GIBERT

ON THE

SPECIAL DISEASES OF THE SKIN.
A PRACTICAL TREATISE
ON THE SPECIAL DISEASES OF THE SKIN,

BY C. M. GIBERT,
PHYSICIAN TO THE HÔPITAL SAINT-Louis, FELLOW OF THE FACULTY OF MEDICINE OF PARIS, PROFESSOR OF CUTANEOUS PATHOLOGY, KNIGHT OF THE LEGION OF HONOR.

SECOND EDITION, CORRECTED AND CONSIDERABLY ENLARGED.

TRANSLATED FROM THE FRENCH, BY EDGAR SHEPPARD, MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

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TRANSLATOR'S PREFACE.

It may naturally, and therefore, perhaps, not very unreasonably, be asked, Why, since there are so many works, original and translated, already published in this country, upon "Diseases of the Skin," I have ventured to swell their number? The plain and simple reason is this: When I was in Paris, attending the practice of M. Gibert, (who has a far greater number of English students following him than any other physician or surgeon in the French metropolis,) at the Hôpital St. Louis, my ears were constantly saluted with the question, "Has M. Gibert written any work on cutaneous affections?" This, being answered in the affirmative, was followed by another—"Is there any English Translation of it?"—and great was the mortification of many a young aspiring dermatologist, whose knowledge of French was not very extensive, to hear a negative response.

And thus, however imperfectly, I have been led to supply the deficiency. It would be mere affectation in me to pretend to blind myself to the fact that the following Translation might have been more ably and more elegantly done—rendered more free from Gallicisms, and, therefore, more agreeable to the reader. But though, in this transplanting from its native to a foreign soil, much beauty has been lost, there will, I trust, be no diminution of "practical utility,"—the great end at which the distinguished author has laboured. If I can render his work as useful in this country as it has been in his own, I shall have been the humble means of increasing his sphere of usefulness,
and thereby I shall have done him all the justice he
would desire, though, perhaps, not all that he deserves.

I may here state—and the value of this book will,
doubtless, be considerably enhanced thereby—that
M. Gibert has been kind enough to favour me with
his opinion on several matters of importance, either
confirming or qualifying what he has previously
written; and I have appended, in the shape of Notes,
the different extracts from his letters to myself, at the
various passages to which they refer, under the title
of "Manuscript Letter," &c.

I have no hesitation in saying, that I consider the
chapter on Elephantiasis Graecorum to be a most
elaborately classical and historical composition, re-
vealing the author's well-stored mind upon this inte-
resting and important subject. It were needless to
point out to Englishmen the advantages of the great
Willan's classification, now almost universally adopted
by even our Gallic neighbours. Suffice it to say, that
its clear and practical arrangement has never been
equalled; and that every new system, however inge-
nious, does but set forth in a more striking light the
one which has immortalised our country and our
countryman.

With these few prefatory remarks, I cast this work
upon that literary stream which, for good or evil, bears
so many upon its bosom, in the hope that it may live
as long, bearing the Union Jack of England, as it has
borne, and will bear, the tricoloured flag of France.

Edgar Sheppard.

Worcester, March 25, 1845.
PREFACE

TO

THE SECOND EDITION.

The annual practical courses upon the Diseases of the Skin, which, as Professor, I have regularly delivered since 1827 (that is to say, for twelve years); the attentive observation of more than two thousand cases submitted to the examination of the pupils and physicians who have attended them; the literary and scientific researches to which I gave myself up when I published the First Edition of my Manual of the Diseases of the Skin, and which I have not ceased to prosecute since that time; the abundance of information which I have had the opportunity of collecting in a particular official capacity (that of Physician to the Hôpital de Lourcine, for women affected with the venereal disease): these are the claims which I submit to the medical world for a reception of this Second Edition, as favourable as it was pleased to accede to the first.

Any one who expects to find here a complete treatise on the changes of the skin and its appendages, will be much deceived. It is the duty only of the teachers of that particular branch of study, to discuss so important and comprehensive a subject. My book, like my course of lectures, has an object of practical utility, which does not allow of my em-
bracing anything so extensive. To explain, so that they may be well understood, the special and common diseases of the skin—those which every practitioner is called upon daily to treat, and even the name of which he is often ignorant of; to avoid tautology and redundancies of every kind, in minutely describing those which are well known and well studied, in all books on the subject and in every hospital; to reject, as superfluous for the practitioner, the ideas relating to maladies which are peculiar to other countries, which are very rare, or over which there still hangs much doubt and uncertainty: this is what I have had in view in my lectures and in my Practical Treatise, referring to works published by those who are more learned than myself, all who are anxious to investigate deeper into a subject of such interest and importance. I have laid particular stress upon therapeutic details, and I have thought that it would be satisfactory to find in my work the formulæ most in use at the Hôpital St. Louis: yet, though I do not attach to them other than a secondary importance, I feel all the weight which they should have with young physicians who have had but little experience in the treatment of diseases of the skin. Convinced, also, that practitioners will avoid much repetition, many errors, and that they will make more certain progress in medicine if they are ever careful before they enter upon fresh ground, to well understand that which they leave behind; I have not neglected to reconsider the information which the authors who have preceded us
have collected upon skin diseases, and particularly upon their treatment. There, as elsewhere, it is easy to convince ourselves that many of the pretended discoveries on which we pride ourselves are as old as the history of the science itself; and that in many cases where we have triumphed in the so-called lights of the day, we should rather have blushed at that ignorance of the past, which has so signalized the commencement of this (the 19th) century.

Perhaps it will create surprise that I have neglected the addition of plates to this treatise, at a time when the picturesque is so much in vogue. At this epoch of deceit and imposition, I might, as well as others, have sought to work upon the credulity of the public, by promising at the same time a good bargain, and plenty for the money: but, on the one hand, even the most carefully executed and most expensive drawings have not given me satisfaction; and, on the other, I have been unwilling to sully my work with the absurd and ridiculous representations which the ingenuity of the age would seem to require.

I have chosen thus to speak frankly to my readers: for we may well contend, in medicine, and particularly in cutaneous pathology, against that which necessitates our having pictures of things, in order to understand them. Nothing can be substituted for that direct and personal observation which alone can make a good practitioner.

As to the additions and improvements which the reader will expect to find in this Second Edition, which, since its appearance, has been deemed worthy
of ranking among classical works; I will confine myself to a mere mention of the new matter which is scattered here and there throughout the work; the corrections which I have been compelled to make, in consequence of the information which we have received upon *Acarus scabiei*—and to some other changes which have taken place in the science; the addition which I have made to the account of *Lepra* and *Elephantiasis*, and to the chapter on the *Syphilides*; and, above all, the perfection to which I have brought the practical part of this treatise, which I have endeavoured to render as complete and as satisfactory as possible.
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PRACTICAL TREATISE
ON
THE SPECIAL DISEASES OF THE SKIN.

General Considerations.

Notwithstanding the improvement which has
taken place in France in the study of affections of the
skin for some years past, we must not disguise the fact,
that not only the general class of practitioners, but even
the greater number of the heads of the profession, have,
upon this class of diseases, but very indistinct and super-
ificial notions. And there is nothing astonishing in this,
when we reflect on the difficulties which this study pre-


sents, upon the indispensable necessity of observing, each
for himself, a very large number of cases, in order thoroughly
to understand their character, sometimes most difficult to
appreciate. Met by these difficulties, many physicians neg-
lect the study of cutaneous diseases; some even affect to
make light of them, reconciling themselves to their igno-
rance by the following quotation from the learned Lorry:

"Morbi omnes isti affines inter se et ex eadem oriundi
prosapiá, plus gradu et nomine differunt, quàm naturá."

All these affections, so to speak, are of the same family,
and derive their origin from the same source, differing more
in name and in degree than in nature.

On the other hand, the learned, and those who are most
versed in the study of diseases of the skin, being obliged to
attach great weight to the differential characters, which are
necessary for a correct classification, overlook, to a certain
extent, the links which connect many of these affections,
different in form, perhaps, but springing from the same
causes and requiring the same treatment.

A few examples will be sufficient to prove that ignorance
of the former kind is reprehensible and productive of incon-
venience, not only to the patients, but also to the physi-
cians themselves. As to the latter, we shall endeavour to
withdraw ourselves as much as possible from the influence of authority, when we think we shall approach nearer the truth by adopting commonly received opinions.

I was lately called in to a family where great uneasiness existed, in consequence of a physician having asserted that one of the servants was affected with the itch. She gave vent to violent recriminations against another female servant who had arrived from the country two or three months previously, and with whom she had been obliged to sleep for a few nights. A third servant had also some spots, and thought she might attribute them to the same cause. From that time, the mistress, alarmed for the safety of herself and child, thought she also perceived the first indications of a disease which the world regards as a mark of infamy; and all was disorder and confusion in the family, when I was able, by a word, to dissipate their fears, and affirm that none of the accused party had the malady alluded to. Strange to say, all three presented on the superior extremities, and on the breast, some papules of prurigo. On the other hand, I have lately seen a whole family, the father, the mother, a little child, and the aunt, successively infected with the itch by a school-boy, in whom the nature of the spots had been mistaken by a physician, who bore a very high reputation, and who had been in practice more than twenty years!

A respectable old man had an eruption, the nature of which he was entirely ignorant of; but many physicians had treated it as dartrous. At last he consulted a clever well informed man, who at once recognized syphilis, and thought he ought to inform his patient of it immediately. The latter, however, affirmed that he had never had any venereal affection—nay, that he had never exposed himself to it; but, as the physician, convinced of the correctness of his diagnosis, insisted upon it, in spite of the denials of the patient, he at length recollected a circumstance which immediately removed all doubts. Some time before the appearance of the eruption, a suspicious kiss upon the mouth had been followed by the appearance of some supposed aphthæ, to which Mr. —— had paid but little attention.

A woman of bad character was troubled with a cutaneous affection in the neighbourhood of the genitals, which grew worse under the influence of mercury, prescribed by a physician, who, without hesitation, pro-
nounced it to be venereal; it turned out, however, to be 
neczema rubrum (dartre squameuse humide of M. Alibert,) 
which yielded to appropriate treatment.

It would, doubtless, be very easy to multiply examples 
of this kind; and to prove, by facts, that tinea, prurigo, the 
syphilides, scabies, &c., give daily occasion to mistakes which 
detract from the merits of the physician, and are injurious 
to the patient. I think I have said sufficient to establish 
the necessity of knowing, at least, those diseases of the 
skin which occur most frequently in practice.

Before giving an individual account of these maladies, 
I have thought it would be useful to offer some general 
considerations upon those which are vulgarly known under 
the name of dartreous, and which really present among 
themselves many points of resemblance. We will observe, 
in these considerations, the same order which we shall 
make use of hereafter in the particular study of each 
disease; that is, we shall discuss successively the definition, 
etymology, the history, the causes, the symptoms, the 
progress, the termination, the diagnosis, the prognosis, and 
the treatment; dividing the latter into hygienic and medi¬
cinal, general and local.

After rapidly sketching these general considerations, 
we will state the principles of the classification which we 
have thought it right to adopt; and having finished that, 
we will proceed to the individual account of each affection, 
which we will endeavour to make as succinct as possible.

I. Some have classed under the vague term, Diseases 
of the Skin, a number of various changes of colour and 
texture of the integuments, some of which, correctly 
speaking, do not even constitute a morbid state. Among 
these affections, of which the only character in common 
is, that they have the same seat, we find acute and chronic 
diseases, and even some which participate of both charac¬
ters; a small number of contagious maladies; many others 
which have not this formidable property; some which 
resemble or differ from each other in their form, in their 
progress, in their results, and in their mode of treatment. 
As we have already said, we will confine ourselves to 
the special diseases of the skin, those which are com¬
monly classed by most physicians under the general names 
of dartre, tinea, scabies, &c., omitting those acute affection
called eruptive fevers, such as measles, scarlatina, and
small-pox, which are carefully described in every treatise on general pathology.

We will designate, then, more particularly as diseases of the skin, all those morbid affections which produce an alteration in the colour, the texture, and the functions of the integuments, which present themselves under various forms (spots, patches, vesicules, pustules, &c.,) which often give occasion to the production of scales and incrustations, most frequently accompanied by itching and smarting pain, having, generally, a long and tedious duration, a great tendency to extension and reproduction, appearing confined, in many instances, to a certain diathesis, (yet the function of nutrition is seldom impeded,) and lastly, requiring, for the most part, special treatment, among which topical remedies hold a distinguished place.

II. Though the diseases of the skin have been known from the most remote antiquity, as we may easily judge from numerous passages in the sacred writings, yet they appear to have been less frequent among our ancestors than with us, as far at least as we can conjecture from the works of the principal Greek writers on Medicine. A regimen more universally sober, a mode of life more prudent, would probably be found sufficient to account for the difference, if it were satisfactorily inquired into.

However that may be, Hippocrates has mentioned in divers passages in his works, many cutaneous diseases; but they are described too succinctly to enable us to apply with any certainty the names which he employed to such and such a form, re-described under analogous or different titles, by the authors who have followed him.

Aretæus has also briefly alluded to some affections of the skin; he has described, with considerable minuteness, elephantiasis, known in the present day, by most French physicians, under the name of lepra tuberculosa.

Celsus has shortly sketched the characteristics of a large number of skin diseases; but the names which he has given them are far from always exactly corresponding with those which more recent authors have employed to designate the same affections.

Galen has extended and developed the doctrines of Hippocrates, and though he has not omitted a description of the different forms of these maladies, he has chiefly confined himself to an inquiry into their humoral etiology,
and to an exposition of the therapeutic resources with which the faculty can combat them.

Cutaneous diseases became more common as morals became less strict, and were also better known, and described more minutely, by those authors who wrote in a more advanced period of the Roman Empire, and particularly by those who lived after the translation of the seat of that empire to Constantinople, where the laxity of Asiatic manners singularly favoured the propagation of these affections.

Ætius Amideus, who lived towards the end of the fifth century, borrowing from Galen to a great extent, wrote largely upon diseases of the skin, which he expounded, without scarcely any order, under the ancient names of pityriasis or porrigo of the Latins, phtiriasis, or the pedicular malady, achores, psoriasis, or scabies of the Latins, ficus, impetigo, pruritus, herpes, &c. But an abridged description, or, what is better, a succinct account of the symptoms of disease, is followed in his voluminous work by the mention of a number of remedies, and particularly a host of topical applications, so that, amidst this abundance of therapeutic agents, it is not always very easy to find out, to what affections known in the present day, those which we find mentioned in his writings, under different names, exactly answer.

Paulus Ægineta, who lived in the seventh century, and who, like his predecessor, wrote in Greek, has burdened his work with receipts and remedies to a similar extent; he has, however, more minutely described the leading features of the diseases which he has treated of.

Avicenna, an Arabian author of the eleventh century, has reproduced in his works the doctrines of the ancients, the Greeks, Romans, and inhabitants of the East, and has even surpassed his predecessors in therapeutic detail.

The western nations, the Germans and the Gauls, scarcely began to study or understand cutaneous maladies, till after the frequent intercourse which they had with the Saracens, among whom these diseases were very common, particularly those who lived in marshy districts, or on the sea-coast, and fed exclusively on fish. Every one knows how much the wars of the Crusades favoured the propagation of these affections in Europe, and particularly in France. It was at this epoch, according to the testimony of historians, that this country contained more than two
thousand lazarettoes for lepers, and that a particular order of knights-hospitalers was instituted for their relief and treatment.

Since then some forms of lepra have become very rare; but the diseases of the skin have still continued to multiply and extend, particularly among that class of society in which the observance of hygienic rules is most neglected.

By way of summary, then, we may divide into six the principal epochs which treat of skin diseases.

1st. Grecian and Latin Antiquity, at the head of which we find Hippocrates, Celsus, and Galen. Greek, Latin or Latinised, names, are applied to the different forms and species, and tradition preserves them even in the present day. The words, psora, lepra, lichen, herpes, exanthema, pruritus, scabies, impetigo, &c., are now in use, but not, perhaps, precisely in the same acceptation as with the ancients.

From this period also is dated that important distinction, founded upon unquestionable observation, between local or idiopathic diseases of the skin, and those which may be attributed to some internal cause (either sympathetic or symptomatic), and which, consequently, require other than local remedies.

2nd. Grecians of the second order, who wrote after the translation of the seat of the Roman Empire to Constantinople. The general principles of the science were already established; they entered more into the details, and gave more exactness and precision to the indication of symptoms. Aelius Amicenus and Paulus Ægineta distinguished themselves at this period, by developing and perfecting the ancient practice of medicine by their minute and careful observations. The character of lepra of the Greeks, or lepra vulgaris, a malady which since then has been shrouded in much obscurity, is very clearly described in the writings of Paulus Ægineta.

3rd. Arabian Authors, among whom we must mention as the most distinguished, Rhazes and Avicenna. Besides the development given to therapeutics by the writers of this epoch, we owe to the Arabian authors not only the preservation of the traditions of Greek medicine (sometimes mutilated and altered indeed), but also the description of diseases unknown to the ancients, and particularly that of eruptive fevers (small-pox and measles). An affection scarcely alluded to till this period, and which
unfortunately bore the singular name of *elephantiasis*, happened to be confounded with a different malady, to which the Greeks had given the same name, and rendered intricate the descriptions of some later writers, who were not sure that they could distinguish the lymphatic, and often partial, affection, known in the present day under the names of the glandular disease of Barbadoes, the leg of Barbadoes, *elephantiasis of the Arabians*, from the severe cutaneous affection of *tubercular* form, invading, more or less rapidly, the whole surface of the skin, which is, properly speaking, *elephantiasis of the Greeks*, and which modern writers have alluded to in their descriptions of lepra *tuberculosa*.

4th. **The Middle Ages.** Science being driven by the sword into the cloister, men, more or less learned, gave themselves partly up to its study, and partly to piety and charity. Disfigured by translations and commentaries, the ancient doctrines handed down from the Arabians (the original writings being lost at the burning of the Library of Alexandria,) were spoiled and mutilated, both by the uncertainty of the translators, and from the difficulty of meeting with a writer sufficiently well versed in the subject from a direct and attentive observation of nature herself.

The wars, in carrying away so many men, and letting them loose upon Asia, in the midst of thousands of physical derangements, arising from a want of proper attention to hygienic rules, increased by the influence of a climate favourable to the production of cutaneous diseases, gave rise to the rapid spread of maladies of this nature, and to the invasion of a scourge upon Europe previously unknown to western nations. I mean elephantiasis of the Greeks, and elephantiasis of the Arabians. These two affections, and particularly the former, vulgarly known by the name of *lepra*, were often confounded with diseases of a different kind, so much so that they soon designated as *leprous*, and heaped into the lazarettoes, which were built up in every direction, all persons affected with severe and intractable cutaneous diseases, if in any respect they resembled the form and nature of these maladies. This error and confusion, according to the testimony of many celebrated authors (*Gregorius Horstius of Ulm, Forestus of Holland, Rieldinus of Vienna*), have been remarked by those who have observed the times.
5th. The Epoch of the Revival of Literature. En¬
lightened anew by the observation and learning of the
original writings of the leading physicians, so that they
could compare them with the Arabian treatises, and with
their Latin translations, this epoch was distinguished by
a general tendency to deeper and more profound study,
tainted, it is true, by a blind submission to, and enthusiasm
for, the masters of the art.

The invasion of a new class of diseases of the skin,
due to the syphilitic virus, signalized the latter years of
the fifteenth century, and gave rise to the discussion,
which has been revived in the present day among the
learned, as to whether syphilis is really a new malady and
entirely unknown to our ancestors, or analogous to the
lesions of the genitals and the cutaneous affections de¬
scribed by Hippocrates, Galen, Celsus, Aretæus, Paulus
Ägineta, Avicenna, &c. In 1497 Leonicenus, a cele¬
brated physician of Vicennes, devoted to this subject a
small but most erudite work, in which he clearly demon¬
strated, 1st, That the Grecian and the Arabian eleph¬
tiasiæ are totally different maladies, and that neither one
nor the other can be confounded with the venereal disease;
2ndly, That the name of lepra, given by modern writers
to several severe cutaneous affections, and particularly
to elephantiasis, has been taken in a sense essentially dif¬
ferent from that which it bears in the works on Greek
medicine, where that word is applied to a particular
squamous affection, which is still to be seen in the present
day; 3rdly, That the lichen of the Greeks, which, ac¬
cording to him, is the same thing as the impetigo of the
barbarian Latins, does not, any more than lepra, resemble
the syphilitic eruptions; 4thly, That the word papula of
Celsus answers exactly to the lichen of the Greeks; 5thly,
Also that none of these maladies can be compared to
syphilis, any more than many others which he alluded to
after the early writers. It is curious to see the same
author, after this accurate and argumentative discussion,
endeavouring, nevertheless, to find some resemblance be¬
tween the epidemic of the fifteenth century, and the affec¬
tions of the genitals mentioned by Hippocrates as the
“episode” of certain epidemic fevers. More curious still
to see Astrac, deceived by the somewhat confused con¬
struction of an expression of immoderate length, citing
Leonicenus as authority in favour of the novelty of sy¬
The fact is, that this learned physician, although compelled to acknowledge that the syphilitic eruptions do not resemble the cutaneous diseases described by the ancients, imagined, nevertheless, that syphilis could not be a malady quite new and unknown, nor even an epidemic more violent than any observed previous to that time. This opinion was merely a conjecture devoid of proof, intended, really, to gainsay the dissertation of the learned professor of the fifteenth century.

Jer. Mercurialis published in the sixteenth century a small work, very well received, upon cutaneous diseases, in which he divides them into different classes, according as they merely alter the colour of the skin, render its surface rough and unequal, or give rise to projections and veritable tumours. In addition to this, he distinguishes them according to their seat, into those which are situated on the head, and those which show themselves on other parts of the body. He treats of the exanthematous diseases, of the vitiligo, or alphos of the ancients, of pruritus, of scabies or ψωπα of the Greeks, of impetigo, lepra, tinea, &c. But, what is very remarkable, he does not make any mention of herpes, a word which has since become a generic term.

