, as in those in which there are. But, more than this, it occurs in the epidermis, where there are neither vessels nor nerves; and there we see that it is an affection of the cells, which, in consequence of some irritation, become morbidly active; imbibe a greater quantity of plasma from the blood for their nutrition; enlarge, by which they cause swelling of the parts; and even, when the process is sufficiently intense, pour out an exudation from their walls, giving rise to what is called *infiltration*. How much of this infiltration is, in a given case, due to exudation from the cells, and how much to direct transudation from the vessels, is in the present state of our knowledge not easy to determine. Suffice it to bear in mind, that an exudation probably proceeds in part from the walls of capillaries, and in part from the inflamed cells which enter into the composition of the infiltrated tissues.

"When the elementary cells of a part, in place of merely demanding more nutriment, swelling up, and pouring out exudations from their walls—in place, in other words, of simply inflaming—undergo alterations of a more permanent character, and which do not, as a rule, disappear when the inflammatory process has come to an end, we give to these results the name of *new or morbid formations*. The expression in great measure explains itself. The results are produced in two different ways: 1, by excitement of the *nutritive energy* of the cells, so that they are stimulated to accumulate in their interior substances, such as pigment, which were not there before; and then, 2, by excitement of

the *reproductive energy* of the cells, so that they are stimulated to divide and multiply, till new parts are formed which were not there before. These new parts are either made up of cells similar to those from the irritation of which they originally sprung, or the cells composing them have become more or less modified in the process of repeated division. If the parts be still similar in elementary structure to the surrounding tissues, or at all events not much modified, so as to be easily traced back to their origin in these tissues, then we call them *homologous* or *benignant* new formations. If quite dissimilar to these tissues, we call them *heterologous* or *malignant* new formations. Finally, the heterologous new formations may be conveniently subdivided into *pseudoplasms* and *neoplasms*; the former, as *lupus*, being incapable of independent growth, but extending by the implication of surrounding tissues; the latter, as cancer, containing fertile elements within themselves.

"The *hæmorrhages* of the skin arise from the escape of blood in small quantities, owing to the rupture of capillary vessels, or to the escape of colouring matter from the blood along with exudations. They are affections peculiar to the cutis; for although blood may be effused *among* the epidermic cells, hæmorrhage cannot of course originally constitute an epidermic affection.

"If the skin were a simple organ, having established our group of diseases according to cause, and our three groups according to the nature of the process directly called into action, and finding that this division, to all practical intents, exhausts the category of skin diseases, we might consider our classification as accomplished. But the skin is complex; it contains a number of accessory organs—glands, hairs, nails, vessels, &c.—whose affections it is much more natural to consider together than among the inflammations and new formations of the skin. We have therefore added to our enumeration a fifth class, founded this time on anatomical considerations, the *Diseases of Accessory Organs*.

"In the foregoing classification, uniformity of principle having been deliberately rejected, it will sometimes happen that a disease *apparently* belongs to more classes than one. In such a case, however, it belongs *in reality* to the class established on the most important principle of distinction. And it will be found expedient, not as an absolute rule, but specially with reference to diseases of the skin, to consider the 'diseases of accessory organs' as intermediate in importance between diseases defined by uniformity of cause, and diseases defined by the nature of the pathological process. Thus, favus of the nail would belong, not to the diseases of accessory organs, but to the group of parasitic affections. Acne, on the other hand, would belong, not to inflammations, but to the diseases of accessory organs. In classifying the diseases of every great system of the human body, the introduction of some special arrangement of this kind, not always the same, but determined, as it is necessitated, by anatomical peculiarities, will be found expedient as conducing to the formation of *natural families*. The *system* (cutaneous, or nervous, or whatever it may be) must be taken as a whole; but the anatomical peculiarities of that system must be allowed to have a chief influence, second only to the great principle of uniform causation, in determining the distribution of its parts. With these observations the following tabular view of the foregoing classification may be given; the classes arranged in the order that appears for the diseases of the skin to be the most natural and expedient. Diseases belonging to Class V. are excluded from IV., III., II., and I.; those belonging to IV., from III., II., and I., and so on. Thus a syphilitic eruption may be an *inflammation*, but it belongs not to Class I., but to Class V.

"Diseases of the Skin.