6th. The Modern Epoch, which comprises the eighteenth and nineteenth centuries. In this epoch we have to notice as the most remarkable work, the most important, and the one most calculated to multiply in the present the riches of the past, that of Lorry, published at Paris in the last century, under the title of Tractatus de Morbis Cutaneis. The diseases of the skin are there described, with much detail, under the generic names of the ancients; but their arrangement is very unsatisfactory, and their history manifests a confusion, which it was very difficult to avoid at that period. More recently, Plenck, endeavouring to bring back to fixed principles the doctrine of the ancients, published an exposition of cutaneous pathology, in which he divides these diseases into fourteen classes, according to the consideration of particular forms proper to each group. The idea of this classification has been repeated by Willan, in the early part of this century; and Bateman has re-produced, in a Synopsis, a succinct

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\[\text{See my Manuel des Maladies Vénériennes.}\]
account of the diseases of the skin, described in the order proposed by his illustrious countryman. Whilst in England Willan based his classification upon the constant elementary forms under which cutaneous affections manifested themselves, our celebrated professor, Alibert, produced the splendid work, of which a new and entirely revised edition appeared a short time before his death.

Still more recently also, some approved works on the same subject have been published by M. Rayer, physician to the Hôpital de la Charité, and by Drs. Cazenave and Schedel, pupils of M. Biett. The theoretical and practical treatise of M. Rayer, now accompanied by an Atlas delineated with the greatest care, (and though very often unfaithful, as all atlases of the same kind), comprises all the pathology of the skin and its appendages, and recommends itself in particular by the abundance and richness of the medical literature which it contains. The Practical Abridgment of MM. Schedel and Cazenave faithfully expresses the opinions of M. Biett, to whom must be attributed the glory of having naturalized in France, and brought to singular perfection, the classification of Willan. I myself, in the first edition of this work, published in 1834, was careful, as far as the nature of the treatise would permit, to offer a picture of the actual state of the science of cutaneous pathology. But, above all, I have aimed at practical utility, which should be the object of all labours in the improvement of medicine; and I hope, in a very short time, to succeed in bringing those who read this treatise, and attend my practice, to a state which shall enable them, with facility, to recognise and distinguish the numerous varieties of skin diseases, and apply to them, without hesitation, the suitable and proper denominations.

III. The vast extent of the skin, its eminently cellular, vascular, and nervous structure, the important functions which it performs, the ties of continuity and sympathy which connect it with the internal covering and with many important viscera, its continual exposure to the

\[\text{b It was in the wards of the Hôpital St. Louis, and under the auspices of M. Biett, that I was first initiated in the study of skin diseases.}\]

\[\text{c This work has been recently translated in a very able manner by Dr. Burgess. Transl.}\]
influence of external agents, easily account for the number and the frequency of the diseases to which it is subject. This frequency has always been observed; nevertheless, we have reason to believe that a generally sober regimen, and the habitual use of baths and ablutions, placed within the reach of all classes of society, rendered these maladies less common and less severe among the Greeks who were cotemporary with Hippocrates. Lorry conjectures, and not without some appearance of reason, that the *lepra* which is so much spoken of in the sacred writings, (very different from the lepra vulgaris of the Greeks,) was a disease peculiar to the Jews, and that it is not extant in the present day. Others believe that it bears some resemblance to *alphos* and *leuce*, maladies now nearly as much unknown as the lepra last alluded to. However that may be, we have seen new species produced at different epochs, and added to those which were known in the time of Hippocrates. Thus the elephantiasis of the Greeks, described by *Aretæus* and *Galen*, and which we believe to have originated on the banks of the Nile, propagated itself in the Roman Empire in the time of Pompey the Great. A century later, Italy was scourged by the famous *mentagra* of Rome, so ably described by Pliny (in the reign of Claudius, the first century of the Christian era;) this affection bears but very slight marks of resemblance to that of our time, under the same name. In the tenth century, we see a new form of *elephantiasis*, very different from that observed by Aretæus, described, for the first time, by the Arabian authors. A little nearer our own time, the eruptive fevers, which were unknown in the days of Hippocrates, appeared upon the face of the world. In the middle ages, *lepra* spread itself among the Eastern and Western nations, and, according to most authors, re-produced the features of the lepra of the sacred writings, of *alphos* and *leuce* of the Greeks, (or *vitiligo* of the Latins); and above all, there broke out, in the most incredible manner, the Grecian and Arabian elephantiasis.

All these maladies, united under the common name of *leprous* affections, are regarded by many authors as merely degrees and varieties of the same evil.

In the latter years of the fifteenth century arose and spread the peculiar eruptions which constitute one of the most frequent and striking forms of the venereal disease.
At this period the Grecian and Arabian elephantiasis, which the expeditions of the Europeans to the East had propagated and rendered universal at the time of the Crusades, had already become rare. In the present day, these severe affections are very rarely noticed; they are exotic, concentrated in certain localities, and only propagated under peculiar and special circumstances. Lastly, a new cutaneous malady has manifested itself in our time, (Erythema of the extremities,) and spread like an epidemic, at Paris, in 1828 and 1829.

Of the diseases which affect the skin, those which are very superficial appear to have their seat in the reticular tissue of Malphigi, a sort of vascular net-work which covers the dermis, and which appears itself invested with a slender membrane named the rete mucosum, the existence of which has been denied by some celebrated anatomists. (It is in this texture that the colouring matter peculiar to the skins of negroes is supposed to reside.) Other eruptions, more inconsiderable, appear scarcely to affect the surface of this vascular net-work, and merely cause a trifling desquamation of the epidermis, an invascular and nearly inorganic membrane, which protects the living textures of the skin. Other cutaneous diseases, on the contrary, appear to effect more serious changes than the former in the structure of the integuments, by attacking the sebaceous follicles, and the bulbs of the hairs. Others, also, penetrate still more severely into the cellular and fibrous meshes of the dermis, so that the whole thickness of the skin is affected.

Most of the diseases known under the name of dartrous, appear to have their seat in the reticular tissue. Some forms of pustules are peculiar to the cutaneous follicles; such are those of acne, called also the dartre pustuleuse disseminée. Some of the tineæ attack the hair bulbs; particularly that which we name favus. Lastly, the dartre rongeante (exedens), alters, more or less, in its progress, the dermis itself, and finally spreads into the subjacent tissues.

\[\text{d The cutaneous and mucous eruption (of the pustular form) which is the most prominent characteristic of the glanders, communicated to man, is a still more modern affection, or, at least, the first account of it has been given by observers of the present day (M.M. Rayer, Andral, &c.).}\]
IV. We are entirely ignorant of the proximate cause of a great number of cutaneous maladies, and especially those which are commonly known as dartrous. The ancients thought, particularly since the time of Galen, that they might attribute them to humoral alterations and degenerations, to a change of the blood, the bile, the lymph, and the bronchial secretion. Nevertheless, they imagined, and chiefly posterior to the period in which Galen lived, that this humoral alteration was often local, and dependant on a morbidity of the part itself where the disease was situated, so that it could, in most cases, be exclusively treated by local remedies. Lorry, in the last century, divided the diseases of the skin thus:—into those caused by a secret change in the fluids, an internal ailment, or a peculiar morbid disposition, either of the general economy, or of one of the principal viscera, and into those which are purely local and depend upon an affection of the skin itself. In the present day, when we are disposed to admit nothing of which our senses do not take actual cognizance, many physicians unhesitatingly look upon the dartrous affections as a peculiar form of phlegmasia of the skin, and treat them according to this notion.

It is right, however, to acknowledge, that amongst those who hold this physiological opinion, (to make use of an expression which has been much in vogue in these later times,) many allow that the cutaneous phlegmasiae are often sympathetic or revulsive of other internal irritations, particularly gastro-enteritis, an affection which has lately been called upon to play so important a part in pathology.

There, as elsewhere, the theories are appended to explain a fact perhaps inexplicable, and the vicissitudes of the science are prone to admit, according to the peculiar prejudice of certain minds, an alteration of the four principal fluids of the body, an acid, an acrid, an alkaline, and a saline principle in the blood, an inflammatory lesion of the solids, a revulsion or fluxion, according as the Galenic, the Arabian, the chemical, the vital, the solid, the anatomo-pathological, and the physiological theories have prevailed in medicine.

Humorism, or the theory of the fluids, aided by chemical analysis and the microscope, is satisfying us in the present day, and we already see some experimentalists endeavouring to draw from their researches, pathogenic and therapeutic conclusions.
The wisest plan is to confine ourselves to the immediate result of observation, which has demonstrated to physicians in all ages, that the diseases of the skin are often dependant upon a special diathesis, which has caused, sustained, and reproduced them. The difficulty is to discriminate between the cases which are purely local, and those in which the disease is kept up by causes more or less secret, and more or less general; and on this head we ought to commend the efforts of the learned Lorry, although they have not met with the success which he expected. It is evident, for example, that certain erythemata of children and fat subjects, the itch, herpes labialis, under many circumstances, and zona itself, constitute merely local diseases, and merely require local treatment, although some of these affections do occasionally manifest themselves as the crisis, or the consequence, of a generally disordered state. On the other hand, the eczema, the impetigo, and the pseudo-tineae of infants at the breast, or during dentition, appear to be purifying or counteracting maladies, dependant upon certain general conditions which ought to be taken into consideration. Plethora, either general or local, a gritty and roughened state of the prime viae, nervous and circulatory fluxions, dependant on the revolutions of age, and many other circumstances well known to the practitioner, give rise to the exanthemata, to acne or acne rosacea, and to various species of cutaneous affections, the cause of which is elsewhere than in the seat of the apparent evil. Lymphatic debility is favourable to the development of favus, or the true tinea; the scrofulous diathesis often produces lupus or herpes exedens; the syphilitic virus regulates and has under its dependance special forms of cutaneous disease. It is very evident, then, that the local ought never to be considered independently of the general state, in the study of this branch of pathology.

When we observe also the spontaneous development of a very large number of dartrous affections, the hereditary appearance of some, the resistance which they offer to the most ably directed treatment, the facility, and I may say, the obstinacy, with which they reproduce themselves, the often dangerous effects consequent upon their suppression, &c., it appears difficult to entirely reject this ancient opinion, which has become proverbial, not only with the faculty, but with the uninitiated, as to the existence of an internal cause, a peculiar diathesis, which produces, and
keeps up, in many cases, the diseases of the skin. We must use, as far as possible, our utmost endeavours to arrive at a knowledge of this organic disposition, and not content ourselves, in default of the palpable or probable cause, with hypotheses similar to those which we have enumerated above, in the fear of allowing ourselves to be unnecessarily led to administer remedies, the employment of which was not founded upon precise and legitimate indications. We shall have occasion, elsewhere, to return to this point, treated perhaps with some disdain by many writers on skin diseases, in the present day.

The occasional causes of cutaneous affections, are not always very easy to discover; and if in cases, for example, it is easy to account for the appearance of an erythema, or a papular eruption, under the influence of some irritating external cause, how much more frequently do we see instances of prurigo, psoriasis, lepra vulgaris, and even eczema, without being able to attribute them to any known cause or circumstance? Even more; it is by no means uncommon to see these maladies reproduce and rapidly extend themselves, at the very moment when we flattered ourselves on a complete cure having been effected, without any change in the habits of the patient having taken place, and without his having discontinued any of the means of treatment which appeared to have been successful. Nevertheless, certain influences have always been regarded as peculiarly favourable to the development of skin diseases. We will proceed to consider them successively.

1st. Hereditary causes. The principal dartrous affections appear, in many cases, to have the power of transmitting themselves by means of generation; or rather, the constitutional modification favourable to the production of cutaneous maladies is sometimes transmitted from parent to child. Professor Alibert cites in his work an example of a family, of which three male members were affected with the dartre pustuleuse mentagre, and two female, with the dartre pustuleuse disséminée.

2nd. Contagious causes. Some cutaneous diseases are susceptible of being transmitted by contagion. This fact

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"Sycosis of Bateman. I Acne disseminata of Bateman.
5 "I have had opportunities of proving in many subjects the hereditary nature of Ichyosis, Psoriasis or Lepra, Impetigo, Eczema, and Lupus."—Manuscript Letter from M. Gibert. TRANS."
is, without doubt, true of the itch, perhaps also of tinea, properly so called; but the dartrous affections appear but little, if at all, capable of this mode of communication; and though we cannot, perhaps, absolutely deny it under some circumstances, daily observation and much direct personal experience tend to make us admit, that if it is not quite impossible, it is at least extremely doubtful. We every day see the most frequent and intimate communications established between dartrous and sound individuals, without the latter experiencing any detriment. Professor Alibert and his pupils, many times unsuccessfully inoculated themselves in various parts of the body, from persons affected with dartrous maladies. We must take care never to be deceived by simple coincidences. Many times, for instance, we have seen the saffron-coloured spots of pithyriasis versicolor, the squamous excoriations of eczema, and others, develope themselves at different periods in husband and wife, so as to induce us to believe that the cutaneous affection was communicated from the one to the other. But the analogy between their regimen, their habits, and above all, their constitution and temperament, was sufficient to explain the fact without having recourse to contagion.

3rd. Anatomical and physiological causes. It is in the organization of the skin itself that we must particularly seek for the conditions which favour the development of the diseases which affect it. A fine delicate skin, which is easily penetrated by the blood, is that which these maladies most frequently attack. On the other hand, a thick, rough, oily skin, indifferently performing its functions, as we observe in subjects of a bilious temperament, is disposed to papular and other eruptions. We also often see cutaneous affections developed in infancy, in women, in subjects of a lymphatico-sanguineous temperament, in those who have light hair, and a highly-coloured skin. Sometimes no constitution is free from these maladies, and even, as Professor Alibert well remarks, certain forms appear peculiar to certain temperaments: thus lymphatic and lymphatico-sanguineous persons, are principally subject to furfuraceous and scaly eruptions; sanguineous and sanguineo-lymphatic persons are very frequently tainted with the dartres crustacées flavescentes (impetigo of Willan and Bateman); bilious and melancholic subjects are particularly liable to pustular and squamous affections.
Age has also a marked influence upon the production of diseases of the skin. Certain affections of the integuments of the head and face, are nearly exclusively confined to infancy. A number of pustules often show themselves on the forehead at the period of puberty; this epoch itself sometimes offers the reason why diseases of the skin are unamenable to treatment at that time. The arrival at maturity, and particularly the critical period in females, appear often to develop obstinate cutaneous maladies, which remain to a more advanced age. Old men, in whom the functions of the skin are generally performed with difficulty, are very subject to chronic affections of the integuments, to the squamous dartre, to prurigo, &c.

4th. Hygienic causes. Hot climates are singularly favourable to the production of skin diseases; we have already said that it was chiefly in consequence of the intercourse between inhabitants of temperate and those of hotter countries, and particularly of the travels of our forefathers in the East and South, that cutaneous maladies were so rapidly propagated among them. Lorry goes so far as to consider the Africans and Arabians who dwell upon the sea-coast, and in marshy districts, and who, for the most part, nourish themselves on fish, as the principal authors of these affections. The seasons also, have a very marked influence upon diseases of the skin; it is a common observation that they are generally developed and re-produced in spring and summer. M. Alibert cites, in his work, the case of a young girl, thirteen years of age, who regularly had an annual return, in the first few days of March and September, of a furfuraceous pithyriasis, to which she was subject.

The period of evening itself appears to influence the dartrous maladies, and we often see the itching and uneasiness which affect the subjects of them, increase towards night, and cause sleeplessness, so that this effect may be either uniformly attributed to the excitement of lying awake and the heat of the bed, or it may be referred to some other more latent cause. There are, on the other hand, cutaneous affections which appear to be exasperated in winter, others which only appear at this season. I have observed a malady (pithyriasis capitis,) treated, before me, by many celebrated physicians, which every year, in the month of January, re-appeared, a temporary cure of which had been many times obtained by various means, but of which I was unable to effect a permanent one, any more than those who had preceded me.
A want of cleanliness is one of the most commonly productive causes of cutaneous diseases. Willan does not hesitate to attribute their frequency among the lower orders in London, to uncleanness and the want of public baths. Notwithstanding the immense number of gratuitous baths which are given in Paris, at the Hôpital St. Louis, the same cause there produces analogous effects. We well know how common these maladies are in prisons, amongst beggars, galley-slaves, and others.

Irritating applications to the skin, when repeated and continued, often give rise to chronic inflammations and eruptions. This fact is particularly verified in the trades in which certain parts of the body are exposed to these deteriorating influences, as amongst bakers and grocers.

Every one knows the eruptions which are caused by the tartar emetic and mercurial ointments, and by rancid oil. Many plants, placed in contact with the integuments, redden them, and give rise to pimples and phlyctææ. Joseph Frank mentions, among others, the ranunculi, euphorbium, rhus radicans, iris germanica, daphne mezereum, and colchicus autumnalis. Who has not more than once had occasion to notice the effects of the common nettle?

The powerful influence of diet upon the production of skin diseases has been remarked from the most remote antiquity. Do we not see, every day, certain fish, shell-fish in particular, give rise to exanthemata, and particularly urticaria? Do we not also know how frequently spirituous liquors favour the production of acne rosacea and sycosis menti? Nearly all authors are agreed in regarding the use of sour, salted, and smoked substances, dried fish and fermented liquors, as a very active cause of skin diseases. It is well known that the balsam of copaiba, administered internally, in gonorrhœa, easily provokes exanthematic eruptions. Lorry (Introduct., p. 39 and seq.,) says that he has many times had occasion to observe, in the course of his practice, pruriginous, squamous, and miliary eruptions, accidentally caused by the use of aromatics and sudorifics, and the essential oils. He cites an example of a healthy and vigorous man, in whom the habitual use of strong wine had brought on a dartrous eruption, accompanied by an intolerable itching of the face and trunk. The substitution of weak wine and water was alone sufficient to effect a cure. The same author also makes men-
tion of an individual in whom a single glass of Spanish wine was sufficient to produce a pustular eruption. On the other hand, he alludes to two cases, in which the use of wine warded off a cutaneous disease of the same nature. One of these subjects was a religious youth, much addicted to study, and who, drinking nothing but water, was indignant at the appearance of pustules on the forehead, similar to those which affect drunkards. The other was a young physician, devoted to the labours of the closet, and who, during his studies, drank plentifully of cold water; there appeared upon his face some disfiguring pustules, which yielded to the use of wine, and a suspension of his professional avocation. M. Alibert recollects that at Paris, at the time of the famine caused by the revolutionary disturbances, the people being compelled to make use of stale provisions, badly baked bread, and unhealthy nutriment, the diseases of the skin prevailed with great violence.

We frequently see the dartrous affections increased in the intensity of their nature when the subjects of them are guilty of any excess at table, or when they take any unwholesome food, or heating and exciting drink.

The free performance of the functions of the skin is one of the most sure preservatives against the invasion of cutaneous maladies, as much as the disturbance of these functions, either spontaneous or induced, is one of the most efficacious of disposing causes. We have already spoken of the deteriorating influence of irritating applications, and uncleanness; exposure to an intense heat, the suppression of the cutaneous perspiration, have often given rise to their development. Generally speaking, among dartrous subjects this latter function is very feeble, or nearly destroyed; and M. Alibert has proved, that in these individuals the abundance of pulmonary transpiration, make up, in some measure, for the deficiency in this exhalation. Red-haired persons, whose cutaneous perspirations have a peculiar odour, are very subject to skin diseases. We have often seen the sudden suppression of the customary perspiration in some part of the body, the feet, for example, followed by dartrous eruptions on the ears, and in other places. It is in an analogous manner, that the suppression of certain mucous fluxes gives rise to the manifestation of various exanthemata on the surface of the body, and vice versâ; and we all know the close sym-
pathy which exists between the external and internal coverings. The suppression of the menstrual and haemorrhoidal discharges, also cause the production of dartrous affections. In the work of M. Alibert there is related the case of a young girl, aged 24, who was afflicted with a general furfuraceous eruption, consequent upon suppression of the catamenia, caused by sudden fright; at the end of eight months the uterine functions were re-established; and the disease of the skin finally and for ever disappeared. Venereal excesses, particularly masturbations, have a marked influence on the development of certain pustular affections. On the other hand, continence appears, in some subjects, to favour the manifestation of pustules of acne, vulgarly known under the name of pimples of chastity.

If, on this matter, we can place any faith in Joseph Frank, eunuchs appear to enjoy a certain relative immunity from skin diseases. At least, in a great number of individuals of this kind whom the celebrated professor of Wilna had the opportunity of seeing in Italy, he says that he never noticed one so affected.

Certain trades singularly predispose to these affections, and hence we apprehend that all those persons in whom the skin is in a state of uncleanliness, or exposed to irritating causes, are frequent subjects of them.

Prurigo is often observed in beggars; a sort of papular affection of the hands is very prevalent among grocers, with whom it is designated, in England, the grocer's itch; bakers also are very commonly attacked by an analogous affection, on the dorsal aspect of the hands. On the contrary, many trades, unhealthy in other respects, expose the body to emanations which appear but little favourable to the development of these maladies. It is on this account that nightmen and miners are rarely tainted with them. Sedentary professions, those which require close confinement and study, when those who are occupied in them live upon a heating and exciting regimen, predispose to various cutaneous diseases, and particularly to the pustular and squamous forms, and to prurigo of the genitals. Powerful emotions and passions—such as love—have a very decided influence on their production. M. Alibert

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1 Pathologie Médicale, t. ii., p. 7 (Encyclop. des Scienc. Méd.).
cites, in his work, many examples which render this fact indisputable. A woman was suddenly attacked with a general dautrous eruption, in consequence of violent grief at the loss of her child, which she was then suckling. A servant became suddenly covered with a furfuraceous eruption, the effect of a severe shock, which she experienced in seeing her master led away to punishment at the time of the revolutionary executions of 1793. I have observed, at the Hôpital St. Louis, an old man who was affected with a general and most intense pityriasis, which arose from the sudden and unexpected death of his wife. Nothing is more common than to notice individuals who attribute the origin of the diseases with which they are tainted, to the moral emotions which they have felt, to the reverses which they have sustained, whether these emotions be caused by severe and long-continued grief which has disturbed all the functions, and particularly that of nutrition, or by a sudden and severe shock, which has momentarily upset the whole nervous system.

Every one knows how frequently icterus, or jaundice, is produced by quarrelling, grief, or anger. Urticaria, or nettle-rash, often springs from causes of the same nature.

5th. Pathological causes. Scrofula and syphilis are a frequent source of skin disease. The dartre rongeante, or lupus, appears to be specially due to the former; the latter gives rise to very various forms, which we will allude to hereafter. On the other hand, the constitutional change produced by scrofula and the syphilitic virus, even after they have been combated by appropriate means, singularly disposes certain subjects to cutaneous maladies, and this must give rise to much error, if, for instance, we believe with those medical men, who, ever following the same routine of practice, are of opinion that all the affections which manifest themselves in persons who have been tainted with the venereal poison, require the exhibition of mercurial preparations. Gout and rheumatism have appeared sometimes to favour the development of certain cutaneous diseases, or to alternate with them. The scorbutic cachexia gives rise to well-known changes of colour and texture. The diseases of the skin themselves mutually provoke (so to speak) each other, and though it may be very common to observe individuals affected with only one form, it is by no means rare to see in some others, various forms succeed each other, or appear at the same time.
But a practical remark, to which our predecessors attached a high importance, and which we ought not to neglect here, notwithstanding the oblivion into which it appears to have fallen, is, the intimate connexion which exists, in many cases, between the internal organs and the tegumentary affections, and the danger which we run in too suddenly suppressing, or even sometimes in treating too methodically, in some persons, the cutaneous maladies to which they are subject.

V. The diseases of the skin give rise to phenomena which vary too much in the different species to enable us to give a general satisfactory picture of them. The ancients engaged themselves in the study of the principal varieties which they assume, and have designated these elementary forms by the names of papules, vesicules, and pustules. Modern writers have been still more careful in this study, and thereupon the classification of Willan is founded, of which we shall further on give a detailed account. We will here limit ourselves to the remark, that at one time the epidermis is resolved into delicate furfuraceous scales, that at another, redness, more or less extensive, colours the skin, that frequently small prominences render its surface uneven, that in some cases these prominences are vesicular, that in others they are pustular, that is to say, composed of a red base and a purulent vesicle, that most commonly the fluid poured out by these vesicles and pustules is concreted in squame, or in crusts, more or less thickened, and that sometimes even ulcerations, and extensive ones too, destroy the integuments. Commonly speaking, an itching more or less marked, or even a feeling of scalding or smarting, accompanies these affections; in many, however, the skin is not the seat of any unpleasant sensations. The cutaneous transpiration being generally suppressed, is replaced by a morbid exhalation, or the skin remains perfectly dry. In some cases the functions of the economy are unimpaired, provided the disease is not very severe and intractable, for then it must necessarily produce marasmus, a gradual sinking, and disturbance of the digestive apparatus.

VI. With some few exceptions, the march of cutaneous maladies is generally slow: we frequently observe, during their progress, exacerbations, vulgarly known by the name of crises dartreuses, and which it is not always easy
GENERAL CONSIDERATIONS.

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to attribute to evident causes. These affections have, in
general, a manifest tendency to spread, to creep (so to
speak) from one part to another, and it is probably from
this fact that we have the name herpes of the Greeks, and
serpigo of the Romans.

It is not very uncommon to see them terminate by
metastasis; either their suppression involves the affection
of another organ than the skin, or this affection itself, pre-
existing, becomes very intense, and causes the dispersion of
the cutaneous malady; or lastly, in some cases, we must
admit the transportation of this species of moveable prin-
ciple, which our predecessors did not hesitate to designate,
correctly or incorrectly, under the title of dartrous. The
greatest number of acute and chronic diseases is observed
to be consequent on the disappearance of eruptions; whether they may or may not be dependant upon this
suppression, it is not always so easy to establish in prac-
tice as one might at first imagine. Nevertheless, we may
truly affirm that examples of mental alienation, epilepsy,
arachnitis, internal inflammations, and various organic
lesions occurring more or less quickly after the sudden ces-
sation of cutaneous maladies, ought to render the physician
extremely prudent in their treatment when they appear
constitutional, that is to say, dependant upon a general
and well-characterized modification, either of such and
such a viscera in particular, or of the entire economy.

It is very rarely that cutaneous maladies terminate
fatally; this result only occurs in cases which have some
other complication; but it is true that these complications
can be caused by a cachexia, which involves in it a severe
intractable skin disease.

On the contrary, it is very common to see cutaneous
affections resist the means of treatment employed, or re-

\[ k \quad \text{Verum quidem est quod maximum periculum imminet si vetus herpes sponto evanescat, vel arte retrocedat. — Lieutaud.} \]

\[ 1 \quad \text{Fr. Hoffman (Syst. Med. tom. iii., p. 182 et seq.) has col-
lected many facts of this nature. Quite recently the reformer Hahnemann (Doctr. des Malad. Chron.) has carried this idea to an}
absurdity, in attributing to a retroceded itch nearly all chronic dis-
eases, but he has accumulated in his work a host of citations which
tend to demonstrate that there is some foundation for the opinion
which spread very generally in the last century, but which in the
present day is little approved by some French dermatologists, as re-
gards the danger of the suppression of dartrous eruptions. \]
produce themselves, with great facility, after having been temporarily cured.

Sometimes a kind of crisis is observed in these diseases. In some cases we see a fever, an internal inflammation, a sanguineous or mucous flux (particularly if it has been anteriorly suppressed) cause, by its sudden appearance, the cessation of the pre-existing cutaneous affection. Occasionally, too, we observe the manifestation of an exanthema, or a dartrous eruption, or the return of a previously suppressed cutaneous malady, bring about the crisis of an internal inflammation. "Alvi affectiones, ut diarrhoea, colica, &c., in cutis affectiones migrant," says Baglivi. We know the success obtained by some practitioners from the inoculation of the itch, the employment of sudorifics, the application of irritating ointments, or vesicatories, in cases where internal diseases, more or less severe, succeeded to cutaneous maladies. M. Alibert alludes to a severe affection of the air-passages, caused by the driving in of a dartrous eruption after a cold bath, and which yielded to the return of this eruption, induced by the use of diaphoretics, and the application of a large blister upon the chest.

We read in the Gazette Médicale of April 14, 1838, the following observation, extracted from the Giornale delle scienze mediche di Torino:—"A case of partial amaurosis cured by the aid of urtication; by M. Polto. A woman 35 years of age, habitually healthy, had in September, 1835, consequent upon her last confinement, an exfoliating exanthema, covering the whole body. Being exposed to cold it completely disappeared; from that time there ensued general indisposition, derangement of the digestive organs, obscuration of vision, and lastly, bronchitis.

"This state of things existed till the month of January, 1837. M. Polto, having been called in, found the patient in bed, nearly blind, weak and coughing continually; she could scarcely distinguish a ray of light; every thing appeared to her enveloped in a thick mist; the pupil was

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m The modification of the circulation and nutrition of the integuments effected by an acute inflammation, such as erysipelas or small-pox, may give rise to the disappearance of dartrous eruptions of longer or shorter date. M. Alibert cites many examples of it; all physicians who have devoted themselves to cutaneous pathology have made the same observation. The access of fever, even without an eruption, can also effect the same result.
clear, but immovable. M. Polto at once prescribed the use of hot diaphoretic drinks, afterwards dry frictions, mustard poultices, blisters, and tartar emetic ointment. There was an improvement; the cough became less troublesome, the strength revived; the dryness of the skin, however, and the amaurosis still remained, many anti-amaurotic collyria were used, without any success. The middle of June arrived, and M. Polto proposed submitting the patient to urtication and flagellation; he gathered some large fresh nettles, and having tied them up in bundles, he operated in the following manner. The patient lying naked upon the bed, the operator commenced beating with the nettles the feet, afterwards the legs, the thighs, the buttocks, the trunk, the arms, and the neck; the head only was spared. Imagine the sufferings of this unhappy creature, exposed to such a cruel torture! Immediately afterwards M. Polto caused her to lie between two blankets, had mustard poultices applied to her feet, and administered to her hot drinks. She passed a most uncomfortable night; but, on the morrow, the skin did not present any eruptive reaction. For five days the flagellation was repeated, morning and evening. The skin bled in many places from the action of the nettles; she became in consequence dreadfully tender, and at last she was covered with a mixed eruption, in some parts erysipelatous, in others papular, on one side purpurous, on the other vesicular, here phlegmonous, and there erythematous. The excitation of the skin became excessive; fever, conjunctivitis, cephalalgia, and tinnitus aurium, ensued; full pulse, oppression, urine scanty. Blood-letting, infusion of digitalis, and tartar emetic wine, were ordered. The symptoms abated, the eruption exfoliated, but the purpura remained for nine days; some papules suppurated. At the very moment of the cutaneous reaction the sight began to improve; the patient distinguished persons when they approached her, and at last the functions of the eyes became restored to a perfectly normal state."

M. Fizeau saw a young man who had a slight eruption on the hand checked by topical applications, seized with hæmoptysis, which was soon followed by all the indications of phthisis; and which did not disappear till he succeeded, by a vesicatorial application, in again bringing out upon the hand the previously suppressed affection.
VII. On the death of persons affected with chronic cutaneous maladies, in opening the body we often find traces of internal inflammations, or organic lesions, which have complicated them, and caused dissolution. These are, particularly, of the respiratory and digestive organs; the fatty liver is occasionally met with; frequently, also, in women who have arrived at puberty, the uteruses is implicated; the alterations of the skin itself vary according to the variety of disease which attacks it; we sometimes find the reticular tissue red and injected, the cells of the dermis being inflamed. Chemical analysis of the crustaceous products has shown that they contain albumen, and gelatine, a little phosphate of lime, muriate of soda, sulphate of soda, and carbonate of lime.

In many cases there has been reason to believe that death resulted from a propagation of the morbid state, previously external, internally; but this opinion ought, in the present day, to be restrained within much narrower limits than those which were assigned to it in the last century. Some subjects also sink in a cachectic state, which appears to have had its origin in a corruption of the fluids, either primary or consecutive: the blood is thin or changed into a sort of liquid jelly, and petechiae exist on the integuments, and then we do not always find in the solids an explanation of the cause of death. This sometimes unexpectedly happens, without any fresh symptom, in individuals who sink under general exhaustion. We shall have occasion to return to this theory, which, in the present day, is nearly obsolete, though it is well established by many facts.

VIII. The diagnosis of skin diseases frequently presents very great difficulties to the observer, who would recognise and denominate, with precision, the unique or varied form before his eyes, and who is not satisfied with the vague term, dartrous affection, or anomalous eruption. It is principally to rendering this comparative diagnosis clearer, and the character of each species more precise, that Alibert, Willan, Bateman, and Biett, have devoted themselves; we will endeavour, in treading in their steps, to establish our diagnosis upon a sure foundation.

IX. If, as we have already said, the prognosis of dartrous affections generally gives but little uneasiness in respect to the positive dangers which are involved in them,
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it is otherwise with regard to their definite recovery, and the recurrence of the evil. The greatest number of them have a great tendency to extension and reproduction; and, save the exceptions peculiar to some varieties, and to certain conditions of seat, age, temperament, regimen, habits, &c., we may generally say that their permanent cure is often difficult, sometimes even impossible, to effect. But it is only parēa manu that the prudent practitioner disseminates these truths.

X. The various forms of skin diseases are generally observed to be isolated, but sometimes we see them more or less complicated and blended together, in the same subject. Eczema is frequently combined with Impetigo, and Ecthyma with Scabies or Prurigo.

We have already alluded to the complication of dartrous eruptions with various internal maladies. Syphilis, purpura, gout, and rheumatism, may also be combined with them.

XI. Treatment.—I. Hygienic means. In consulting the works of Hippocrates, Celsus, Galen, and the Greek and Arabian authors, we discover what high importance the ancients attached to the observance of certain rules in regimen, in the treatment of diseases in general, and particularly those of the skin. We find under this head the most minute details in the writings of Ætius Amideus, Paulus Ægineta, and Avicenna.

The abstaining from spices, sour substances, and stimulating drinks, with the habitual use of a mild and careful nourishment, have been always advised for individuals subject to these maladies. Food made with milk, except in the case of a scrofulous diathesis, fresh vegetables, fruit, bitter drinks, an abstinence from fermented liquors and stimulating drinks—such ought to be the general principles of the alimentary regimen. Moderate exercise, cleanliness, free action of the skin, and a pure warm atmosphere, are not less essential.

M. Alibert makes mention of a Spanish merchant who was affected with a furfuraceous eruption whenever his business compelled him to go into France. He also cites the case of a young girl who had been reduced to beggary, and who, for a long time, had been unsuccessfully under treatment for a squamous eruption of the inferior extremities, speedily and spontaneously cured, merely from having so-
journered in a respectable family, where she was able to obtain a wholesome and nutritious diet. We must not here omit to notice, that the cleanliness, the regular life, the change of habits, which the class of people who are received into hospitals undergo, are often sufficient, of themselves, to dissipate the cutaneous diseases, which have procured them admission, and that if we do not attach sufficient importance to this favourable influence, we may be led to attribute too much to the pretended efficacy of remedies, which have had little or no part in effecting a cure.

II. General remedies. The ancients thought it necessary that the entire system should be submitted to the influence of various preparations, before they attacked the cutaneous disease itself. Although some Greek, Latin, and Arabian authors have not insisted upon its necessity so much as Galen, and have been satisfied with enumerating a number of external remedies, and with varying, in a thousand ways, the composition of the topical applications which they have used, nevertheless, none of them entirely neglected this preparatory treatment. We notice, in particular, Archigenes (mentioned by Ætius) amongst Greek, and Avicenna amongst Arabian, authors, generally recommend beginning by depletion, baths, relaxing diet, purgatives, &c. Hippocrates had already, some time previously, advised, under the same notion, the exhibition of diluent drinks, and afterwards hellebore, peplium², &c.

In the last century, these preparatory means in the treatment of diseases in general, particularly those of the skin, were much insisted on; it was a rare thing to attack a chronic affection with any special therapeutic agents, before the patient had been bled, bathed, purged—in short, suitably and methodically prepared. Quite recently, too, Professor Delpech, of Montpellier, in a pamphlet upon the itch, addressed to the Academy of Medicine, makes mention of some individuals who were tainted with this affection, and cured by him in a few days, after having been submitted to the care of a physician of the old school, who, for some months, had been preparing them, by alterative and purifying drinks, by laxatives and other things of a similar nature.

In the present day we have, for the most part, fallen

² Euphorbia peplis.
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into the contrary extreme. Practitioners of the highest celebrity do not hesitate to attack immediately, upon first sight, with caustic, or other substances, the most invertebrate cutaneous affections, without even having recourse to any internal remedy during the whole course of treatment.

There are evidently two dangers to avoid; and if it is absurd to follow and observe indiscriminately, in all cases and with all subjects, the therapeutic precepts which the ancients practised, with more discernment perhaps than we give them credit for, it is not more rational to entirely neglect this preparatory method, and particularly all general treatment, in diseases which frequently depend upon a particular constitutional state, and the cure or speedy disappearance of which is not always so exempt from dangers as some physicians of the new school affect to believe.

It would be superfluous here to mention with any detail the numerous medicines which have been employed in cutaneous affections, at different periods of the science. We will confine ourselves to a mere mention of those which are most known, and which have been most in use.

1st. Amongst vegetables we find certain plants regarded as purifying, and proper to correct the morbid disposition of the fluids: succory, scabious, saponaria, viola, funaria, burdock, dulcamara, buckbean or water-trefoil, the succi, lactuca, *sisymbrium nasturtium* or water-cress, dandelion, and others; some bitter: hops, gentian, lapathum or the dock, &c.; some sudorific: *sarsaparilla*, *guaiacum*, *daphne-mezereum*, &c.; some purgative: hellebore and *elaterium* of the ancients, aloes, scammony, jalap, euphorbia, &c.; some poisonous: aconite, henbane, hemlock, belladonna, &c.; some acrid: as the house-leek, most in use externally, *sedum acre*, *clematis*, *ane-mone pratensis*, colchicum, &c.

The dulcamara, singularly extolled by the English, has in the present day lost much of its reputation. In 1784, a French physician, M. Bertrand Lagrezie, composed his inaugural dissertation to its praise, which he submitted to the faculty of Paris. (*Essai sur le Traitement des Dartres*, &c.) "On peut," said Dr. Retz humorously, "raconter dans une demi-page tout le contenu de cet ouvrage: Avez-vous une dartre ou des dartres? Prenez de la douce-amère.—Mais, c'est une dartre miliare. Bon; vous la guérirez avec de la douce-amère.—Mais pour une
darte vive? La douce-amère.—Et si elle était darte phagédénique? Il n'y a pas d'autre moyen de vous en débarrasser que l'usage de la douce-amère.—La darte qui servient au visage, aux mains, à la poitrine, aux parties génitales; celle qui procède du vice des humeurs, des aliments, des suppressions; la darte communiquée; celle qui est héréditaire; toutes, en un mot, cèdent comme par enchantement à l'emploi de la douce-amère. . . . . Il existe, à la vérité d'autres remèdes, tels que les dépuratifs, les diaphorétiques, et les sudorifiques, les eaux thermales, etc.; mais comme la plupart du temps tous ces secours sont inutiles. . . . Enfin, tenez-vous-en à la douce-amère."

2nd. Among the minerals sulphur stands in the foremost row, known and employed from the most remote antiquity, and still justifying, every day, its long-acquired reputation.

The sulphureous, alkaline, iron, salt, and other waters were in use, externally, with the ancients, but their internal employment is much more recent. The sulphureous waters of Barèges, and of Enghien, are frequently exhibited, either pure, or mixed with other fluids. The sub-carbonate of soda and potash, the neutral and acid salts, and the acid tartrate of potash, are frequently prescribed in small doses, in barley-water, as alteratives and laxatives. Mercurial preparations, very often employed by the ancients in the composition of the topical remedies which they applied to cutaneous diseases, and probably borrowed, later, from this source, to be used in venereal maladies, are as much employed internally as externally, in chronic diseases of the skin, even when there is nothing to indicate the presence of syphilis. The mild form of mercury has been particularly extolled as an alterative and laxative. The antimonial preparations were frequently in use during the last century, but they are now rather fallen into desuetude. Nevertheless, they are still occasionally employed, but chiefly in intractable syphilitic affections, in the mixtures of Feltz and Pollini, which

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° The following is the recipe for Feltz's mixture:—Sulphuret of antimony, 4oz.; place in a linen bag, and boil in water for one hour; then remove it, and place it in a vessel with sarsaparilla, in pieces, 3oz.; isinglass, 14 scruples; water, 6 pints. Boil down to one half, and then strain. Dose: Three glasses a day; morning, noon, and night.
are composed of concentrated sudorific decoctions, to which are added antimonial preparations, such as the sulphate and sulphuret of antimony. The arsenial preparations, so highly spoken of by the English physicians, are, on the contrary, much in vogue. It is only in the smallest doses, and with the greatest caution, that we can administer them internally, whether we employ the arseniate of soda or potash in solution, as it exists in the formulæ of Fowler and Pearson, or the arseniate of iron in pills, commencing by a dose of the twelfth of a grain a day. The diluted mineral acids, and particularly the sulphuric, when combined with drinks, is of great advantage in certain chronic cutaneous maladies. The preparations of gold have been efficacious in certain syphilitic eruptions. Lime-water and the muriate of lime have been principally tried in cutaneous affections complicated with a serofulous diathesis. Iodine, pure, or in conjunction with sulphur or mercury, has been recently essayed, first externally, and since that internally.

3rd. Animal substances have also contributed towards the treatment of skin diseases; and without here mentioning the exhibition of cantharides internally, already alluded to by Hippocrates, and strongly recommended under the form of tincture, by Richard Mead, in the treatment of Lepra, we may enumerate cows' and asses' milk, whey, chicken, veal, turtle, and viper broth, as the most frequently employed. We very rarely use the two latter substances, so extolled by the ancients. We can scarcely, in the present day, give credit to the miracles of treacle, so much in vogue in the time of Galen; to the marvellous effects of the viper, most strongly recommended in Lepra Tuberculosa, by Aretæus, Paulus Ægineta, and others; and use is very rarely made even of the broth and flesh of turtle, which is less difficult to procure.

III. External topical remedies.—1st. General bleeding and leeching. We have already said that general bleeding was occasionally advised, as preparatory to the special treatment of cutaneous diseases, and that it was carried into practice up to the close of the last century. However, it was not without some discernment that this method was employed: the physicians who have preceded us well knew how to vary their means of treatment according to individual cases. Thus we observe Fr. Hoffmann (vol. 4, lib. v., c. 5) recommends
practitioners not to consider the disease of the skin by itself and in an isolated manner, but to have an especial eye to the symptoms, more or less prominent, which accompany it, and to the general constitution of the patient. He supports these wise precepts by examples, and advises us, when summoned to a weak and cachectic person, affected with a cutaneous malady, to administer the juices of bitter plants; after that, laxatives, mercurial pills, or resinous purgatives; and lastly, to complete the cure by the employment of hot mineral waters. If, on the contrary, the patient be of a sanguineous and inflammatory temperament, with a dartrous eruption, dry skin, and violent itching, he begins by blood-letting, the internal exhibition of demulcents, whey, milk, and soothing drinks, and the softening of the skin by emollient lotions and ointments.