"Class I. Inflammations,.....	}	1. Erythematous.
2. Eczematous.
3. Phlegmonous. |
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Class II. New Formations—

A. Homologous,.....	{	1. Epidermic.
		2. Pigmentary.
		3. Dermic.
B. Heterologous,.....	{	1. Pseudoplasms.
		2. Neoplasms.

“ III. Hæmorrhages.

“ IV. Diseases of Accessory Organs.

“ V. Diseases Defined by Uniform Causes—

A. Parasitic Diseases.

B. Syphilitic Eruptions.

C. Febrile Eruptions.

“ With regard to *inflammations* of the skin, while the greater number affect principally, and in the first instance, the superficial layers of the corium, others, the *phlegmonous inflammations*, are more especially subcutaneous, or they implicate the skin in its entire thickness. Some of these affections are diffuse, as cutaneous cellulitis (dermatitis diffusa phlegmonodes); while others, as furunculus and anthrax, have been appropriately grouped together by Hebra under the title of ‘*dermatitis circumscripta*.’ The remaining inflammations, with which we have now to deal, are more superficial. The division of these according to the nature of the anatomical lesion, according to the presence of macules, papules, vesicles, pustules, and so on, is obviously artificial and untrue. On the other hand, it seems to me that the pathology of the inflammatory process—a much more important principle to regard than the mere resulting anatomical lesion—supplies us with a distinction founded in nature; in consideration of which the superficial inflammations of the skin may be divided into the *erythematous* or *diffusive*, when the individual lesions are diffuse or in patches, and the *eczematous* or *selective*, when the lesions are concentrated at points. Such points I believe to be determined either by the presence of cutaneous glands, or by the peculiar arrangement of the capillaries; and these different points of selection—the glands representing the most vascular situations on the surface of the skin—are in reality nearly coincident. A vesicle does not form at the mouth of a gland, sebaceous or sudoriparous, because a gland is there, but simply because such a point is more vascular and becomes, therefore, more readily a centre of exudations.

“ An important distinction of this kind unquestionably exists in nature, though dermatologists have hitherto made no use of it for purposes of classification. Some modes of irritation of the skin have a tendency to one of these inflammatory types, and other modes, with equal certainty, produce the other. If we irritate the skin with cantharides, mustard, ammonia, or corrosive sublimate; or if we produce irritation by rubbing a surface again and again severely; or if the skin be scalded, or burned, or irritated by urine; in all these cases we generally look in vain—I do not say *always*, but *generally*—for the production of papules, vesicles, or pustules upon the affected surfaces. The skin does not get thickened from the exudation of a plastic material at particular points, but both corium and cellular tissue get generally infiltrated with serous fluid. I think it highly probable that this fluid may filter directly through the walls of the blood-vessels, and that the more plastic secretion of the selective inflammations may be, on the other hand, elaborated in the cells of the affected parts. The epidermis, owing to this tendency to diffuse watery exudation, is not raised from the skin in minute vesicles, but the skin is blistered, *vesicated*; the accumulation of large quantities of serous fluid elevates the epidermis in the form of *bullæ*. On the other hand if we irritate the skin with croton oil, tartar emetic, and several similar agents, the inflammation does not lead to the formation of bullæ, but to that of papules, vesicles, and pustules; in a word, to a series of lesions cor-

responding to those witnessed in the course of an eczema. Of course, *any* irritant may produce effects such as these last *exceptionally*; as on the skin of a person constitutionally predisposed to eczema, although not on that of a healthy person. We are able to call forth both types at will upon healthy skins by the use of different agents; and therefore I am disposed to recognize in these two types, expressions of actual phenomena, the principles determining which may be naturally referred to in classifying inflammations of the skin.

"The threefold division of inflammations into erythematous, eczematous, and phlegmonous, has been already partially applied to an inflammatory group by v. Baerensprung. To Dr. Albert Reder, however, so far as I know, belongs the credit of having first suggested its more general use, in a manner nearly in accordance with my own views of its significance. He distinguishes diseases of the erythematous group chiefly by their acute course, and by the absence or fluid nature of the exudation. Diseases of the eczematous group, on the other hand, run a course mostly chronic; and the exudation is accompanied with copious new formation of cells, giving rise to crusts or to adherent squamæ. Still, neither Reder nor Baerensprung seem to have perceived the confirmation of an arrangement obviously founded in nature, by the applicability to it of a tendency to diffusion or selection on the part of the elementary lesions; the lesions of the one group for the most part occurring in patches, those of the other usually at special anatomical centres. Baerensprung, who divides inflammations in the first instance into diffuse, exanthematous, and furuncular, is much encumbered by the necessity of including in his enumeration the anomalous forms of eruption brought out under the influence of syphilis and fever. He puts eczema among his diffuse eruptions, impetigo among his exanthemata. Side by side with this last occur variola and psoriasis; showing, once more, that all attempts at classifying diseases on the application of a single principle must necessarily fail in producing natural results."