Leeches, which some practitioners have applied in all cutaneous, in imitation of what has been done in other kinds of, disease, have been recommended in times far removed from the present; and we have reason to be astonished when we hear modern authors extolling as a new mode of treatment, this means, already forcibly advised in the eleventh century by Avicenna, absolutely in the same manner as we now use it—that is, in the application of the leeches in the neighbourhood of the affection.

2nd. Local applications. Galen, generally speaking, blamed the use of active topical applications in the diseases of the skin, and employed them but very little. On the contrary, Aetius and Paulus Aegineta, and after them even the Arabian authors, frequently had recourse to them: these writers have accumulated, in their works, a host of various formulae, in which are combined an immense number of substances, from the animal, vegetable, and mineral kingdoms. We shall have occasion to allude to some of them, in the description of particular affections: we will here confine ourselves to stating, that then, as now, these remedies were composed of sulphur, the oxides, and the metallic salts; emollient, cleansing, and purifying plants; oils and ointments, vapours, lotions, fomentations, cataplasms, liniments, and plaisters. Frequently, also, they employed caustic and corrosive substances, alum, and the salts of copper and mercury; and, in a great number of cases, they resorted, in intractable
eruptions, to applications rendered vesicatory by the addition of cantharides. We find, in particular, in the works of Aëlius Amideus, much detail on the mode of application, and the effects, of these mixed vesicants, and the necessary consecutive care.

3rd. Among the external remedies the most anciently and the most generally applied to the treatment of cutaneous diseases, we must, without doubt, place baths in the first rank. We see, in the writings of Celsus and Galen, how frequently simple and compound baths were employed, both as hygienic and therapeutic means. This observation should alone serve to explain why the diseases of the skin were less common at that period, than in times nearer to our own.

From the highest antiquity the natural mineral baths have been employed; and without here discussing the sulphureous waters of Judea, in which the Jewish sick frequently bathed, as we see by the sacred writings, we read in the history of Greece that certain countries of the continent and of the Archipelago had derived their names from the natural waters which they contained, and in which the leprous came to seek their cure.

Sea-baths were also frequently in usage. Aëlius Amideus devotes an entire chapter to the study of the mineral water baths, and indicates their employment in various cases, according to their saline, nitrous, sulphureous, bituminous, or ferruginous principles. Celsus appears to have been the first who advised the artificial composition of the mineral water baths, by adding to the fluid a fixed alkaline salt: such, at least, is the interpretation given by Lorry to the passage of that author, which treats of this medication. Frequently, since that time, the Grecian and Arabian authors have recommended the application of saline and metallic substances to the skin, before plunging the subject into a bath; but it is only recently that chemistry has been brought to such perfection as to enable us to imitate with any exactitude the composition of the mineral waters as they are found to exist in nature.

We can prepare artificial sea or salt baths by adding to the water six or eight pounds of common salt, and it may be rendered softer and less irritating by the addition of from half a pound to a pound of gelatine.

The alkaline baths are composed by adding to the
water about four ounces of the sub-carbonate of potash; gelatine may here, also, be used with advantage. Frequently, we substitute in our individual practice saponaceous baths, composed by dissolving from half a pound to a pound of soap in a strong decoction of bran, which is then added to the water.

The sulphureous, or artificial baths of Bareges, are generally prepared in our hospitals by adding four ounces of the solid sulphuret of potash, or eight ounces of the liquid. We can substitute, as still more economical, the sulphuret of lime, by adding a small quantity (say two ounces) of muriatic acid to the water, if we wish to increase the precipitation of sulphur, and the disengagement of sulphuretted hydrogen, which will be produced. But, thanks to the labour and pains of Professor Anglada on the mineral waters, we can, in the present day, prepare sulphureous baths, less odoriferous and approaching nearer to those of nature, by employing, instead of the sulphuret of potash, the crystallised hydro-sulphate of soda. M. Quesneville, pharmaceutical chemist of Paris, has succeeded in furnishing, at a very moderate price, this factitious salt, the use of which renders it more popular each succeeding day.

As regards fumigations, or vapour baths, the most frequently used are the following: sulphur, mercurial, aromatic, and alcoholic.

All these vapours (except the aromatic, which is usually prepared by a decoction of juniper berries) cannot be respired without danger, so that they are only administered in fumigatory boxes.

Sulphur and cinnabar, placed to the fire in the quantity of from one to two drachms upon a plate of red-hot iron, yield, in the case of the first, sulphureous acid vapour, in that of the second, the vapour of the sulphuret of mercury, which are disengaged in the interior of the apparatus, heated to a temperature of from 48° to 50° R. The duration of these fumigations ought not to extend beyond half an hour. They produce slight oppression, acceleration of the pulse, cutaneous perspiration, and modify, in a most advantageous manner, chronic diseases of the skin. Their administration, in many cases, requires great caution: we could not employ them without inconvenience, in subjects who are plethoric, and have a tendency to cerebral congestion, in those whose lungs are irritable, who are
weak and delicate, in asthmatic individuals, children and old people.

The vapour baths, properly so called, are administered in chambers or closets, in the interior of which the vapour, whether charged or not with aromatic principles, spreads itself; the temperature can scarcely be reduced under 30° R. At the Hôpital St. Louis the patients are placed upon stone steps, which are raised like an amphitheatre from the bottom of the stove; the higher you ascend the greater is the temperature. Every seven or eight minutes a fresh volume of vapour is introduced; the greatest number which a person used to it can sustain is five or six, but most individuals are unable to bear more than three or four. If the temperature was brought to 40° R., blisters would be seen to form on the skin, and the respiration of this air charged with vapour would become extremely difficult.

The vapour baths require still more precaution than the fumigations. It has happened that, during their administration, plethoric subjects have been seized with an apoplectic fit. I myself have seen hemiplegia, which ended fatally in a few weeks, manifest itself in a lusty individual, to whom the vapour bath had been incautiously administered for slight rheumatismal pains.

Paris possesses, in the present day, many establishments where this kind of medication leaves nothing more to be desired,—Tivoli, the Néothermes, &c., for the rich; the Hôpital St. Louis for the poor. It is there that, in the wards, in the baths, in the fumigatory apparatuses, perfected by the learned chemist Darcet, water, in the state of vapour, is applied to the whole of the body, or to a part only, under the form of douches; vaporised sulphur, reduced to a state of sulphureous acid, is brought in contact with the skin; and sulphureous, alkaline, saline, and artificial gelatine baths are administered. We shall return to the employment of these means, in treating, individually, the diseases of the skin.

We have now successively run over the numerous list of remedies employed in cutaneous affections. And, though we have omitted some, it is easy to see that in the host of those which we have enumerated, many possess very different properties, and cannot be indiscriminately employed in all cases, and applied to every subject. Meanwhile, till the sequel of this work brings us to a minute consideration
of the symptoms which are presented for treatment in the various forms of cutaneous maladies, we will endeavour to lay down some general rules proper to guide the practitioner through this therapeutic labyrinth. It is particularly in the diseases which we are now considering, that the application of energetic agents advised by different authors, requires all the tact and acumen of an experienced physician. Here, as in many other cases, the most efficacious remedy can become a poison in the hands of ignorance: poison itself can become a salutary remedy, when it is suitably administered by a clever practitioner: "*Heroicum remedium enim verò venenum fieri potest, si manibus ignaris tradetur; venenum ipsum remedium fit, ab experimentato et bene cordato medico convenienter adhibitum.*"

These general rules, however, are susceptible of numerous exceptions; we will carefully point them out when we are occupied with the treatment of each individual malady.

1st. Antiphlogistics. Blood-letting (either general or local), diluent and slightly laxative drinks, tepid baths, topical emollients, a diet more or less rigid, or, at least, a soothing regimen, are proper, particularly at the commencement of the treatment, in subjects who have a certain degree of vigour in their constitution: in the cutaneous affections which are ushered in with symptoms of irritation; in those the duration of which is not very long. In fact, the greatest number of skin diseases present, as other maladies, periods of invasion, of increase, of stand-still, of decline or chronicity, the characters and duration of which are more or less modified by the rapidity or slowness of their march; and we perceive that the therapeutic remedies ought to vary in these different phases.

Nevertheless, we must mention, beforehand, that whilst twenty years ago, *specific* methods were abused, the sulphureous and other excitants in usage being applied off-hand and indiscriminately to every thing which bore the name of *dartre*; in the present day, on the contrary, prepossessed with the modern idea, which tends to attribute to inflammation every shade of alteration which the tissues, and the skin amongst them, can present, we insist more and more frequently upon antiphlogistics, and particularly upon topical emollients, which, in many cases, have merely the effect of prolonging the evil, by favouring the fluxion and morbid exhalation which may be noticed in the integuments in most dartrous diseases.
2nd. Astringents. Astringents and discutients, very frequently employed by the Greeks of the second order, and Arabians, undoubtedly require considerable caution in their application, but they frequently offer the most indisputable advantages over antiphlogistics, in the treatment of cutaneous affections. For example, it is not uncommon to see pruriginous, vesicular, and humid eruptions suppressed at their very commencement, without any danger or inconvenience, by applications of burnt meal, extract of lead, ointments with white lead, or even by ice, cold water, red wine, &c. How often has eczema (dartres squameuses humides), which continues to spread and extend itself under the influence of emollients, been rapidly cured by tonics, astringents, and discutients. However, they are generally only recommended at rather an advanced period in the treatment. M. Bland, of Beaucaire, has recently called the attention of practitioners to the advantages of soot in the treatment of dartrous affections, particularly favus, lupus, and acne rosacea. (Vide the memoir of this author, inserted in tom. ii. 1834, of the Revue Méd.)

3rd. Narcotics. Soothing and narcotic remedies, such as henbane, belladonna, the preparations of opium, &c., are sometimes resorted to, either externally or internally, in those cutaneous diseases which are accompanied by violent and insupportable itching; but these means, in general, are only palliative, and the dangers which they may give rise to, either by their direct effect upon the economy, or by the reflexion or driving inwards of the malady, ought to render the practitioner extremely cautious in their employment.

4th. Venomous and poisonous substances. Certain poisonous or acrimonious vegetables, as the hemlock, the lactuca virosa, the aconite, the rhus radicans, &c., have sometimes marked effects in the treatment of dartrous affections, but they are rarely administered except in those of an inveterate and intractable nature. The same may be said of the mineral and animal caustics, such as the mercurial and arsenical preparations, cantharides, &c., the external, and particularly the internal, exhibition of which requires to be watched with the greatest care. Caustic applications, such as the nitrates of silver and mercury, are frequently employed, in the present day, for the dispersion of dartrous maladies, even to the entire neglect of
all internal remedies. This does not appear to us a very rational method, and we think that these energetic agents ought to be reserved for three principal circumstances: 1st. when a cutaneous, and particularly a contagious, disease, such as the itch, is at its commencement, and we can hope by this means to arrest it in its birth; 2nd, when an in-veterate cutaneous disease has been already combated by internal and external means of a different kind, and we have no reason to fear the effects of the suppression of the local evil upon the economy, nor the continuance of the general morbid disposition which has already produced it, and will produce it again; 3rd, when it becomes necessary to arrest the progress of *dartre rongeante* or lupus.

5th. *Issues.* In the last century very frequent use was made of issues, in diseases of the skin, to give vent to the altered fluids, to which the production of each malady was attributed. In the present day, on the contrary, some distinguished practitioners entirely prohibit them not only as useless, but dangerous, inasmuch as they tend to keep up in the integuments a state of fluxion and irritation peculiarly favourable to the return or the development of the cutaneous affections, at least, in the neighbourhood where the issue has been applied. In some cases, however, it has appeared proper to us to apply a cautery or a blister towards the conclusion of the treatment, where the cutaneous malady has been accompanied by a humoral secretion, more or less copious, particularly if any internal organ appeared disposed to become affected. Without this precaution it would seem dangerous to suppress some affections of the scalp in young people, and certain dartous eruptions in subjects disposed to pulmonary diseases. It is particularly in cases where the arrest of the cutaneous malady has been followed by symptoms of internal mischief that *revulsives, issues, vapour and sulphurous baths, sinapisms, and blisters,* are useful, and efficaciously tend to bring back the suppressed disease, or, at least, to combat the internal derangement which has ensued, by a powerful revulsion.

6th. *Tonics.* Tonics and bitters are frequently very appropriate in lymphatic and scrofulous subjects, and in all cutaneous affections which are accompanied by a more or less marked feebleness of the lymphatic system. *Hops, gentian, violaria, and lapathum,* are the remedies commonly used, particularly in the third period of the disease.
With these drinks we frequently combine the *alkaline subcarbonates*; we sometimes even employ the *muriates of lime or barytes*, in small doses; but the two last require much caution in their exhibition, and ought only to be given in scrofulous cases.

7th. *Purgatives.* We have already said that the ancients very frequently employed purgatives in the treatment of skin diseases. They are still used in the present day as evacuants and derivatives; *scammony, jalap, calomel*, and the neutral salts are most resorted to, and they are administered, at intervals more or less distant, in a great number of chronic cutaneous affections, which are usually accompanied by constipation. Some physicians, who confine themselves exclusively to this therapeutic method, pride themselves on obtaining nearly constant success. There is no necessity for observing that before we commence we ought most carefully to observe the state of the digestive apparatus.

8th. *Sudorifics.* The *alkaline, sulphureous, and vapour baths* are frequently employed to render the skin soft and pliant, to cleanse it from the squamae and crusts which cover it, to re-establish its functions, always more or less altered in its chronic affections. *Sudorific drinks*, such as *sarsaparilla, guaiacum, daphne-mezereum*, to which we can add various antimonial preparations, are also employed, and particularly in those of an inveterate *syphilitic* nature.

9th. *Revulsives.* When by the effects of age, regimen, or some other circumstances, certain parts of the body become the seat of a congestion which involves something morbid, we often succeed in curing the cutaneous disease which shows itself, by seeking to determine towards other parts, the elements of the fluid which have given rise to it. It is in this way that the exercise of the inferior extremities (the appropriate means to provoke the catamenial discharge), and marriage, give rise to the cure of dartrous eruptions on the ears or the face of young females who are seldom regular, and in whom the countenance is habitually coloured. It is also by a revulsive effect that purgatives and blisters frequently act.

10th. *Specifics.* Without attempting to exaggerate, and still less to explain, the action of *specific or special remedies*, we will premise our readers, that we would simply designate under this name certain drugs which appear generally appropriated to the treatment of a large
number of skin diseases; and we do not pretend that they ought always to be employed in preference to every other medication. In this order we comprise certain vegetable and mineral substances, which experience has proved to possess a special efficaciousness in the treatment of dartrous eruptions.

The *juices of herbs*, the buckbean, the *scandix cerefolium*, the *sisymbrium nasturtium*, the *dulcamara*, and others, are in daily and common use; but we must choose from among these plants, and exhibit them according to their properties, at diverse periods, and in various cases. Thus those which are diluent and cooling are particularly appropriate at the commencement, during the period of increase, and in subjects who present any signs of plethora or sanguineous irritation. Those which are stimulating and exciting are proper during the period of decline, and in cases where there is no indication of vascular disturbance.

*Sulphur*, employed from the most remote antiquity, and which appears endowed with an action quite specific in chronic cutaneous maladies, ought not to be indiscriminately applied, either externally or internally; it is not at first suitable, except in some affections which recognize an external cause, as *the itch*, and in some cases of circumscribed dartrous eruption. Its action is commonly excitant, particularly when it is employed as a sulphuret or as sulphurous acid. Generally speaking, the preparations of sulphur are not suitable in the periods of invasion and increase, nor in vascular and plethoric subjects, and they ought, in many cases, to be preceded by blood-letting, warm baths, and purgatives.

*Simple* baths, on the contrary, are useful at all periods of skin diseases. Those of *vapour* cause the falling off of the squamae and crusts, effect the softening of the skin, and give rise to a particular kind of temporary inflammation, accompanied and followed by an expansion and desquamation, the effects of which are most salutary. These baths are employed with advantage in scaly and crustaceous affections, and in many skin diseases, at the period of decline. The *vapour douches* are resorted to in nearly the same cases, and particularly when the affection is confined to certain parts. The *alkaline and sulphureous* baths generally act as excitants, and are only suitable when the march of the disease is chronic, presenting none of the phenomena of vascular irritation; they
are often preceded by the simple and vapour baths. The *sulphureous fumigations*, still more irritating, are employed in nearly the same cases as the sulphureous baths. The *mercurial fumigations*, commonly made with *cinnabar*, are administered in cases of inveterate and circumscribed syphilis. The *aqueous and sulphureous douches* also act as excitants. The waters of *Bareges, Cauterets*, and *Enghien* are employed internally, under nearly the same circumstances as the sulphureous baths. Although the mineral waters, as they exist in nature, are generally far preferable to the factitious ones, particularly when they are exhibited in the place from whence they are procured, nevertheless, they (the artificial ones) are frequently employed with success, especially externally.

In order to render more precise the general rules which we have laid down, we will take a particular example, and will mention the order to be observed in a methodical and rigorous treatment.

Supposing a patient, with a very strong and vigorous constitution, to be affected with an *impetigo*: we should commence by prescribing a preparatory treatment (low diet, bleeding, baths, diluents, purgatives). Afterwards, in the course of the first period, relaxing drinks, an abstemious and regular regimen, and, occasionally, a warm bath; still later, bitter and purifying drinks, and vapour baths; lastly, sulphur baths, preparations of sulphur externally and internally, topical astringents, corrosives, and even caustics, a blister, too, if the eruption were intractable and circumscribed, (the crusts being previously detached by emollient applications). In following this course, we effect a slow, it is true, but a certain cure, with but little probability of a relapse.

It is here that we are reminded of the old adage, so full of useful application, either in medicine or surgery:

Sat cito si sat bene.

**Classification.** The ancient authors, Greek, Latin, Greeks of the second order, and Arabians, have described under various names a large number of different species of cutaneous affections, which we find mentioned in their works, under the denominations of *pruritus, psora, scabies, lepra, elephantiasis, leuce, alphos, papulae, herpes, exanthemata, pithyriasis, porrigo, ficus or sycosis, impetigo, lichen, phlyctææ*, &c. The brevity of the descriptions...
which they have given, the little connexion which we find
in the classifications of some, the want of order and
method which we notice in their works, the very super-
ficial observation of the physicians of the middle ages,
the corruption of language, the infidelity of translators,
and the medley and confusion of popular opinions, have
not failed to render the application of the ancient names
to some well-determined and positive diseases, extremely
difficult. In spite, too, of the efforts of our learned
Lorry to clear away this chaos, we are in the habit, in
France, of confounding nearly all chronic affections of
the skin under the name of dartres, reserving that of
tineæ to those which have their seat in the hairy scalp,
and which are nearly peculiar to infancy and childhood.
Professor Alibert thought that he might dispense with
this vulgar language, and fearing to engage himself in an
ungrateful task, the result of which might be doubtful, in
endeavouring to attach to the various forms and species
the names by which the ancients served to designate
them, he attempted to separate into well-characterised
groups the cutaneous maladies which had fallen under his
observation, preserving the generic terms of tineæ and
dartres, but conjointing with them appropriate epithets to
characterise the varieties which he thought them capable
of admitting.

Deriving their distinguishing features from that
product of the local affection which happened to be the
most apparent and the best defined, he admitted seven
species of dartres: the furfuraceous, the squamous, the
crustaceous, the rongeante, the pustular, the phlyctenoid,
and the erythematous; five of the tineæ: the favous, the
granulated, the furfuraceous, the amiantaceous, and the
mucous. He described, besides, three species of ephelides,
or spots, under the names of lentiform, hepatic, and scor-
butic; he drew up a table of the severe affections of the
skin, known as leprous, and ranged them in a class sepa-
rate from those contracted by the syphilitic virus, and
called pustular, vegetant, and ulcerating syphilides.

This classification, without doubt, presents immense
advantages: first, it tends to do away with the confusion
which results from the uncertain application of ancient
names; next, it unites under generic titles, affections, the
origin, progress, and termination of which present many
points of resemblance; lastly, it renders it easy, with a
little practical study, to denominate most of the diseases of the skin, the characteristics which serve to establish these denominations being, in general, most permanent and most easy to seize upon. What mere student, for instance, who could not, at first sight, recognise a furfuraceous dartre, by the partial exfoliation of the epidermis, which is detached in small particles, like flour, or scales of bran? Who is there that could not speedily bring himself to recognise the squamous dartre, by the exfoliation of the epidermis in flakes much larger than the preceding, usually accompanied by a redness, and often by an exhalation more or less abundant? Who would not see in an instant that he should designate as crustaceous those which manifest themselves in one or many parts of the integuments, by yellow, grey, whitish, or greenish crusts, of various forms?

But we must, on the other hand, confess that this classification gives rise to great inconvenience. It employs, for the indication of species, very vague, general, and superficial characters; neglecting too much the elementary forms under which the cutaneous maladies show themselves, it confounds, under the same generic denomination, forms which are very different in appearance at their commencement, and whose progress also are widely at variance; lastly, it sets on one side certain affections, which are well marked and determined, so that we do not know where to place them in this limited classification, more simple than just, more ingenious than natural. It is thus that we find comprised under the term furfuraceous dartre the pithyriasis of the Greeks, psoriasis, and lepra vulgaris, whose march and characters are, nevertheless, extremely different: it is thus that we see confounded under the term squamous dartre, papular, vesicular, or even pustular eruptions. Where are we to place in this classification, prurigo, purpura, and many other affections which could not be comprised in it but by forced and unnatural reconciliation? Struck by some of these inconveniences, the author has quite recently proposed a new classification, to which we shall presently allude.

Whilst Professor Alibert in some measure ennobled the tone of common expression, and raised it to a scientific standard, by embellishing it with all the charms of his splendid talent, the English author, Willan, treading in the steps of the German, Plenk, who wrote many years
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previously, took an entirely different route, and endeavoured to apply with precision the names in use with the ancient authors, to the various species of cutaneous maladies known in the present day, taking for the basis of his classification the constant elementary forms under which they presented themselves. Doctor Bateman published, in a condensed form, the doctrine of Willan, which, unfortunately, was translated by a man little versed in the English language, and still less in the study of cutaneous pathology: it is this synopsis which has supplied the text for my lectures, and my Manuel. Care has been taken moreover to add the modifications suggested by M. Biett to the classification proposed by Willan.

Bateman divides the various groups of skin diseases into eight orders, corresponding to the principal forms which observation has revealed to us: these eight primary and characteristic forms are papulae, squamae, exanthemata, bullae, pustulae, vesiculae, tuberculae, and maculae; which we may better enumerate in the following order, more advantageous for study, and perhaps also more natural: exanthemata, bullae, vesicles, pustules, papules, squamae,

a) Previous to this, as we have already said, Mercurialis, a writer of the sixteenth century, had laid down the basis of a methodical classification by dividing the diseases of the skin into three orders, according as they merely altered its colour, rendered its surface unequal and rough, or gave rise to veritable tumours: he had admitted, besides, the grand distinction mentioned by nearly all authors, relative to situation, between the affections peculiar to the head and those which show themselves indifferently in all parts of the body. Lorry, founding his classification on the proximate cause, separated the cutaneous maladies into two primordial orders—the first comprising those which Hippocrates regarded as formed by a sort of deposit (απόστρωσις)—that is, by an internal purifying cause; the second, those in which the cause resided in the skin itself. Each of these grand divisions divided itself into two sections, comprising, the one the general species, or those which involve the whole extent of the cutaneous texture, the other the partial species, or those confined to certain parts of the body. The subdivisions were afterwards based, as much as possible, upon the form of the malady.

M. Rayer, in these later times, has adopted a somewhat analogous division, since he has distinguished the diseases of the skin into those which are of an inflammatory, a secretory, an hemorrhagic, and a nervous nature. In this classification the greatest number are ranged in the chapter on inflammations, in his picture of special cutaneous pathology; the subdivisions are derived, as in our work, from the consideration of the form (exanthematous, vesicular, bullous, pustular, &c.).
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tubercles, and maculae. But before submitting to the
reader the plan of this classification, we must say a word
on that which M. Alibert reproduced, with notable
alterations.

This has received from its author (I do not sufficiently
know why) the appellation of natural. The diseases of
the skin are there designated as Dermatoses, and disposed
in twelve groups, on the branches of a genealogical tree,
planted by the professor's own hands, under the following
names:—

**Dermatoses.**

<table>
<thead>
<tr>
<th>Inflammatory, or eczémateuses.</th>
<th>Véroleuses, or syphilides.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eruptive, or exanthémateuses.</td>
<td>Strumeuses, or serofuloulons.</td>
</tr>
<tr>
<td>Chr. of the hairy scalp, or tei-</td>
<td>Scabieuses, or pruriginous.</td>
</tr>
<tr>
<td>gneuses.</td>
<td>Hémateuses, or petechial.</td>
</tr>
<tr>
<td>Id. of rest of body, or dartreuses.</td>
<td>Dyschromateuses, (which alter the colour of the skin).</td>
</tr>
<tr>
<td>— — cancéreuses.</td>
<td>Héticromorphes, of uncertain form.</td>
</tr>
</tbody>
</table>

The branch which bears the group dermatoses eczéma-
leuses, divides itself into twelve ramifications, which
represent the following diseases: Erythema, erysipelas,
pemphix, zoster, phlyzacia, cnidosis, epinyctide, olo-
phlyctide, ophlyctide, pyrophlyctide, anthrax, furunculus.

The 2nd group (D. exanthémateuses) comprises nine
species: Variola, vaccinia, clavelée, nile, varicella,
rosorea, ruboea, scgarlatina, miliaria.

3rd (D. teigneuses), comprises four: Achor, Porrigo,
favus, trichoma.

4th (D. dartreuses), comprises four: Herpes, Varus,
melitagra, esthiomène.

5th (D. cancéreuses), comprises two: Carcinoma,
kéloide.

6th (D. lépreuses), comprises four: Leuce, spiloplasiae,
elephantiasis, radesyyge.

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b Urticaria.

c A nocturnal eruption, disappearing by day, described only by
Alibert.

d Herpes.

e Aphiæe.

f Malignant pustule. g A varioloid of sheep, transmissible to man.

h A varioloid. i Crusta lactea. j Plica polonica.

k The squamous diseases, lepra, psoriasis, and pityriasis.

l Acne and syeosis.

m Impetigo.

n Lupus. o The Jewish leprosy.

p Malum mortuum. q The name given to an
elephantiasis of northern countries, in Norway.
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7th (D. véroleuses) comprises two: Syphilis, mycosis.
8th (D. strumeuses), comprises two: Scrofula, farcinoma.
9th (D. scabieuses), comprises two: Scabies, prurigo.
10th (D. hémateuses), comprises two: Peliosis, petechia.
11th (D. Dyschromateuses), comprises two: Pannus, achrome.
12th (D. hétéromorphes), comprises six: Ichthyosis, tylosis, verruca, onygos, dermatolysie, nevus.

"Ce ne sont là" (poetically adds one of the reviewers in the Bulletin de Bordeaux, No. 46, 1834,) "que les branches et les rameaux de cet arbre du mal qui couvre de son ombre délétère l'espèce humaine. De chacun des rameaux se détachent des ramuscules, qui offrent les variétés nombreuses des diverses maladies qui sont désignées. On peut dire que sur ces ramuscules se développent des fleurs âcres qui apportent des fruits amers."

This classification (to which we do not hesitate a moment to prefer that previously published by the same author, incomplete as it would appear in the present day) is so imperfect, that it suffices, so to speak, to expose it to the reader in order to do it justice. Who does not see at the first glance that the groups are not united to each other by any link? Who cannot discover that no rule or fixed principle has superintended their formation, and that there is nothing to hinder its being curtailed or added to without its appearing to suffer by it the least in the world? The first group is characterised by an inflammatory appearance, and comprises erysipelas, pemphigus, and the furuncle itself, whilst the second is created according to theoretical considerations, and an arbitrary signification given to the word exanthema, rendered synonymous with eruptive fever: we also find described there, variola, rubéola, and miliaria. The third and fourth, preserved from the ancient classification, have no other distinguishing mark than the common acceptation given to a vulgar name (tinea and dartre). In the fifth group the proxi-

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1 This genus includes frambeesia and molluscum.
2 Purpura.
3 This genus includes lentigo, ephelis, pityriasis versicolor and nigra.
4 Vitiligo, albinismus.
5 Onychia.
6 Abnormal extensibility of the skin.
mate cause (cancer) has served for the principle of classification; in the sixth, too, a vulgar and indefinite name (lepra) forms the sole characteristic of the genus. In the seventh the cause is again taken into consideration (syphilis), as also in the eighth (scrofula); whilst in the following it is by a symptom, or an appearance (alteration of colour), that the genus is denominated: moreover, under the last group we can re-unite all cutaneous maladies, since there is not one which does not more or less alter the form of the integuments (heteromorphous). This classification has evidently nothing natural about it but its name, and it presents less simplicity and facility for study than that of which we have previously made mention, and in the place of which M. Alibert has unfortunately thought proper to substitute the new one.

The English classification, on the contrary, taking for its basis the elementary form, as far as that form can be appreciated by the senses, presents an exact tout ensemble; since it is the same principle which has regulated the construction of the eight orders of which it is composed, and this principle is derived from the direct observation of nature herself. This classification, besides being infinitely more clear, more simple, and more easy than that of M. Alibert, is also more philosophic and more natural.

As to the species, if the English authors have thought that they ought to preserve the names made use of by the writers who have preceded us (endeavouring, nevertheless, to give to them a precise signification), M. Alibert, in the present day, has no right to find fault with it, since he himself, in his new classification, has endeavoured, more than once, to tread in the same steps, by employing, for instance, the old words of varus, melitagre, and esthiomenè, in place of those of dartre pustuleuse, D. crustacée flavescente, and D. rongeante; of
which, at other times, he availed himself. But we have sufficiently occupied ourselves with a classification which we would have adopted with great pleasure if it had appeared to us sound and good; and of which we will take care elsewhere, in the course of this work, to relate the terms synonymous with our species: it is now time that we should enter into detail with respect to that on which we have based our system.

We just now said that eight orders, founded upon the consideration of the principal forms observed by writers of every age, compose this classification. We will now enumerate these orders, signalise their principal characters, and mention the different species which they comprise, and which we shall have to study successively.

Order I. Exanthemata.—Egypta, efflorescentia, from Egypte, effloresco, pullulo, erumpo. According to Celsus, the Greeks designated under this generic name every species of eruption which caused prominences or projections on the skin, whether or not it changed the colour of the integuments. According to Lorry, this title comprises all pustular eruptions which pour out a fluid that is converted into crusts; nevertheless, this author confesses that there is much ambiguity in this expression, very vaguely employed by the ancients. In the present day we generally designate, under the term exanthemata, every species of eruption (pustular or not) which is rapidly formed on the skin: in the classification of Bateman, this term has been limited to simple redness, and the following is the definition which should be given of it: Red superficial patches (the colouring disappearing on pressure) variously figured, diffused irregularly over the body, usually leaving interstices of a natural colour, terminating by repercussion, or resolution, with or without exfoliation of the epidermis. Depriving this order of the diseases which it is not our object to consider—such as erysipelas, rubeola, and scarlatina—we shall only have to describe, as exanthematosous affections, urtica, roseola, and erythema.

Order II. Bullæ.—Bullæ, or blebs, are aqueous tumours, slightly voluminous, formed by the raising of the epidermis, detached from the inflamed reticular tissue, by a certain quantity of, often limpid, serum; their appear-
ance is that of phlyctænae, caused by the application of a blister, or of boiling water.

This order only comprises two maladies—pemphigus and rupia.

Order III. Vesiculae.—This term, which (like the preceding one) nearly corresponds to that of phlyctænae of the Greeks, derived from φλύεπω, to boil, serves to designate aqueous tumours, much smaller than those of the last order, and formed by little drops of serum effused between the reticular tissue (inflamed or not) and the raised epidermis. These small tumours, often blended together in groups more or less numerous, generally speaking, soon break, or are accidentally burst, and pour out a liquid which frequently concretizes itself in thin crusts, or in squamae, more or less delicate: they may also, sometimes, be followed by excoriation and exhalation, or they are replaced by a desquamation of the epidermis.

As we have done in the first order, we will set on one side, in this, varicella and miliaria, which are described in all works on pathology, and limit ourselves to here placing as special diseases, scabies, herpes, and eczema.

Order IV. Pustuleæ.—Notwithstanding the uncommon use of the word pustules by ancient authors, we perceive that they designated purulent elevations by this name. By the description which Celsus gives of it, we evidently understand that pustule may be distinguished from maculae by the prominences which they form, and from papulae by the fluid which they contain.

The Greeks designated many species of pustules, under the names βλασηνοματα, εκκρηματα, εξεμεμματα, φλυζακιον, &c.

Willan has retained two Greek names by which he has denominated two species of pustules of different form: 1st, the phlyzacious pustules (φλυζακιον, from φλυζω, to boil) described by Celsus, and to which Bateman gives the following characteristic marks: a pustule, ordinarily of a large size, raised on a hard circular base, of a vivid bright-red colour, and succeeded by a thick, hard, dark-coloured scab. 2nd, psydracious pustules (ψυδρακια, from ψυδρος,
fallus, ἀνδρός, fello), doubtless on account of their smallness, which gives rise to an ocular deception, or from ὑψωμα, sicco, dry pustules, or again from ὑψωμα, frigus, cool pustules, as opposed to the characters of the preceding form. These are small pustules, frequently irregularly circum-scribed, merely producing a slight elevation of the epidermis, and terminating in a lamellated crust. Many psydracia usually appear together and become confluent; and after the discharge of pus they pour out a thin, aqueous fluid, which often forms an irregular incrustation.

Pustules, then, are small purulent tumours, usually having an inflamed base, and which are caused by the fusion of an opaque fluid, which elevates the epidermis; this fluid dries up, and is concreted in crusts, beneath which excoriations or ulcerations are sometimes formed.

We shall have to describe in this order four special diseases: ecthyma, acne, impetigo, and tinea.

Order V. Papules.—According to Lorry, who is not perfectly satisfied with the description of Celsus, the Latin word papulae ought to be applied to elevations of the skin which do not contain any fluid; and the same signification ought to be given to the word βλαστήματα of the Greeks, which properly signifies germina, buds, and which appears, in fact, to mean dry pimples. This order only comprises two diseases: prurigo, and lichen.

Order VI. Squamae.—The squamous or scaly maladies are characterized by an affection, more or less superficial, of the reticular tissue, which gives rise to a lamellated or furfuraceous desquamation of the epidermis, with or without a reddening of the skin. Squamae properly signify little whitish scales, which are detached, or are more or less adherent to the cutaneous surface; and furfuraceous desquamation, the peeling off of the epidermis in small pulverulent particles, analogous to those of bran or flour (furfur).

We have thought it proper to establish three subdivisions in this order, according as the most conspicuous phenomenon is the squamous or scaly appearance of the skin (squamae properly so called), or as the epidermis is resolved into fine particles, altering or not the colour of the integuments (furfuraceous or scurfy desquamations),
or, lastly, according as we observe, besides the formation of squames, a prominence of the surface of the skin, more or less marked, in the affected regions (squamous plates). Each of these subdivisions comprises one disease:—1st, *icthyosis*; 2nd, *pithyriasis*; 3rd, *lepra*.

**Order VII. Tubercula.**—In cutaneous pathology the term *tubercle* is applied to small hard tumours, more or less superficial, accompanied, most frequently, by a particular colour of the skin; which may either terminate by resolution, remain in a state of induration, or pass into ulceration and suppuration: in the latter case crusts, varying in thickness, form on the surface.

This order comprises a great number of species in the table drawn up by Bateman: *phyma, verruca, molluscum, vitiligo, lupus, elephantiasis, frambesia*, &c. Some of these affections are very rare, very obscure, and very imperfectly understood; so that we shall not attempt to give any account of them in this work.

We shall, in this order, describe the following species: *lupus, elephantiasis* of the Greeks, *elephantiasis* of the Arabs, and *keloide* or *cheloidea*.

*The molluscum* is a sort of tubercular eruption, extremely rare, and nearly unknown in this climate: one example of it will be found towards the latter part of this work. *Pian* and *frambesia* are also exotic affections, which some observers have regarded as a peculiar degeneration of cutaneous tubercular maladies, primarily caused by the venereal virus, or scrofula. *Vitiligo* or *leuce* of the Greeks, a disease nearly unknown to modern writers, is supposed, by some, to be the lepra of the sacred writings; also to be that which spread itself in Europe at the time of the crusades: by others it is looked upon as a special disease, quite distinct from *elephantiasis*, or lepra tuberculosa, and of which, here and there, we occasionally meet some examples in practice. We shall make some few remarks on it when we come to speak of these two latter affections. We would recommend those who are anxious to search into the curious, but difficult and obscure, subject of ancient lepra, to consult the treatise of Lorry, and the Latin dissertations of Schilling and Philip Ouseel, published at Leyden in 1778, under the superintendence of Professor J. D. Hahn. Those who are forewarned of the errors of diagnosis, and the confusion which results from the employment of vague and indefinite words, by the precise information which they have been able to gather from this work, and from my annual lectures, would derive some good from these ancient writings, without being exposed to the doubts and uncertainties which necessarily present themselves to those who are not well read in cutaneous pathology.
Order VIII. Macule.—Deep and permanent alterations in the colour of the skin, usually without any projections or desquamation, constitute, properly speaking, the order of maculae, in which we will range ephelis, nevus, and purpura.

The reader may now be convinced that this work really only treats of the special diseases of the skin. What good would there be in our again going over that which has been so often said on erysipelas, scarlatina, variola, &c.? What interest could students find in theoretical notions, relating to exotic maladies, such as pian, frambasia, plica polonica, &c.?

Already many learned men have devoted to it their midnight hours, without understanding the necessity of seeing and observing, each for himself, before discussing affections nearly unknown in our climate. Why should I be engaged in literary discussions, relative to alphos, or leuce, or vitiligo of the ancients? I repeat it—I have no pretensions to compose a complete treatise on cutaneous pathology: I have merely wished to place within the reach of every one, all that is known in the special diseases, which are daily met with in practice, and which all physicians ought particularly to study. My course of lectures, has, I trust, already realized this desire for a large number of persons; and I hope that this book may realize it for a larger number still. The great difficulties are not within my province. Non omnibus datur adire Corinthium.

Here, then, by way of summary, is a table of the diseases which we shall have to describe, and joined to it the history, so important, of the syphilides, which will form a sort of appendix to each order, the syphilitic virus being capable of reproducing on the integuments (but always with special characters) each of the leading forms which have served to establish the divisions of our classification.
A specious objection, and one which we ought not to pass by in silence, although it has been made by persons little familiarized with the study of special cutaneous pathology, is the following:

It has been said, that the papular, vesicular, and pustular forms, admitted as the basis of a classification of cutaneous diseases, into separate and distinct orders, were incorrectly regarded as constant, and that a vesicle is frequently transformed into a bulla, a mere redness into a papule or pustule, so that the distinctions founded upon these considerations were arbitrary and illusory.

We are far from really denying that erysipelas, for example, which belongs to the order of exanthematous blushes, may not accidentally give rise to bullæ, dependant upon the irritation being more intense in one point than in another; that erythema may present slight papular, sometimes even tubercular, elevations, as may be seen in certain varieties; that pustules of ecthyma, or impetigo, may be superadded to vesicles of scabies, or papules of prurigo; that papules of lichen may be consecutively formed in certain regions which have for some time been affected with eczema or impetigo; that, more frequently still, pustules of this latter disease manifest themselves in
places where lichen agrius has just previously existed. Certain papular forms of lichen very easily pass into a squamous state, in like manner as the ancients said that lichen was converted into psoriasis, or lepra. But what do all these examples, which we might easily multiply, prove? Nothing; except that there is nothing absolute in nature, and particularly in morbid nature. It suffices us that the elementary forms which serve to guide us in diagnosis should be plain, and decided, and constant, in order that we may be able to recognise them in an immense majority of cases, and arrive, by their means, at a correct determination of the species. We will not neglect any point in the history of the diseases of the skin. We will, for instance, endeavour as well to describe the squamous consecutive form of eczema, as we have taken care to indicate the vesicular form which characterises its commencement; but we shall regard the latter as the most essential and the most proper one to class the disease under, because eczema cannot be produced without its appearance, and squamae are nothing but the product, in a different state, of the exhalation which succeeds the rupture of the vesicles. As regards the cases of accidental transformation of one species into another, they are exceptions which do not vitiate the general rule, or complications which do not disturb the foundation of the primary disease.

It has, moreover, been maintained, that, taking into consideration the form, more than the nature of the eruption, we must necessarily blend in the same order species between which there is great disparity. We are far from denying it in particular cases, and especially in the tubercular order; but we must say that this error is still more frequently met with in other classifications, and that ours possesses the immense advantage of resting upon a material and obvious basis, essentially useful and practical, whilst those who take into consideration the nature or the proximate cause, necessarily fall into confusion and conjecture. We may easily convince ourselves of this, if we will take the trouble to consult the classification proposed by Lorry, the clearer and more philosophic ones of M. Alibert, and the one more simple, and still more like our own, of M. Bayer. As to the one recently proposed by a celebrated surgeon of Lyons, Dr. Baumes, which, setting aside the case of forms, discovers in fluxion, revulsion, and sympathy, an explanation of all the morbid pheno-
mena comprised in cutaneous pathology—there is no necessity for our falling back into a chaos from which modern observers have extricated us. Doubtless, the considerations of cause and of nature are of the highest importance for the practitioner; doubtless, M. Baumes has given proofs of his clinical experience and philosophy, by endeavouring to place them prominently forward; but let us beware of forgetting that we must first recognise the evil, before we undertake its cure. To this exact and precise knowledge may be attributed all the ideas of progress, duration, and the various consequences, which compose the most sure and solid science of the observing physician. But it is because the classification which we have adopted appears to us the one most calculated to facilitate the knowledge of the different species, that we regard it as preferable to all others, without pretending to attribute to it a perfection which is scarcely to be met with in scientific systems applied to the study of living beings.
ORDER I.

Exanthemata. (3 Urticaria, Roseola, Erythema.)

Urticaria.

I. The name of urticaria, from urtica, a nettle, is given to a cutaneous eruption analogous to that which is produced by the contact of the nettle, urtica urens. This disease has been described by some authors under the names of nettle fever, fièvre porcelaine, essera, &c.

M. Alibert has included it in the group of Dermatoses eczématous, under the Greek name Cnidosis, borrowed from Hippocrates (κνιδώσις), derived from κνίδη, a nettle.

Doctor Behrens, in a letter inserted in the works of Werlhoff, has carefully described the accidental urticaria caused by the ingestion of muscles—an affection he has himself experienced.

This eruption is characterised by hard, prominent elevations, usually round, discrete, or confluent, varying in size from two lines to an inch, or more, often whiter than the rest of the skin, at other times rose-coloured, frequently surrounded by a red areola, accompanied by itching and heat, of short duration, but sometimes re-appearing at intervals more or less distant. This exanthema, often apyretic, sometimes preceded or accompanied by fever, is not contagious.