In conclusion, we can recommend Mr. Wilson's work as a compilation containing much useful information; but we cannot honestly recommend it as a safe guide for the student till he has acquired some knowledge of the subject. We are glad to see that the author has taken advantage of the labours of Dr. Anderson—at whose work on eczema we will now take a short glance. Mr. Wilson has adopted Dr. Anderson's views on eczema, with very little alteration, except that he terms "*eczema rimosum*" "*eczema fissum*." Mr. Wilson, as will be seen by his classification, is passionately fond of coining words, and of translating common English terms into Latin and Greek. We are sorry that, notwithstanding all the hints we gave him in reviewing his larger work, he has not yet collected sound views on parasitic diseases, their classification, and their treatment: however, as we previously remarked, he is improving.

This little volume of Dr. Anderson's resembles in size and style his work on "*Cutaneous Parasites*," and is a thoroughly practical treatise on one of the most common, and at the same time the most troublesome, both to patient and physician, of all the skin diseases to which man is subject.

Eczema in some of its forms seems to be a kind of hybrid, and there is no disease which illustrates so fully the unsatisfactory

nature of the classification of symptomatic lesions adopted by Willan and Bateman, as a classification of skin diseases, and unfortunately so long followed—to our shame—in this country. Every practitioner must often have seen eczematous eruptions which, according to a Willanist, would represent the patient as suffering from erythema, eczema, lichen, and impetigo at the same time. Eczema is a cutaneous inflammation affecting the tissues more deeply than simple erythema, and producing a variety of symptomatic lesions according to the mildness or severity of the inflammatory process and the constitution of the patient. It may go no farther than a papular eruption on an erythematous surface, or the papules may pass into vesicles, the vesicles into pustules, &c.; the lesions being in most part concentrated at special anatomical centres—the mouths of glands, the orifices of hair-follicles, &c. From the careful study of an eczematous eruption, we must come to the conclusion that several diseases which British dermatologists have classified as individual unities, bear a mutual relation to each other, and are in fact different stages of the same disease, or different phenomena of the same morbid condition. In following out the study of cutaneous diseases, more than in any other class of maladies, we should bear in mind that “it does not do to fix too exactly the limits of particular diseases; to force nature into accord with our ideas, instead of endeavouring truly to interpret her phenomena.” The author of this little volume demonstrates, we think, to the entire satisfaction of his readers, that impetigo, lichen, and prurigo are merely varieties of the same pathological condition; and, with the exception of almost similar views given by the late Dr. Buchanan in the admirable essay to which we have referred in our remarks on Mr. Wilson’s work, we believe this to be the first work in our language which gives this rational view of the subject. In the first chapter the author describes the most common symptoms of the disease and their causes; and the second and third chapters are occupied by discussing the symptomatic elementary lesions, which he shows may be—

- “1. An erythematous state of the skin.
- “2. A vesicle.
- “3. A pustule.
- “4. A papule.
- “5. A fissure; or a mixture of several or all of these lesions.”

We cite the following passage, which is a good example of the clear style in which the book is written:—

“*Symptoms*.—When an eczematous eruption is at its height, there are four symptoms which, according to my experience, are almost always present in a greater or less degree. These are—

- "1. Infiltration of the skin.
- "2. Exudation on the surface of the skin.
- "3. Formation of crusts.
- "4. Itching.