II. Urticaria frequently shows itself in consequence of the ingestion of certain substances, and especially after the usage of various salt-water fish, and many shell-fish, such as muscles, oysters, crabs, the sea-dog, &c. In some subjects, craw-fish, the flesh of fresh pork or goose, and even strawberries, produce the same effect. I have seen it supervene on a repast of spiced substances—sausages, for instance. Most frequently, in these cases the urticaria is caused by indigestion; sometimes, however, there is no appreciable disturbance of the digestive functions. In certain individuals, the use of some of the substances
which we have enumerated invariably produces urticaria, by reason of a peculiar idiosyncrasy. In others, this exanthema has been seen to happen after a meal composed of substances which have been often taken before by the same parties without causing anything of the kind. But urticaria may also spontaneously develop itself, independently of the ingestion of particular articles of food; then, however, it is frequently dependant on a derangement of the digestive functions, gastric irritation, or a foul and unhealthy state of the mucous membrane, which may be attributed to a heating regimen, the use of stimulating substances and spirituous liquors, or the abuse of the pleasures of the table; the employment of exciting medicines may also provoke it.

I have seen the exhibition of the balsam of copaiba give rise to it. Joseph Frank relates a singular fact, of an individual of his acquaintance who was subject to urticaria whenever he took seltzer water. Urticaria may develop itself during dentition: children, women, and lymphatico-sanguineous and nervous subjects, are most liable to it. Sometimes its approach is indicated by severe accessory fever.

The moral affections—sorrow, contrariety, or a vivid emotion—may cause, more or less rapidly, an urticarious eruption. I have seen a young married woman, on issuing from a very hot drawing-room to supper, suddenly seized with this exanthema, at the very time that some one was joking with her: the neck, shoulders, and chest became covered, in an instant, with rose-coloured and pruriginous eminences, which compelled her to leave the ball. Another woman, who, during a time of fast, received a letter announcing some grievous and unexpected event, was immediately seized with violent bilious vomiting and purging, and a very short while afterwards a most intense urticarious eruption spread itself in various parts of her body. Atmospheric electricity may, according to some authors, influence the development of epidemic urticaria. Joseph Frank cites a curious case, of a young girl, who, struck by a thunderbolt, and having one side severely scorched by the electric discharge, was attacked by a nervous fever, and intense urticaria on the sound side.

III. We sometimes observe precursory phenomena, acute or chronic; such as fever, malaise, lassitude, pains
in the limbs, cephalalgia, indications of gastric irritation or obstruction, loss of appetite, pain in the epigastrium, nausea; at other times the eruption at once develops itself, without being preceded or accompanied by any sensible derangement of the general health. The patient is excited to scratch himself by an itching, more or less intense, in various places—the limbs, the neck, the chest, &c.; this causes the eruption to manifest itself in prominent pruriginous points, like little tubercles, round or oval, from two lines to an inch in extent, or even much larger, whiter than the rest of the skin, or slightly rose-coloured, often surrounded by a red areola: these elevations most frequently occur in the night and towards the morning, or immediately after a meal, and particularly dinner; sometimes, even, according to Vogel, Burserius, Frank, and Bateman, in the evening, if the individual undresses, and exposes his skin to the contact of the air. (Illud enim singulare habent, quod in frigido magis emergant, et in calido evanescat. Vogel, cited by Bateman.) The eruption, when the urticaria is accidental—as, for example, in cases where it is caused by alimentary substances—is ordinarily of only a few hours' duration; it soon disappears, and terminates by resolution, without any desquamation of the epidermis. This variety is called ephemeral. In spontaneous urticaria, which lasts for some time, the march of the exanthema is usually remittent: the pruriginous patches happen during the night or towards morning, and disappear during the day, to remanifest themselves the following night. This affection may be even completely intermittent, and it is often complicated with accessory fever.

IV. Varieties.—Willan and Bateman admit six varieties of urticaria: 1st. Urticaria febrilis, preceded by some gastric disturbance, and often by a febrile disturbance of one or two days' duration. The eruption is accompanied by a very bright redness, and gives rise to a most uncomfortable pricking and itching. This variety is particularly observed in summer, in children during dentition.

b Joseph Frank says that he observed, during his clinical studies at Wilna, a woman whose tongue was much swollen, and itched most violently, whilst an urticaria covered the whole of the body: he cites, on this occasion, Koch, who asserts, in a Latin dissertation on nettle-fever, published at Leipsic in 1792, that the mouth may participate in the eruption.
and in adults who live freely; it is frequently caused by a derangement of the digestive functions, by a foul and roughened state, or an irritation, of the primæ vĩæ. It generally lasts about seven days; when it is very intense, it may be followed by a slight exfoliation of the epidermis.

I observed this variety, with the most intense symptoms, in the spring of 1828, in a woman of bad constitution, who, without any apparent cause, was seized with shivering, fever, pains in the limbs, repeated bilious vomiting, painful and bloody stools, followed by an urticarial eruption of the most severe nature. Hard, white prominences, surrounded by a slightly rose-coloured line of variable extent (some an inch in diameter), accompanied by intolerable itching and deep lancinating pains, successively spotted many points on the surface of the body, and disappeared, leaving behind them a more or less feeble discolouration, soon to show themselves in other places. Notwithstanding the employment of energetic antiphlogistic treatment, there was no well marked improvement before the fifth day, and from that time the disease became remittent, the paroxysms returning every day in the afternoon, with a less painful and less prominent eruption than on the preceding days. The symptoms also gradually diminished till the eighteenth day, when I thought it expedient to administer the decoction of bark, which speedily effected a perfect cure.

A great number of examples of intermittent nettle-fever are related by different authors. I will give a very characteristic one, taken from the Journal de Sédiilot (Vol. LV.):

A man, 38 years of age, of a bilio-sanguineous constitution, went to reside in the country, in a house surrounded by marshes, where he devoted himself entirely to agriculture. He soon experienced disorder of the digestive functions. A wet season having increased his complaint, he went on foot to Montpellier, to consult M. Golfin. The very day of his arrival he was seized with violent shivering, followed, at the end of two hours, by most intense febrile heat, during which an eruption of pruriginous wheals manifested itself, which did not disappear until the termination of the sweating stage. The fit lasted about twelve hours: in the evening the apyrexia was complete. The physician having recognised the existence of gastric disturbance, prescribed an emetic, which was given on the following morning, and procured
bilious purging and vomiting. In the afternoon the patient found himself so much improved, that he sat up for three hours, and showed great cheerfulness. But this very day, a fit, longer and more intense than the preceding one, supervened, accompanied by a much more violent urticarious eruption, characterised by hard and confluent elevations of the skin, which became brightly red, with intolerable itching, extreme agitation, small frequent pulse, difficulty of breathing, dry tongue, a wild and anxious look, and deafness. It was not till towards ten o'clock on the following morning that the symptoms abated, and that, sweating having commenced, the eruption and the other accessory phenomena, by little and little disappeared. At seven in the evening there was no fever remaining. The character of the disease could no longer be doubted; and as it was feared that the next fit would be still more severe, and that the fever would assume a serious character, bark was speedily exhibited, with complete success. Neither the eruption nor fever returned, and the patient was soon restored to perfect health.

We find in Vol. IV. (an. 1827) of the Nouv. Biblioth. Médicale the report of a much more remarkable case, by Dr. Cazenave, of a febrile intermittent urticaria, quotidian, which lasted for many years, and was eventually cured by Fowler’s arsenical solution. In this case the eruption was sometimes so intense, that, during its access, the tubercular elevations presented a bright rose-colour, and left behind them a swelling and livid discoloration, traces of the violent fluxion, which, in some cases, accompanies this disease.

It is, moreover, not uncommon to see an urticarious eruption accidentally break out during the course of various febrile maladies.

The second variety is fugacious urticaria, Urticaria evanida; it is often chronic, and generally unaccompanied by fever; the wheals are generally whiter than the rest of the skin; they frequently manifest themselves in consequence of scratching, and rapidly disappear; the eruption of these pruriginous elevations is also frequently renewed during a period of many months; it is sometimes dependant on an affection of the digestive passages; in other cases it is not accompanied by any internal derangement.

In the 3rd variety (Urticaria perstans), the wheals are
URTICARIA.

stationary, and do not entirely disappear the same day they are developed; the redness, merely, which accom-
panies them, vanishes during the remission. The duration
of this exanthema usually varies from two to three weeks.

Three other varieties (Urticaria conferta, subcutanea, 
tuberosa) are distinguished from each other by the appear-
ance of the eruption, which forms confluent and prominent 
whels in the first case; less elevated, harder, and deeper 
eminences, often accompanied by lancinating pains, in the 
second; tubercular-looking tumours, in the third. In this 
latter variety, observed and carefully described by Frank, 
the elevations are large, and frequently accompanied by 
deep-seated pains in the regions of the affected skin.

But one form of urticaria, which, without doubt, merits 
special mention, is that which we have already alluded to 
as being produced by the ingestion of muscles. We cannot 
do better than here translate the letter written upon this 
subject by Doctor Behrens, and inserted in the Works of 
Werlhof (P. Gottlieb Werlhofii, opera medica in 4to, 
Pars II., Hanov., 1775).

Behrens at first refers to the most remarkable examples 
related by authors, and particularly that of Henr. Mei-
bo-mius, who was himself the subject of this affection; the 
observation made also upon himself by Fr. Hoffmann, 
who was seized with urticaria after partaking of these 
animals; the numerous facts gathered together in the 
Collection of the Academy of the Curious in Nature; those 
which the author has had occasion to collect himself, 
notwithstanding the severe and alarming symptoms; 
referring to other examples, upon hearsay, where these 
symptoms have become fatal. He terminates by a detailed 
recital of what he experienced upon taking this kind of 
food, from which he had carefully abstained for twelve 
years, afraid as he was of that which he had so many 
times observed at Brunswick, where he resided.

One day in the month of February, 1734, being in 
company with some friends, Behrens, yielding to their 
solicitations, ate from eight to ten muscles. He was the 
only one who had so much reserve; and, strange to say, 
the only one also who was inconvenienced by them.

Symptoms of indigestion (uneasiness, pain in the 
epigastrium, anxiety, deliquium, nausea, vomiting) 
speedily followed by a frightful urticarious eruption, 
manifested themselves a few hours after the repast. The
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face, enormously swollen from the confluent elevations of the exanthema, was an object of fright for the patient, and those around him; the eyes were closed up, the upper lip so swollen, that air could scarcely penetrate the nostrils. At the end of about half an hour the eruption left the face and appeared on the neck, afterwards on the chest, and after that, successively, on the other parts of the body, accompanied by intolerable itching, which, however, gradually became less as it (the eruption) approached the inferior extremities. In the space of four hours all was terminated.

The same author, in a second letter, inserted in the same work, again reverts to the symptoms caused by muscles, and finds himself compelled to adopt the opinion of Stokhausen, who, having discovered at Boulogne-sur-Mer, in France, that they were full of small animals, like spiders, attributed to the accidental presence of this insect all the dangers of the use of the muscle.

V. It is scarcely in anything but their cause that the eruptions of urticaria differ in the white or rose-coloured wheals, which they determine, upon a fine and delicate skin, from flea or gnat bites, nettle stings, and even a stroke with a whip itself; besides, there is no exanthema with which urticaria can be confounded, if we give to it the slightest attention.

VI. Acute urticaria is generally a short and mild disease, upon which we may express a favourable opinion when there is no tendency to reproduction, to assume the chronic form when it appears dependant on a particular susceptibility of the integuments, or even a special morbid disposition of the general economy. Nothing but its complications can induce fatal results: it is thus that the symptoms of indigestion, consequent on urticaria, caused by the ingestion of muscles or other substances, may become serious, and even, according to some writers, cause death. Still, this fatal termination appears to be extremely rare, and it has been most frequently mentioned by authors upon the credit of others. Behrens, whom we cited above, thus expresses himself on this subject: "Licet etiam ea symptomata, quacumque gravia, intra unum alterumque diem, sine vitæ periculo desfagrare aut extinguire solent; tamen non desunt exempla rariora, nobis quidem non visa, ubi mortem arcesserunt." He adds, that Ammans and Valentinus have spoken of an individual
who died so suddenly, after having eaten some muscles, that they accused his wife of having poisoned him.

Chronic urticaria constitutes a most unpleasant, uncomfortable, and often intractable, disease; but there is no danger attending it.

VII. Treatment.—Symptomatic urticaria, which is dependant upon indigestion, of course, requires no treatment but for the indigestion itself: so that diluent drinks and infusions, the proper means to provoke and to cause vomiting, if the stomach is overloaded, emollient fomentations, and afterwards cold and narcotic drinks if the indigestion assumes the character of cholera, as sometimes happens, compose all the treatment. The simple acute urticaria, has generally merely a short duration, and cures itself with the help of the diet usual in acute maladies. One or two bleedings from the arm, acidulated drinks, a few tepid baths towards the decline—such are the remedies which generally prove successful. The urticaria which assumes the chronic form, and which has a tendency to protraction, ought at once to be attacked by tried rules of regimen. Willan strongly recommends us to notice, in these cases, if the use of any alimentary substance of a particular nature does not cause the return of the exanthema; it is in studying also the patient's mode of living, in successively depriving him of various articles of food, which he habitually takes, that the English author has observed that in some persons the urticaria may be kept up by the use of fermented and spirituous liquors; in some, white wine, in others, vinegar, in others, fruits, in some, sweet substances, in others, raw vegetables, in others, fish, give rise to, and keep up the disease. Nevertheless Willan acknowledges that in some cases a complete change of regimen produces no amelioration. It is under such circumstances that Bateman thinks that laxatives administered from time to time, the mineral acids, the aromatic bitters, soda or potash combined, in small doses, with drinks of that nature, may be serviceable. These means ought really to be employed in lymphatic subjects, and in those who present no signs of gastro-intestinal irritation.

Baths are the most efficacious external remedies in urticaria. They may be employed tepid, and even cold, when the malady is acute, and accompanied by indications of excitement; warm or saline when it is chronic, and where the subject is weak and lymphatic. Sea-baths, re-
commended by Bateman, may be essayed under analogous circumstances, although they generally appear but little adapted to combat this disease, and to favour the resolutions of the wheals which characterize it, since the usual effect of sea-water in subjects with a fine and delicate skin, is to produce great stimulation, with efflorescence, and even urticarious elevations.

When the itching is intolerable, we may allay it by the application of lemon-juice, vinegar, and alcoholic lotions.

We have already alluded to the medicaments which are necessary, when the disease takes on the intermittent form: bark is then the remedy, par excellence.

**Roseola.**

*(Fausse rougeole of some authors; Roseola, Bat.)*

I. According to Bateman, the efflorescence to which Doctor Willan gave the name of *roseola*, is generally symptomatic of, and dependant on, various febrile diseases, the treatment of which requires no important modification. The points of resemblance between this exanthema and measles deserve the attention of the practitioner; it appears, in fact, very probable, that some authors, particularly those who believe in the recurrence of measles, and even scarlatina, have sometimes been deceived by *roseola*; I say sometimes, for since it is well attested that small-pox can recur, and that vaccine matter may be inoculated two or more times, with success, in some subjects, I do not see why we should absolutely deny the possibility of the two former diseases recurring also, when there exist well-authenticated and incontrovertible examples of it. Nevertheless, they are very rare, notwithstanding what Dehaën says; for Morton, in the course of a long practice, saw only one case of recurrent rubeola, and Rosen of Rosenstein affirms that he has not seen a single instance of it, during a long practice of four and forty years: moreover we may easily judge from the recent discussions on variola, varicella, the vaccine, and varioloid diseases, that it is sometimes extremely difficult to form a correct opinion of the nature of an eruption, particularly when we have not seen it in all its phases.

However that may be, we understand by *roseola* an exanthema frequently unaccompanied by fever; generally
exempt from precursory catarrhal symptoms; of a short duration; partial or general; non-contagious; characterized by small rose-coloured, or clear, bright, red spots, without any appreciable projection in the greater number of cases; terminating by resolution with or without desquamation.

M. Alibert ranges this affection in the group of *Dermatoses exanthématoses*.

II. We frequently observe roseola in young children from two to three years of age, and during dentition. Women, and persons with very fine and delicate skins are particularly liable to it. It especially shows itself in hot and variable seasons. Irritating *ingesta* may determine its development; it is not very uncommon, for example, to see it happen after the exhibition of the balsam of co- paiba: it is a fact which I have many times had occasion to observe. A nephew of M. Cullerier has made the same remark. There is a particularly well-characterized example of it, in the November number of the *Nouvelle Bibliothèque Médicale* (an. 1826):

A young man affected with *blenorrhoea* was anxious to get rid of the discharge by the use of Chopart's draught. Two days after the employment of this remedy, he was seized with violent fever, soon followed by an eruption which invaded the whole extent of the integuments; irregular spots, of a very bright red, small at their commencement, but increasing with great rapidity, covered the skin and did not disappear for five days, leaving behind them a desquamation which was only decided and well marked on the feet and hands. Nevertheless, the blenorrhoea continued. (He had, however, a very powerful *revulsion*; what do physiologists who are opposed to specific remedies, think of this?) At the end of a certain time he again wished to suppress the running, and took, with that view, a mixture of *copaiba* and powdered cucubeb; but, the same evening an attack of fever came on, and the next day an eruption, analogous to the preceding one, showed itself; only it was less intense.

Strong moral affections may also give rise to roseola, as we have already seen it produce urticaria. *Bateman* cites many cases of a slight roseola supervening on convalescence from various febrile diseases. The same author has seen it take the place of gastric derangement, internal inflammations, and even gout. Most physicians have noticed an exanthema, which occasionally shows itself in
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consequence of inoculation or the vaccine disease, and complicates its effects: it is usually nothing more than a roseola.

III. The eruption of roseola is sometimes preceded by a slight fever, usually exempt from the symptoms of catarrhal, ocular, nasal, guttural, and pulmonary irritation, which precede and accompany measles; at other times the eruption first shows itself, and spreads upon the face, neck, and rest of the trunk in one or two days, or entirely confines itself to the superior extremities. Bateman, however, mentions a case where the eruption occupied the forehead and hairy scalp, and the inferior extremities. It is true that the subject was gouty, and that after the desquamation the articulations of the right foot were affected with a gouty inflammation.

I have seen a patient suffering from Roseola cestiva, in whom the eruption was nearly exclusively confined to the feet and hands. It is not uncommon, on the other hand, when the eruption propagates itself from the trunk to the other parts of the body, to see it spread to the inferior extremities.

It appears under the form of round irregular spots, more or less analogous to those of rubella, often larger, and nearly always less numerous, leaving between them intervals of sound skin. These superficial spots, of a deep red colour, often accompanied by a stinging and itching, grow pale in a short time, and usually disappear in four or five days, leaving after them a more or less decided desquamation, sometimes scarcely appreciable, at other times much more marked. Although it has been thought, (and it appears natural to think so) that the sudden suppression of roseola by a cold atmosphere, would be followed by other symptoms, Bateman says that he has never seen any examples of it. This disease, though generally acute, may take on a chronic form, the spots alternately appearing and disappearing; languor, vertigo, and digestive derangement then occasionally supervene as the eruption is dying away.

IV. Varieties.—Bateman admits, after Willan, many varieties of roseola: one relating to age, which he calls Roseola infantilis. It especially attacks children during dentition, upon any intestinal disorder, or febrile movement. Its progress is very irregular, appearing and disappearing successively for many days; it becomes well
marked and decided during the night. There are two varieties relating to the seasons at which they manifest themselves:—1st, Roseola aestiva, which generally happens during the summer, in irritable subjects, in women, or sudden alternations from cold to heat, or from any other circumstance; the eruption is sometimes preceded by slight fever, showing itself in the form of small isolated spots, larger and more irregular than those of measles, which grow pale on the second day, and are effaced on the fifth; whilst the slight functional disturbance which supervened disappears also. It is accompanied by a smarting and itching sensation of the skin, with sometimes a slight redness of the throat, and pain on deglutition. In a case of this species, which I observed in an adult, the roseola manifested itself after some days of general uneasiness, accompanied by a foul state of the mucous membrane of the stomach, without fever. The eruption was particularly well marked on the hands and feet; the face being exempt. It consisted of rose-coloured spots, varying in their dimensions from the size of a pea to that of half-a-franc piece. These spots were irregular in form, pruriginous, and slightly prominent. The throat was of a very bright red colour, not swollen; slight pain in swallowing. 2nd, Roseola autumnalis; this form shows itself chiefly in children, during the autumn, in distinct rose-coloured, circular, or oval spots, which appear principally on the superior extremities, and attain the size of a franc piece. The particular form of the spots caused Willan to establish a fourth variety, which he designated Roseola annulata. In this variety the eruption appears upon nearly all parts of the body, with or without febrile symptoms, and marks the skin with rose-coloured rings, the central points of which preserve the usual appearance of the integuments. It ordinarily presents an exacerbation, with itching, and a sensation of pricking at night; it is peculiarly liable to take on a chronic form, and prolong itself for an indeterminate period, with or without derangement of the general health. I have seen a very remarkable example of it in a child about two years of age, during teething, where the rose-coloured rings were distinctly traced on the chest, abdomen, and inferior extremities, in the evening, and faded away and disappeared in the morning. This eruption, which was unaccompanied by fever, only lasted two or three days. There are two other varieties which manifest
themselves on inoculation with small-pox or vaccine matter. The first, Roseola variolosa, rarely happens before the eruption of spontaneous small-pox; it is most frequently observed after the inoculation: it usually appears on the second day of the eruptive fever, which happens the ninth or tenth day after the inoculation. It first shows itself on the arms, chest, and face, and extends, the second day, to the trunk and extremities. Then, on the day following, we begin to recognise, in the midst of the general redness, variolous pustules, in the shape of small elevations, rough to the touch, with whiteness on their summits. The second, Roseola vaccina, very analogous to the preceding one, shows itself in children the ninth or tenth day after the inoculation of the vaccine virus, in the neighbourhood of the place where it was inserted; at other times it appears sooner, and is generally accompanied by slight febrile disturbance. Lastly, Willan has admitted a seventh variety, under the name of Roseola miliaris; it consists of an eruption of miliary vesicles, complicating the roseola. We shall make some remarks on it when we treat of the diagnosis between eczema and miliaria.