"1. *Infiltration of the Skin*.—The infiltration is due to the transudation of the serous portions of the blood through the walls of the vessels into the meshes of the skin. It is upon the infiltration that the exudation on the surface of the skin, the itching, and the formation of crusts to a great extent depend. Remove the infiltration, and the exudation and formation of crusts usually cease, and the itching is moderated, though it may not cease entirely. The infiltration is detected by pinching up a fold of the affected skin between the finger and thumb, and comparing it with a similar fold of a healthy part. The infiltrated fold is, *cæteris paribus*, much thicker than the healthy one, and, the greater the thickness of the fold, the greater the infiltration, and the more inveterate the affection of the part. It has also a doughy feel; especially if the infiltration be at all great, as compared with the elastic feel of healthy tissue. Again, on pressing an inflamed and infiltrated patch with the finger, the redness disappears for the moment, being replaced, however, by a yellowish colour; whereas, on pressing a patch of simple erythema, in which, of course, scarcely any infiltration exists, the redness is replaced for the time by a healthy white colour. There is always more or less swelling of the affected part, which is principally due to the infiltration, but the swelling is not always in proportion to the amount of the infiltration, being more marked in those situations where there is much loose cellular tissue—beneath the eyes, for example.

"2. *Exudation on the Surface of the Skin*.—The exudation may take place constantly or principally when the circulation is excited, or the part exposed to friction, as when the patient scratches it. The observer must not therefore be led astray by the absence of exudation at the time the part is under inspection, but must always ask the patient if the eruption is ever moist, or, to use expressions in more general use in this part of the country, and especially amongst the poorer classes, if it ever 'waters' or 'leets.' In a few cases of eczema, however, and particularly of the lichenous forms, there is little, if any exudation, and consequently there are no crusts throughout the whole course of the disease. The exudation is often of a purulent nature, owing to the rupture of 'pustules,' but more frequently serous, coming from the bottom of fissures, from the surface of excoriations, or from the rupture of vesicles. It is occasionally mixed with blood coming from the bottom of fissures, or from lacerations of the skin produced by the nails of the sufferer. It has the property of staining the under-clothing with which it comes in contact, and of stiffening it as starch does. It may be produced artificially by painting over the eczematous surface a solution of potash (say gr. x. of potassa fusa to the 3j. of water), which, acting as an irritant, not only produces a copious exudation on the surface of the skin, but likewise stimulates the capillary circulation of the part, and thereby induces absorption of the fluid infiltrated into the tissues. This must therefore be borne in mind in the treatment of infiltrated eczematous patches, and will be again referred to.

"3. *Formation of Crusts*.—The crusts, being composed of concrete exudation and exfoliated epidermis, mingled frequently with sebaceous matter (especially when the eruption is on the head) and with particles of dirt, are more or less present on the surface of every exuding eczematous patch—their size and appearance depending on the length of time during which they have existed, the quantity and quality of the exudation, and the habits of the patient as regards cleanliness. If the patient be very cleanly, and the exuded matter washed off repeatedly, or removed by means of daily poultices, or if the exudation be very slight, the crusts seen on the affected part at any given time may be very thin, and more like scales than crusts, or they may be wanting altogether. If the opposite hold, and the patient be negligent, the crusts may become very thick and adherent.

owing to continual additions to their under surfaces from successive exudations, Not unfrequently cases are met with in which, though the eczema is quite cured, the crusts remain, owing to the negligence of the patient. This, for instance, is a common case:—A poor woman brings for advice her child who has had an eruption on the head for years, and nothing done for it. Lice probably wallow about in all directions, and their nits (eggs) adhere to the hair in profusion; while, scattered over the head, large yellow or brown, thick, adherent, dry, and brittle scabs are detected. The hair is cut short, the nits removed by combing and the use of spirit, the lice killed with staphisagria ointment, and the crusts removed by means of poultices, when healthy skin is found beneath. Crusts of this kind, which owe their existence to a past disease, are much drier and more brittle than recent ones, and, by a little experience, such cases can be detected before the removal of the crusts. The size of the crusts is therefore no criterion of the severity of the disease, unless the patient be under one's own eye, and one sees the rapidity with which new crusts form after the removal of the old ones.

“Crusts due to the desiccation of purulent matter are usually thicker and rougher than those following the exudation of serous fluid. Those forming on hairy parts are, *ceteris paribus*, more apt to assume large dimensions than in situations not provided with hair, as they become glued to the hair, adhere very firmly, frequently cause much pain in the attempt to remove them, and are often concealed in great part by the hair itself. Their colour varies much; if the exudation be serous, the crusts have a greyish or brownish appearance; if purulent, as in the pustular variety of eczema, yellow; if blood be mixed with either of these, any shade of brown or black. These are the colours when the crusts are recently formed, but when of old standing they are altered, from mixture with particles of dust and other impurities.