V. Roseola presents some analogy with rubeola, scarlatina, and erythema. In the latter, as we shall have occasion to notice presently, the spots are more extended and generally less numerous; their colouring, more strongly marked, is deeper and more permanent, the cutaneous affection appearing less superficial; its progress is generally less acute, and most frequently partial. Rubeola may be distinguished from roseola by its contagious character, by its more regular march, by the febrile and catarrhal symptoms which precede, accompany, and follow it. The progress of scarlatina is also more regular; it colours the skin in a much more general, persistent, and uniform manner, and gives it a deep raspberry-coloured tint, and is accompanied by a special fever, and constant sore throat.

VI. Roseola is, in general, a mild and transient affection: it is only when it has a tendency to become chronic, that we must endeavour to combat it by slightly active means, and to modify the constitution by a general methodic treatment. It is particularly the complications, the fever, and the internal inflammations, with which roseola may be connected, which ought to claim the attention of the practitioner. If the suppression of this
exanthema has given rise to any symptoms (I have never seen it do so), we must attack them, perhaps also endeavour to bring back the eruption, if it appears necessary.

Low diet—or, at least, a light regimen—rest, and diluent drinks, are generally sufficient, when there is no fever, to disperse the roseola, which, most frequently, is of only a few days' duration. To these means we may add tepid baths, acidulated drinks, and even one or two laxatives, towards the close of the eruption. When it is protracted and disposed to become chronic, the mineral acids, internally, and sea-baths, externally, may be employed, as recommended by the English physicians. This affection, in general, requires no special treatment, when it supervenes as a crisis in, or consequence of, some other disease.

Erythema.

(Erythema of the Ancients, Intertrigo, Tooth-rash, Inflammatory Blush, Dartre Erythémöide of M. Alibert, Erythema of Willan and Bateman.)

I. Ἐρυθήμα, a Greek word, which signifies redness, and which the ancients employed to designate the rednesses of the skin which were not erysipelatous, is become, with some authors, a simple shade or degree of erysipelas. M. Alibert has recognised it as a species of dartre, under the name of dartre érythémöide, acknowledging that this disease often partakes of the nature of the acute exanthemata, and forms a sort of intermediate link between the acute and chronic affections of the skin: in the present day, this affection forms the first group of the Dermatoses eczémateuses of the author just alluded to.

We understand by erythema a non-contagious exanthema, most frequently exempt from general symptoms and derangement of the general health, characterised by superficial red spots, of variable extent, usually larger and more highly coloured than those of the preceding malady, and which, like them, terminate by repercussion or resolution, with or without desquamation.

II. But erythema is more frequently connected with, and symptomatic of, a general visceral derangement, an internal inflammation, or fever, than roseola; at other times it is idiopathic, and then often unaccompanied by any disturbance of the general economy.
All external irritating causes may produce partial erythema: thus we see it happen in consequence of stimulating frictions, the prolonged contact of urine, an acrid catarrhal flux; from the effect of scratching; or a sting; from the action of heat or cold; and from the effect of vicinity to a wound or an ulcer. In some subjects spring is favourable to the development of erythema; irritating ingesta may also give rise to it; lastly, it often happens without any appreciable cause, and attacks children, women, and irritable and lymphatico-sanguineous subjects, with a fine and coloured skin, in preference to others. The most constant and apparent symptom of the epidemic disease which raged at Paris in 1828, was erythema of the extremities.

III. Commonly exempt from general precursory or concomitant symptoms, erythema is characterised by red, superficial, but deeply-coloured spots, of variable size and form, which invade an extent of tissue more or less considerable: these spots usually leave between them numerous spaces, where the colour of the skin is not altered. When the disease is partial, and particularly when it arises from any external cause, it occupies uninterruptedly a larger surface, which is uniformly coloured red, of a deeper and more intense nature than that of erysipelas. These spots, frequently accompanied by an itching, scalding, and prickling sensation, grow pale at the end of a few days, and are not long in disappearing, often leaving behind them a desquamation more or less well-marked. When the erythema is produced by scratching, or by the contact of acrid matter, and particularly when it is situated in the folds of the groin, thighs, or buttocks—in short, in parts which are the seat of a special odoriferous transpiration, and which are exposed to rubbing (intertrigo), we often see the epidermis destroyed, and the excoriated erythematous surface furnish a serous or seropurulent discharge of a nauseous and most disgusting odour.

Erythema may take on a chronic form: the spots then usually succeed each other, either in one place, or in various parts of the body, or the same spots alternately fade and resplourish, without quite disappearing. The malady may also prolong itself for many weeks, or even months; especially the epidemic form which we just now alluded to.
IV. Varieties.—Willan has established six principal varieties relative to the various forms which the erythematous tint of the skin presents.

1st. *Erythema fugax*, fugaceous erythema. It is characterised by red, irregular, and transient spots successively appearing on the arms, neck, chest, and face, in fevers, in some chronic diseases, or even in nervous affections, as hemicrania and hysteria. This eruption is frequently symptomatic of an affection of the primæ vīæ.

2nd. *Erythema laeve*, smooth erythema. This variety presents a bright and uniform colouring of the skin, which especially shows itself on the inferior extremities, and is sometimes even existent with œdema. This variety is occasionally observed in intestinal affections, or in women at the catamenial periods; and then the spots may be seen also on the superior parts of the body.

3rd, 4th, 5th, and 6th. *Erythema marginatum*, *papulatum*, *tuberculatum*, and *nodosum*, varieties in which the spots are sometimes round, with hard, prominent, and papular edges (*Erythema marginatum*), sometimes hard and papular, of a red colour, afterwards becoming livid (*Erythema papulatum*), sometimes accompanied by small tumours, determined by a greater cutaneous fluxion (*Erythema tuberculatum*), sometimes, too, in the form of hard and painful protuberances, in which the whole tissue of the skin, sometimes even the subjacent cellular tissue, appear swollen (*Erythema nodosum*). Willan also adds to these varieties the *intertrigo* of ancient authors, the result of attrition of contiguous surfaces, or of irritation caused by an acrimonious discharge. Redness, with itching and burning, sometimes with excoriation, and the exhalation of a glairy foetid fluid, shows itself under the arm pits, the groins, the upper part of the thighs, in fat women, and in infants at the breast of whom little care is taken. Dü-

M. Biett mentions a very rare and remarkable erythematous form, which he propone to designate by the name of *érythème excéntrique*, because the spot extends itself from the centre to the circumference, leaving behind it a sort of cicatrix, very superficial, and like to that which results from a slight burn. I have occasionally observed this form at the Hôpital St. Louis, particularly in two individuals who presented themselves on the 6th of July, 1830. The *erythema* (as is most common in these cases) was situated on the cheek-bones; there existed a red, undesquamating spot, on the prominent part of the cheek, beneath each orbit, about the size of a
ring the months of August and September, 1831, a very large number of acute cutaneous affections, particularly the erysipelas and erythematous forms, were presented to our observation, both at the bureau central, and in the wards of the Hôpital St. Louis.

The two forms which we have seen the most frequently happen are those designated by the English physicians under the names of marginatum and papulatum. Large spots of a bright red, at their commencement, varying in size from that of a two-franc to a five-franc piece, and even more, are scattered here and there (usually a small number) on the extremities, neck, face, and sometimes, though rarely, on the trunk. In two cases, in particular, these spots of a round shape, about the size of a two-franc piece, separated by intervals of sound skin, were scattered about the neck, nearly comprising its circumference. One of my colleagues thought that it was a zona in its early stage; and indeed this species of half-circle offered some resemblance to the inflammatory groups of zoster, particularly as the cutaneous fluxion had been so great as to cause a sort of cuticular elevation which, shrivelled and whitened on the surface of some of the erythematous spots, had very much the appearance of incipient vesicles; but at the end of a few days, the prominence of the points which had appeared vesicular, sank, the redness was no longer bright and florid, but assumed an obscure tint,—in short, the red and prominent patch was transformed into a spot or stain, the character of which could not be doubted, and speedily disappeared, since these eruptions have generally about a week's duration, and sometimes even less; but they recurred, in

two-franc piece, with a very slight whitish cicatrix in a point of the circumference which the erythema had already abandoned. Of two women, also affected, the one said that she experienced acute pains in the place where the eruption was manifest, and referred its origin to many months back; the other, some time previously, took some vapour douches, under the influence of which the spots faded, and diminished in extent. In the month of August, 1834, I observed a man who had an affection of the same kind, but more extensive and intractable. The nose and two cheek-bones were the seat of spots larger than a two-franc piece, of a glossy redness, covered here and there with small greyish scales. On the former they presented a small surface where the skin, suddenly growing white, appeared as though it were slightly and superficially cicatrised. He has had the disease for many years, and had prescribed for it ointments made pungent by the addition of sulphuric acid.
ERYTHEMA.

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the same way as the exanthematous patches of urticaria, again becoming red for a time, but repassing more quickly than on the former occasion, to a state of simple maculature; the fluxion was more intense, the spot appeared more elevated, and the stain remained more purple and livid, so as nearly to simulate ecchymosis. A patient whom we treated in the ward Sainte-Marthe, had for six weeks, a papular erythema on the neck, sometimes in a most intense state, the spots being prominent and highly coloured; sometimes in a state of decline, the spots being very pale and light-coloured. These alterations were occasionally accompanied by fever and gastric disturbance. Time, a sober regimen, simple baths, acidulated drinks, and some laxatives, dissipated this affection.

Erythema nodosum has more frequently an acute and inflammatory march: like the preceding varieties, it nearly always manifests itself in hot seasons. In the year 1832, I pointed out to the pupils who attended my course, a very remarkable example of it, in the person of a countryman who resided in the neighbourhood of Paris, and which had appeared quite extraordinary to the physician who attended him, and who had not been in the habit of seeing skin diseases. Previously, in July 1831, I saw in the wards of the Hôtel Dieu, an example of the same kind (much more common than most practitioners believe), the characteristics of which were so striking, that since then I have never mistaken this malady, very easy to recognize after once having seen it.

A woman, aged 44, fat, lymphatico-sanguineous, first catamential period at the age of thirteen-and-a-half, indisposed and irregular for the last year, having caught cold about three weeks since, and having been unwell for the last eight days, with loss of appetite, bitter and clammy taste in the mouth, weariness of the limbs, followed by an eruption on the fore part of the arms, and afterwards on the knees, presented on the surface of the body, some sensitive, red, hot, erysipelas-looking spots, scattered in small numbers, on the knees, the dorsal aspect of the arms and hands, and on parts of the chest: these spots were accompanied by tumefaction of the skin, elevated in the form of tubercles, representing the species of painful nodes; there was no fever. The patient stated, that some years previously she had had analogous spots on the knees. She was twice bled, and had diluent drinks, moderate regimen, tepid
baths. The tumours soon shrunk, the cutaneous colouring disappeared, without a very well-marked desquamation. After ten days, she went out cured; there still remained a trifling swelling in the points of the skin where the erythema had been situated, and they were slightly spotted.

The following case, related by Professor Alibert, as an example of *dartre érythémoidè* (some time previous to the publication of Bateman’s synopsis), presents a faithful picture of one of the most common forms of erythema.

A man, 35 years of age, of a sanguineous and lymphatic constitution, his mother being scrofulous, having a sister affected with *dartres*, had already been twice tainted with an eruption like to that which he presented to M. Alibert, when first this author had occasion to observe him: the exanthema first showed itself in the hands, afterwards on the legs, and anterior part of the sternum. The skin of the hands was of a red amaranth colour, mixed with slightly violet tints. In the midst of these irregular spots, some intervals of the integuments were perfectly sound, and preserved their natural colour. The patient complained of slight smarting pain in the hands, as though they had been plunged into strong brine. Their inflamed appearance would have led one to suppose that they had been bitten by gnats, or stung by bees, or hornets. This cutaneous affection presented no crusts or scales. When it arrived at its height the skin appeared tense, shining, and swollen; but as the inflammation subsided, it sank down and shrivelled, assuming a blueish tint. The patient then said that he felt a sort of itching in the fingers, a kind of travail, or uncomfortableness. Some time afterwards, the epidermis detached itself in flakes; and the skin speedily regained its ordinary state.

We must still add the *epidemic* erythema observed at Paris in 1828 to all the varieties which we have described. Its details may be found in the journals of that period (particularly the *Revue Médicale*, an. 1828-9): we shall only here mention that which specially relates to the cutaneous disease which formed one of the most characteristic marks of the epidemic. The palms of the hands and the soles of the feet were surrounded by an intense red band, having all the characters of erythematous blushes, and the epidermis peeled off in flakes, more or less extensive; sometimes it was raised by a slight serous exhalation; so that at the Hôpital St. Louis, where the form was for the first
time observed, it was proposed to give it the provisional name of *erythème éliminatoire*, before we were apprised that it was only one of the phenomena of the *epidemic of Paris*, designated by some physicians under the name of *acrodynia*, because of the constant implication of the extremities. This erythema nearly always passed into the chronic state, and was protracted for many weeks and even months, particularly when it was accompanied by the pain, the smarting, the almost paralytic impotence of the extremities which signalized this epidemic of the French metropolis. Its causes remain unknown.

V. Although *erythema* may be one of those diseases most easily recognized by a slightly practised eye, it is one which frequently gives rise to errors of diagnosis, in ordinary practice. I could not myself believe, had I not witnessed it, that a slight erythema of the face could be mistaken, by a physician, in other respects most enlightened, for a syphilitic affection: fortunately M. Biett interposed in time to save the patient from the disagreeableness and inconvenience, which, according to him, was involved in a diagnosis which attacked the honour of a young and estimable person. This is one of the thousand examples which prove that in cutaneous pathology nothing can take the place of that special study, to which we endeavour, in our annual courses, to direct the attention of students and physicians.

In successively describing the various maladies which we have to study, we shall point out what is peculiar in the redness which many of these diseases leave behind them, whether or not they are caused by the venereal virus or scrofula. We have already mentioned above, the deceptive *vesicular* appearance which erythematous spots

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"Two examples of sporadic *Pellagra*, which I have witnessed since my attachment to the Hôpital St. Louis, have made me refer this disease to the Chapter on Erythema. Of these two patients, the one was a young woman who sank in three days under pellagrous mania; the other was an old man, who slowly wasted away, and died in a cachectic state, after a sojourn of about two months in the hospital. The erythema, very strongly marked on the back of the hands, and a little on the upper part of the face (particularly on the back of the nose) was accompanied by a greyish earthy desquamation. I am of opinion that the rays of a burning sun are the cause of the disease, acting as a disorder on wretched and enfeebled constitutions during winter."—Manuscript Letter from M. Gibert. Trans.
occasionally present. We must now occupy ourselves solely with establishing a differential diagnosis between this affection and those contained, like it, in the order of exanthemata.

Urticaria ought not really to be confounded with erythema. I remember, however, to have once seen a physician who had written on diseases of the skin, mistake a roseola for an urticaria; but let us at once acknowledge that a mistake of this kind is of very little importance as to the treatment, and consequently that it is not the least inconvenient for the patient. The white (or slightly rose-coloured), fugacious, pruriginous elevations of urticaria, bear no resemblance to the permanent red spots of erythema; although, in some cases, and especially where the former malady is ephemeral, the patches during revolution leave a bright red border, which bears some analogy, on the first glance, to the spots of measles. Erythema is nearly always a partial affection, confined to regions of little extent, whilst, frequently urticarious eruptions simultaneously, or successively, show themselves on the whole surface of the integuments.

This last character serves also to distinguish erythema from roseola, the small, rose-coloured, ephemeral spots of which scarcely in any respect resemble the large and deep-coloured ones of erythema.

VI. Treatment.—Erythema is, in general, a very slight malady, and easy to treat. When it is local, partial, and accidental, as, for example, in intertrigo, rest, cleanliness, emollient lotions, soothing topical applications, such as oil or cerate, absorbing powders, as lycopodium, &c., ordinarily suffice to dissipate it. When it is general and acute, as in the variety described under the name of Erythema nodosum, blood-letting, strict regimen, diluent drinks, tepid baths, and laxatives, are the most rational and suitable means to employ. When it is constitutional, and has a tendency to pass into the chronic state, we must, if in other respects the general state of the constitution indicates it, exhibit, internally, the mineral acids, slight tonics, and laxatives, so much extolled by the English physicians, whilst we employ, externally, tepid, slightly aromatic, and sometimes even alkaline or sulphur, baths.

If it is symptomatic, it is the diseases with which it is complicated that we must first attack with suitable remedies. In the epidemic erythema, the characters of which
we just now pointed out, I have witnessed the application of leeches, local emollient and narcotic baths, and fumigations of the same nature, without much success: time appeared, in most cases, to be the only truly efficacious remedy.

**Exanthematos Syphilide.**

When we come to speak of spots (maculae), we will endeavour to ascertain whether syphilitic spots (syphilide pustuleuse maculée of M. Alibert, macule syphilicae of MM. Cazenave and Schedel) really constitute an elementary form of cutaneous syphilis, and are not merely the consequences of another antecedent form, papular, pustular, tubercular, or some other.

We may here say that syphilitic roseola is the most common form of the syphilitic exanthemata. Perhaps we must add to it another form, which presents some resemblance to urticaria, and which has consequently been described by M. Alibert under the name of syphilide pustuleuse ortieé; but this form, which I have only observed twice, has not yet been sufficiently studied to justify us in doing more than just mentioning it.

The syphilitic roseola very frequently shows itself during the primary phenomena, such as gonorrhoea, or (more rarely) chancres; it may also follow in the train of consecutive or constitutional syphilis, and co-exist with ulcerations of the throat, iritis, periostitis, &c.

Like the other syphilides, it commonly shows itself as a consequence of neglected or ill-treated venereal disease; but more frequently than the other forms, we see it suddenly break out in persons, who at a more or less distant period have been tainted with syphilis, owing to some moral or physical disturbance which seemed to determine the manifestation of a poison, the germ of which had long been

* It must appear singular to persons who have studied the diseases of the skin according to the English classification, to see the epithet pustular appended to the syphilides which show themselves as spots or exanthemata, whilst with us the word pustule, always taken in an etymological sense (pus, pus), signifies a purulent pimple, and constitutes a distinct elementary form. This defect of language is owing to a scientific corruption, which we have already had occasion to point out, and to a habit, into which practitioners have very generally fallen, of giving the name of pustules to nearly all the cutaneous alterations effected by the syphilitic virus.
latent in the system. The spots of the syphilitic differ from those of the ordinary roseola, in their cause, their concomitant phenomena, their dark copper-coloured appearance, which is peculiar to them, their permanence and duration, and in their number, which is usually more considerable.

The eruption for the first few days may be so acute as to mask, to a certain extent, some of its special characters; but the spots soon fade and leave behind them small, dull, greyish, copper-coloured, or livid stains, which last for a much longer time than those of the simple exanthema, and often for many months.

We shall devote, at the end of this manual, a short appendix to a summary history of the syphilides, where everything relating to their treatment will be found. We will only mention in each of our special orders that which may be considered under the head of comparative diagnosis.
ORDER II.

BULLAE. (2. Pemphigus. Rupia.)

Pemphigus.

I. The Greek word πεμφ尔斯 or πεμψς, bulla, is the etymology of pemphigus, employed by Sauvages to designate the disease which we are about to consider. Willan and Bateman have preferred the name pompholix, which has the same origin (πομφόλυξ, bulla). M. Alibert formerly ranged this affection in the class of dartres phlycténoides; but, under his new classification, it forms a part of the group of dermatoses eczémateuses, and goes by the name of pemphix.

This eruption is characterised by bullæ (blebs), filled with serum, which are rapidly formed upon an erythematous patch of the skin, and acquire a size varying from that of a pea to a nut, or even an egg. These serous tumours, precisely analogous to those produced by the application of cantharides, soon allow the fluid which they contain to escape, and dry up in small delicate squama, which leave behind them a slight mark.

Galen gave a very just idea of this disease when he said that he understood by the words πομφος and πομφόλυξ of Hippocrates, bullæ full of serous humour, resting upon a red and bloody-looking base. Aëtius Amideus, a writer of the fifth century, has given an abridged description of it in a chapter, De Phlyctenis sive Bullis. Sauvages has blended together, under the name of pemphigus, many febrile affections, with vesicular eruptions, which have not all a reference to the disease we are considering, and some of which may possibly be complications of severer maladies with pemphigus itself. Many years since, M. Glibert wrote a justly esteemed monograph on pemphigus. It merely endeavours to prove how untrue is the assertion of Bateman, who, after Willan, rejects most of the facts published by authors under the names of febris vesicularis, ampullosa, or bullosa, and even that of pemphigus, as
examples of complicated erysipelas, or of phlyctææ, accidentally developed during the course of severe diseases, and who thinks that we ought only to admit as distinct the chronic form of this eruption, to which, in order to avoid any mistake, he would give the name of pompholyx, employed by Hippocrates.