“4. *Itching*.—The itching may be of any degree, and constant or intermittent. It is always aggravated by touching the inflamed part, the slightest touch even sometimes giving rise to an irresistible desire to scratch. It gets troublesome when the circulation in the cutaneous capillaries is excited, as by the use of stimulating food or drink, or on getting warm in bed, thus preventing sleep. It is curious how patients seem to rejoice in the application of severe irritants, which relieve the itching at the expense of much pain. They seem to derive positive pleasure from scratching the part, and often continue to do so till blood flows freely, and the itchy sensation is replaced by pain from the laceration of the skin by the nails. Sometimes, along with the itchy sensation, or, instead of it, formication is complained of; that is, a feeling as if numbers of insects were crawling over the skin. This sensation is very distressing to the patient in severe cases; and I have been consulted by those whose lives were thus rendered burdensome to them, and who wandered about from town to town and from country to country in search of relief. Often, independently of the scratching, pain predominates over the sensation of itching, owing to the presence of deep fissures; and sometimes instead of pain or itching, burning heat is complained of, especially when the patch is acutely inflamed, and where there is a copious eruption of newly-formed vesicles or pustules. This is another point worthy of recollection, as indicating the employment of emollient applications in the first instance. Scratching always aggravates the disease, and tends to bring out fresh crops of eruption. Patients know this very well, but cannot refrain from indulging in a practice which, for the moment, gives relief. Often, in mild cases, where there is not much infiltration, the disease is kept up by the scratching alone, and, in such cases, by allaying the itching and the desire to scratch by local sedatives alone, I have repeatedly effected a cure, so great a stimulus does the scratching give to the disease.”

We cannot entirely endorse the author's description of the

cause of "infiltration of the skin." We believe it to be due in part to a much more complex pathological condition, than simple "transudation of the serous portions of the blood through the walls of the vessels into the meshes of the skin." Our attention was first drawn to this subject by a perusal of "Virchow's cellular pathology." He shows that the inflammatory process begins in the cells, and that in some parts it is independent of blood-vessels, as in the epidermis. In consequence of some irritation, the cells become abnormally active, and are distended and enlarged by fluid absorbed from the bloodvessels in their neighbourhood, thus causing a swelling of the part; and if the inflammatory process continue long enough and be of sufficient intensity, the cells pour out part of their contents into the intercellular spaces. The capillaries also become affected, and liquor sanguinis exudes through their walls; but the exudation seems to take place from the walls of the distended and inflamed cells, as well as from the capillary vessels. We have had frequent opportunities of examining microscopically portions of skin which had suffered from idiopathic inflammation, and the cells seemed in to be abnormally distended by fluid. When the inflammatory process has been long continued there seems to be great hypertrophy of the cells and connective tissue, which assists in giving to the portion of skin affected, in chronic cases, its dense leathery feel to the fingers. Practically, however, this is of minor importance. The author properly shows that the infiltrated condition of the tissues is the cause of the itching, exudation, &c.; and, therefore, to remove the infiltration is the first step towards a cure.

The fourth, fifth, and sixth chapters are occupied by discussing the causes, diagnosis, and prognosis of the disease; after which the author takes up the subject of treatment, constitutional and local. This occupies three chapters, which contain many useful hints in dealing with a malady which is often very stubborn. The author gives many excellent formulas, and illustrates the treatment which he recommends by citing numerous cases. Perhaps the most important treatment recommended, which is mentioned in this little volume for the first time in English works, is the local application of liquor potassæ or solution of potassa fusa in chronic cases with much infiltration. We have seen such act like a charm, where other applications failed.

The last four chapters are devoted to a description of the local varieties of eczema, and their treatment. The more localized the eruption, the more difficult it is to remove in many instances; and in such cases we must trust more to powerful local applications than constitutional treatment, except when the disease is syphilitic in its origin.

This department of the book contains some diagnostic tabular arrangements, which will be found useful to the young practitioner; such as the following :—

"Table showing the Points which Distinguish Eczema Capitis from Syphilitic Eczema Capitis, Seborrhœa Capitis, Psoriasis Capitis, and Herpes Tonsurans :—

"ECZEMA CAPITIS.

- "1. Occurs oftenest in children.
- "2. Often attacks the whole scalp.
- "3. Exhibits superficial ulcers only.
- "4. Occurs in persons in whom there is no history of primary syphilis, except as a coincidence.
- "5. Does not occur in connection with symptoms of syphilis, except as a coincidence.

"ECZEMA CAPITIS.

- "1. Exhibits crusts, which are brittle, are often very thick, and are composed of pus, granular matter, and epithelium.
- "2. Is excessively itchy; and, after removing the crusts, the scalp is infiltrated, red, often excoriated, and exudes serum or pus.

"ECZEMA CAPITIS.

- "1. Occurs oftenest in those whose health is deteriorated, or who are scrofulous.
- "2. Is usually very itchy.
- "3. Exhibits exudation on the surface of the skin.
- "4. Exhibits thick yellowish, usually moist crusts.
- "5. Occurs often in connection with eczema of other parts, as of the ears, &c,

"ECZEMA CAPITIS.

- "1. Patches not circular, unless the hair has been cut short in a circular manner with scissors.
- "2. Hairs healthy (though they may fall out here and there), and exhibit no parasite.

"SYPHILITIC ECZEMA CAPITIS.

- "1. Occurs usually in adults.
- "2. Usually occurs in small patches.
- "3. Exhibits deep ulcers, with perpendicular edges and unhealthy bases.
- "4. Occurs in persons in whom there is usually a history of primary syphilis.
- "5. Occurs in connection with other signs of syphilis, *e.g.*, alopecia, sore-throat, other syphilitic eruptions on the skin, glandular enlargements, rheumatic pains, &c.

"SEBORRHŒA CAPITIS.

- "1. Exhibits crusts, which can be kneaded into a ball, are usually thin, have an oily feel, and are composed principally of sebaceous matter and epithelium.
- "2. Is not excessively itchy; and, after removing the crusts, the scalp is not infiltrated, red, or excoriated; exudes neither serum nor pus, but is smooth and oily.

"PSORIASIS CAPITIS.

- "1. Occurs oftenest in those who are apparently in perfect health, and very rarely in those who are scrofulous.
- "2. Is usually not very itchy.
- "3. Is a perfectly dry eruption.
- "4. Exhibits usually thin, white, dry scales.
- "5. Occurs almost invariably in connection with psoriasis of other parts, especially of elbows and knees, where the diagnosis is easy.

"HERPES TONSURANS.
(Ringworm of the Head.)

- "1. Patches circular.
- "2. Hairs brittle, twisted, broken off close to the scalp, thickened and white; loaded with the parasite (*trichophyton tonsurans*.)

- "3. Itching usually excessive.
 "4. Eczematous eruptions often on other parts of the body.
 "5. Not contagious."

- "3. Itching not usually severe.
 "4. Herpes circinatus (ringworm of the body) often on the body.
 "5. Contagious, especially to children, and often other members of the family exhibit ringworm of the head or body."

In conclusion, we can confidently recommend this monograph as a little work well suited to assist the practitioner in the diagnosis and treatment of one of the most common and troublesome affections which he has to encounter.

IV.—*On a New Mode of Treating Cases of Vesico-Vaginal Fistula.* By A. MEADOWS, M.D., M.R.C.P. London: J. E. Adlard. 1865.

THIS is a reprint from the Transactions of the Obstetrical Society of London, and is worthy of a perusal by all those who are in the habit of operating for the cure of vesico-vaginal fistula. Dr. Meadows considers that the recumbent posture, usually enjoined after such operations, is entirely unnecessary, and in the two cases which he cites he allowed his patients to follow their ordinary avocations as soon as the unpleasant effects resulting from the administration of chloroform had passed off. He argues that the movements of the body cannot affect the small portion of the bladder where the operation has been performed, in such a way, at least, as to make one side of the wound pull in one direction, and the opposite one in another direction. He admits that the parts in question would move about *en masse* in common with the rest of the bladder; but he contends that this is practically no movement at all, or, at all events, not of a kind that can be hurtful: on the contrary, so long as the parts are kept together, and are moved about together, they are, in their mutual relation to one another, practically at rest. It being essential for the success of the operation that as little urine as possible should come into contact with the edges of the fistula, it is usually held that the upright position is inexpedient, as allowing the urine to rest upon the floor of the bladder, immediately over the seat of the operation. Dr. Meadows maintains that the upright position no more favours this complication than does the recumbent one, whether the latter be on the back, the side, or the stomach. He seeks to prove this in the following manner:—

"Immediately after an operation of this kind, what is the condition of the parts? The bladder, we will suppose, is empty, and the patient is placed in bed. Can it be denied that the walls of the bladder are everywhere in close