II. Lobstein, Osiander, and Gilibert have noticed congenital pemphigus. We find in the Miscell. Acad. Nat. Cur. (Dec. 2, A. 1683, p. 63) an observation of P. Ledel, who saw the body of a foetus, the mother of which had been addicted to drunkenness during the whole time of her pregnancy, covered with numerous bullæ. Joseph Frank noticed a fatal febrile case of pemphigus in a child nine months old. Red blushes showed themselves on the right side of the thorax, and under the left axilla; they were soon followed by bullæ of the size of an almond, analogous to those produced by the application of a blister. On the following day some fresh ones came out on the back, the arm, and the palm of the left hand. Death rapidly ensued. The same author relates that Michaelis has made mention of an infant of six months, affected with bullæ, the mother, who was then suckling it, having an herpetic eruption on the face. This disease shows itself, by preference, in young subjects (at the period of dentition, for instance, or under other circumstances); and, in women at the age of puberty, and in old persons. A modern writer has stated that this affection is more rare in women than in men; Ætius has remarked quite the reverse, adding, that we may sometimes see in the former, bullous eruptions on the thighs, coincident with the suppression or irregularity of the catamenia. Joseph Frank also ranges the female sex among the predisposing causes of pemphigus. In seven patients that he had occasion to notice, two only were males. Reil, in his Clinical Medicine (vol. i., fasc. 2), relates four examples, all occurring in women advanced in life. On the other hand, all ages, and both sexes, may be affected with it. Hot seasons are favourable to its development, particularly in the acute form.

Neglect of proper regimen, intemperance, the use of sour and spiced substances, and bad nourishment, occasionally give rise to chronic pemphigus. The moral affections, grief and vexation, often appear to favour the development of this eruption. Sometimes it is symptomatic, and de-
Pemphigus.

Pendant on the existence of a general or local malady, acute or chronic fever, an internal inflammation, dropsy, scurvy, &c. More frequently still, like many other diseases of the skin, it happens without any appreciable cause, and appears to be dependant on a special modification, either temporary or permanent, of the animal economy. A German physician, cited by Joseph Frank, noticed a patient who, every time that she became enceinte, after the first accouchement, was attacked with pemphigus during the latter months of her pregnancy. Doubtless, there is reason, in many cases, to attribute the disease to a particular alteration of the fluids. Besides, notwithstanding the opinion put forth by many authors, it does not appear in the least degree contagious: some experimentalists have attempted inoculation with the serum furnished by these bullæ, but to no purpose (Gaitskell, Husson).

III. The eruption of bullæ is sometimes preceded by general symptoms—such as languor, uneasiness, lassitude, nausea, febrile disturbance, &c.; it often, however, manifests itself without any premonitory symptoms. Nevertheless, Joseph Frank affirms that he never met with a case of pemphigus in which the eruption had not been preceded by any indisposition whatever. In proof of this assertion, he cites examples of it happening after hæmoptysis (in a young girl of 19); hæmoptysis, asthma, and convulsions (in another girl, aged 20, irregular); scurvy, hæmoptysis, and dysuria (in a third, aged 24); rheumatic fever, and swelling of the gums, which became bloody (in a young man of 17); gastralgia, dyspnœa, and dysuria (in an aged woman); intolerable itching of the whole surface of the skin (in an old man); lastly, various severe symptoms (somnolence, chorea, convulsions, cardialgia, hæmatemesis, bloody diarrhoea, hæmoptysis, and dysuria, in a servant, 22 years of age).

Erythematous spots, accompanied by heat and pain, as Galen has so well pointed out, generally precede the appearance of bullæ: they develope themselves more or less rapidly, often in a few hours, sometimes even in a space of time so short, that we can scarcely really satisfy ourselves as to the pre-existence of the spot, of which the red areola, surrounding the bullæ, is alone, in some cases, indicative. These bullæ, more or less nume-
rous, and of variable size, are, as *Ætius Amideus* justly remarks, exactly like blisters produced by the action of boiling water. Their size varies from that of a pea to that of an egg, or even larger still; they may contain as much as an ounce, or more, of serum, commonly clear and limpid, or slightly lemon-coloured, like the fluid produced by blisters. After two or three days, more or less, they fade, shrivel, and open, whilst the fluid which they contain escapes, and they dry up, leaving behind them small, delicate, reddish squamæ, which are not long in disappearing. In chronic pemphigus there are many successive eruptions of bullæ; sometimes, instead of drying up immediately, they leave painful excoriations. The number of bullæ is very variable, as also is their situation. *Seliger*, in the *Ephémérides des Curieux de la Nature* (A. 6 and 7, Obs. 57), says, that he has noticed in a man an eruption of bullæ, as large as marbles, which were numerously scattered in the mouth, on the face, the neck, the hands, the chest, the legs, and the other parts of the body exposed to the air. In a patient observed by *Wichmann*, there was not a single point of the skin which was free from pemphigus, during the twelve or fifteen months that this disease lasted, which at last terminated in death. *Joseph Frank*, from whom we cite this, relates, from his father's notes, an instance of pemphigus observed in the Clinical Establishment of Vienna, in which the eruption was also so general, that not a single part of the body was exempt from it. The internal organs became powerfully influenced by the malady, which was incurable. The same author says, that the eruption may affect the eyelids, the cheeks, the *sclerotic* membrane, the internal surface of the lips, the mouth, the sides of the vagina, and also the whole of the external surface of the body. It is renewed at very various intervals, sometimes every day, sometimes every eight days, at other times every month, or even every two years. Generally speaking, acute pemphigus lasts from one to three weeks; the duration of the chronic form is almost indefinite. Inflammations of the mucous membrane may frequently be coincident with it; some authors even think that the cutaneous affection may extend into the alimentary canal: we have some difficulty in admitting this, since, in the present day, we know that the epithe-
Pemphigus.

linium terminates at the end of the æsophagus, or, at least, cannot be recognized beyond it, and that pemphigus consists in an elevation of the epidermis, by the accumulation of serum between the reticular body and this membrane. At the most, we observe the development of aphthae at the mucous orifices of the mouth, uvula, &c.; but we shall presently return to this point. However that may be, chronic pemphigus, severe and intractable, is a dangerous and painful disease, which causes sleeplessness, marasmus, and even hectic fever, and death. In the latter case, we usually find traces, more or less deep and extensive, of acute or chronic inflammation in internal organs, particularly the gastro-intestinal apparatus. M. Biett has many times met with degeneration of the liver, known by the name of the fatty state.

IV. Varieties.—Willan has established two principal varieties of pompholix, according to the march of the disease, and the phenomena, more or less severe, which accompany it. 1st. Pompholix benignus; which consists in the successive eruption, on the face, the neck, and the extremities, of bullæ of the size of a pea, or sometimes of a nut, which burst in three or four days and rapidly heal, the lymph which they contained being discharged. Young children during dentition, boys in cold weather, and delicate young persons, are peculiarly liable to it. In the latter, the ingestion of some acrid vegetable substance, or some mercurial preparation, has sometimes appeared to give rise to it. 2nd. Pompholix diutinus, or chronic: a long and painful disease, which principally attacks persons of a feeble or cachectic constitution, sometimes happening in consequence of intemperance, or bad and insufficient nourishment, protracted fatigue, anxiety, sorrow, &c. The eruption is commonly preceded by languor, lassitude, cephalalgia, nausea, and pains in the limbs. Bullæ, which have been excoriated by scratching, become very sensitive, and give rise to restlessness, and even febrile paroxysms. They may be reproduced many times, either in the points previously affected, or in others. It is in this form especially that we meet with complications more or less dangerous. Willan admits even a third variety, which, he says, is extremely rare, and, according to his belief, peculiar to women—Pompholix solitarius. M. Biett has also observed it in the male; I have never
Bullae.

It is characterized by the eruption of a large bulla, which usually manifests itself in the night, on some part of the body, the back, or the hand, for instance, after an itching sensation of the skin, and extends itself so rapidly, as sometimes to contain as much as a cup full of lymph; in about forty-eight hours it bursts, and the fluid running out, discloses a superficial excoriation. Another bulla rises in about one or two days, and runs the same course; this is occasionally followed by two or three others; but, in general, the total duration of the eruption does not exceed eight or ten days.

M. Gilibert, in his monograph on pemphigus, relates the following, which gives a very correct idea of the acute and accidental form:

A man of sanguineous temperament, 21 years of age, in the habitual enjoyment of good health, went out hunting on the 8th of September, 1811, in the marshes of Bresse, and got, several times, up to his knees in water, being exceedingly fatigued, and in a state of great perspiration. On the following evening a general heat manifested itself, preceded by shivering, and accompanied by pain in the head, and thirst, increasing towards night. The second day, after a remission in the morning, the fever became greater towards the afternoon. The third day the face was more highly coloured, the skin burning hot, the pulse hard, quick, and incompressible. Pricking and itching sensations in the inferior extremities, which appeared slightly swollen, and of a deeper colour than the rest of the body. During the night, restlessness, extreme agitation, heat, and lancinating pains in the legs. The fourth day, the inferior extremities, swollen from the knees to the toes, were covered with red patches, upon which were raised vesicles (bullae), transparent, of a yellowish white, full of serum, some the size of nuts, others that of almonds, and many merely that of peas, unequally scattered, smaller and more numerous on the feet and malleoli, larger and fewer upon the upper part of the legs. All the red patches are

"I have observed a very remarkable example of this disease in one of my Parisian colleagues. A burning pain was experienced at the bottom of the leg, a large and deep erythematosus spot showed itself, and on the following day it was covered with a bulla like one caused by the application of a blister, as large as half the palm of the hand; the excoriation ulcerated, and was some time in cicatrizing."—Manuscript Letter from M. Gibert. Transl.
not yet covered with vesicles, on some the epidermis is scarcely, or not at all, raised. They formed a slight prominence, their colour not disappearing on pressure. Those which had vesicles in their centre were surrounded by a red areola, which became narrower as the vesicle extended itself. Between each of these patches the skin preserved its natural colour. The pulse, full and incompressible, beat less quickly than the previous evening; the eyes became painful, slightly red and watery; the tongue dry and whitish; the bowels costive; the urine high coloured, and scalding. The other functions were unimpaired. Passed a comfortable night, and slightly perspired. The fifth day many of the vesicles increased in size; some on the calves of the legs became confluent. The sixth day, the larger elevations became less full; the epidermis shrivelled, and the fluid which they contained accumulated in the most depending part, when it dried up on their spontaneous or accidental rupture. During the seventh and eight days, most of the vesicles, faded and shrivelled, spontaneously opened, and poured out a quantity of yellow, inodorous, limpid serum, leaving their bases exposed, which formed large, red, and painful excoriations, and continued to ooze out a serous fluid for some period. The smaller vesicles did not break, but faded and dried up, becoming white and opaque. The red areola, at the same time, became obscure, and at length disappeared. From the eighth to the tenth day all the scales dried up, and were replaced, some by large, thin, yellowish scales, others, (those which were not evacuated) by more thickened crusts. On the falling off of these concretions, which took place in two or three days, there remained upon the skin bright, shining, wine-coloured patches, but without any depth of cicatrix. The severity of the fever was arrested after the development of the eruption; it then became very slight, and returned no more after the sixth day. The urine then became turbid and deposited a considerable sediment. On the seventh day the bowels were relaxed, the stools being thin and frequent; they soon, however, became natural. For the first six days the patient did not leave his bed; on the seventh he left it, and made a good meal without any inconvenience resulting therefrom.

M. Alibert has given (under the name of dovre phlycéténöide) the following description of chronic pemphigus.

There was, at the Hôpital St. Louis, a commissioner,
named Pierre Roger, about 60 years of age. He was attacked with a *dartre phlycténoidé*. It showed itself under the form of scattered pustules (*bullae*) of the size of a nut, upon the trunk, also upon the anterior and posterior parts of the right shoulder, as though a scarf had been worn. The inner side of the arm was equally affected; the neck also, and the hairy scalp. These vesicles, filled with a transparent fluid, shrank, shrivelled up, and spontaneously broke, leaving the reticular tissue exposed. Some days after the drying up of the eruption the skin presented red patches, as if it had been burnt with fire or with concentrated nitric acid. The itching was not very urgent; but there was a most uncomfortable feeling of tension over the whole skin. I noticed that all this supervened on a discharge of blood from the rectum. This man had been for a long time exposed to the vicissitudes of the season, and had been unable, owing to his distress, to procure himself even the necessaries of life.

The same author has described under the same name a fatal case of *pompholix diutinus*.

Anne Brundomy, 57 years of age, presented herself at the Hôpital St. Louis for treatment. She had suffered violent grief at the loss of her husband. One day, after having experienced some digestive disturbance, she was attacked with a spontaneous vesicular (*bullous*) eruption, which gradually extended over the whole surface of the integuments. These vesicles (*bullae*) were oval, and multiplied so rapidly that they soon became confluent: they were not surrounded by any inflammatory areola. The eruption was accompanied by a general feeling of intolerable smarting and burning, which became less after it assumed a fatal aspect. *Phlyctenae* formed on the mucous membrane of the mouth, oesophagus, and whole intestinal tube. The patient had a sensation of burning coals moving about in the intestines: she remained in this wretched state for nearly 19 months, and at last sank, presenting for the last 15 days of her life, all the symptoms of continued adynamic fever.

Since it appears that there was no *post mortem* examination made, it is probable that it was mere conjecture as to the eruption extending the whole length of the intestinal tube. In the small number of cases in which we have seen analogous symptoms terminate in death, the opening of the body has sometimes not revealed any trace of dis-
ease in the mucous system; at other times there have been vestiges of gastro-intestinal irritation, development of the follicular patches of Peyer, vascular injections, &c. The blood in some subjects presented a very peculiar appearance; it was thick and grumous, very analogous to badly-made currant-jelly, and of a deep colour.

One very remarkable form of *pompholix diutinus*, which we have observed five or six times, and to which M. Biett has directed the attention of his pupils, is the following:—Generally speaking the whole tegumentary system is involved; the skin of a very bright red in many points, white in others, is everywhere covered with yellowish crustaceous squamae (traces of recent bullous excoriations), or dry, epidermal, white and foliaceous scales, which are raised and detached, and are the remains of old *bullae*, imperfectly developed, breaking on their first appearance, before they have had time to be elevated into phlyctenae. This affection, frequently incurable, may affect quite young subjects, but it almost specially attacks individuals who are weak, and advanced in age, women on the turn of life, those who have been a prey to grief, and have been badly nourished.

Below is an example, which, in the first edition of this manual, was incorrectly placed in the chapter on *eczema*. But little familiarized when I made this observation, with the particular appearance (really very analogous at first sight to that of *eczema rubrum* or *impetiginodes*) of this form of *pompholix diutinus*, which I have since had occasion to study at leisure, I committed an error in diagnosis, which I ought here to acknowledge.

On the 26th of August, 1818, a woman 33 years of age, was entered at the Hôpital St. Louis, tainted with a general cutaneous malady, which developed itself without any appreciable cause, and had lasted for 19 months. The commencement of this disease had been characterized by a bullous eruption, accompanied with itching; but for some time previous to her admission it had resembled the form of squamous dartre, *herpes squamosus madidans* of M. Alibert. The patient, whose skin constantly exhaled a fluid which penetrated and stained her linen, experienced no pain in a state of repose, except in the parts on which the weight of the body rested; but walking was impossible on account of the painful friction which it occasioned. For many months past the catamenia had not appeared.
The whole surface of the body, with the exception of the palms of the hands and the soles of the feet, was covered with large, round, yellowish squamae, under which the skin was rose-coloured, or even of a bright red. There was an abundant secretion of a slightly yellowish fluid under the squamae, in many points. The hairy scalp was the seat of a desquamation which formed drier and more delicate scales; the sub-cutaneous cellular tissue of the neck was swollen, the skin being red, cracked and shrunken; the eyelids were red and deprived of their lashes. The mouth was dry, the tongue very red; it presented in the centre a slight coat of yellowish brown; nevertheless the appetite and the digestive functions appeared unaffected. The pulse was slightly accelerated, the patient felt very weak, and had a slight cough. Laxative drinks having been exhibited for some days, gave rise to a slight purging; fever broke out, though in a very slight degree; the marasmus and weakness gradually increasing, the patient sank into an adynamic state, after 19 days of treatment and about 20 months of disease.

On opening the body we found old adhesions in the chest, and some miliary tubercles in the two lungs (in other respects sound); a secretion of calcareous matter in some of the bronchial glands. Two pints of a citron-coloured serum were effused into the peritoneal cavity, which, besides, presented some old filamentous adhesions, between the parietal and visceral portions of the membrane. The external surface of the large intestines, near their concave border, was studded with miliary tubercles. The internal surface of the intestinal canal was, generally, sound, with the exception of some slightly vascular injections in the stomach and colon. There was a quantity of yellowish-white fluid contained in the intestines, and particularly in the colon. The whole canal was shrunk and contracted, and the liver had assumed the fatty appearance: the gall-bladder contained a very small quantity of scarcely-coloured bile. The skin, covered with whitish squamae, had quite lost its redness. This discolouration had already much diminished during life, since the intestinal affection and general debility had made so marked a progress.

V. Pemphigus is generally a disease easily recognized, if we except the form just described, and which presents, at first sight, some resemblance to chronic impetigo, or even to pityriasis, in its foliaceous desquamation, as we
shall observe, in speaking of these two affections. When the pemphigus is chronic, when the bullæ are imperfectly developed, and particularly when there are nothing but squamous vestiges, or even consecutive stains, to establish a diagnosis, it requires some attention and acquaintance with the disease to know what we are dealing with.

The simple and mild pemphigus itself, may be simulated. It is not long since that a medical journal detailed all the circumstances of a pemphigoid eruption, the successive phases of which had been carefully studied by the physicians, when they discovered that their patient deceived them, and caused, at his pleasure, small bullæ on the limbs, by means of small pinches of powdered cantharides, which he amused himself by sprinkling on the integuments.

The prognosis of pemphigus varies according as it is acute or chronic, simple or complicated, accidental or constitutional. When it is mild, acute, and uncomplicated, particularly when it is confined to a small extent of surface, (the hands, for example, or the inferior extremities,) it is a slight affection of short duration.

When it is chronic and connected with a general alteration of the economy, it is very difficult to cure and liable to recur.

Lastly, when it is severe and intractable, it gives rise to great suffering, restlessness, marasmus, digestive disturbance, and may even cause death.

VI. Treatment.—Ælius recommended pricking the bullæ with a needle, to give vent to the serum, and the application, first, of wheaten, afterwards of barley, flour, as a desiccative, when the fluid had ceased to be discharged. On the other hand, he did not neglect (when it appeared necessary), to modify the entire economy by suitable treatment, to re-establish the catamenia if they had been suspended, to keep the bowels well opened, and to increase the flow of urine; he also very properly advised the patient to abstain from sour and salted substances.

The acute and mild form of pemphigus requires no other treatment than the usual diet for acute diseases, more or less strict according to the intensity of the symptoms. The chronic and inveterate form often resists all kind of medication. The complicated form naturally requires the employment of means appropriated to the internal diseases with which it is connected. In the malignant epidemics mentioned by some authors (Hufeland, Thiery,
Langhan, and Joseph Frank), the treatment was that of the malignant fever itself. According to Joseph Frank, Macbride, in Ireland, witnessed the death of all the children affected with bullæ who had not taken Peruvian bark.

Willan recommended, in Pomp&olix diutinus, the employment of the hot bath two or three times, as a palliative and the internal exhibition of bark, cordials, and diuretics (particularly if the eruption is connected with anasarca). According to him, the hot bath is injurious to young subjects, and increases the pricking of the skin and the number of phlyctænae. Bateman justly remarks that, even in aged persons, this kind of bath may have the same effect, when there are, besides, symptoms of irritation. He refers to the example of a woman, 80 years of age, in whom a small number of bullæ appeared every day (for many months past), with a surrounding erythematus inflammation, and a tendency to febrile disturbance: notwithstanding her great age she became very poorly from the use of the hot bath, and tonics, bark and sarsaparilla, in particular. A light, refrigerant diet, and soothing treatment, were substituted, with reason, in place of the ordinary treatment of pomp&olix diutinus, and a cure was speedily effected.

Willan recommends nearly the same internal remedies in pomp&olix solitarius: externally, soothing applications, bread and linseed poultices: perhaps the treatment of Ætius Amideus (which we have above alluded to) would be still more suitable. In pemphigus, as in all diseases, the treatment of which does not rest upon any solid basis, we must regulate the employment of various therapeutic means, especially according to the march, the form, and the degree of intensity of the malady, as also according to the consideration of the various phenomena which accompany it, and the general state of the patient.

The antiphlogistic treatment is applicable to subjects in a plethoric state (blood-letting, leeches, tepid baths, diurents); we must, on the contrary, have recourse to tonics, and purifying drugs, (the decoction of bark, acidulated with sulphuric acid, preparations of iron, the juices of plants, the infusion of hops, with the sub-carbonate of

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b Vide the Encyclopædia of Medical Science, vol. ii., for the internal pathology of Joseph Frank,—the chapter on Bullæ, p. 61, et seq.
soda, &c.,) in old, weak, lymphatic, or cachectic subjects, and in those who present no marked indications of vascular excitement. In chronic and intractable pemphigus, we must endeavour to modify the constitution by the employment of bitters, mineral acids, and particularly by an appropriate restorative regimen. We are often compelled to resort to narcotics, which are not always productive of sleep to the patient. But they are often useful (by the mouth and rectum) to combat the tendency to diarrhoea, which is occasionally observed in these cases. If, on the contrary, there is constipation, which frequently exists in a less advanced stage of the disease, we shall find laxatives productive of benefit. Some modern authors, imbued with a spirit of physiological prejudices, have wrongly endeavoured to inspire us with chimerical fears as to the dangerous effects of purgatives and tonics in severe cutaneous maladies.

These energetic remedies have produced, in skilful hands, unexpected cures. Topical applications are often entirely abstained from; at the most, baths are resorted to. Warm baths, simple or emollient, are those which are generally most suitable. In chronic pemphigus they may be alternated with alkaline and gelatinous baths. The moist applications which have been recommended are scarcely suitable, except when there is much inflammation of the skin, and particularly when the eruption is partial. Perhaps it would be better to resort to the method of Ætius, and endeavour to soothe the smarting which the patient experiences, by sprinkling the affected part with absorbent flours. We must always (especially in chronic pemphigus) watch the action of baths, and moist applications; for there are some subjects in whom these means, by preventing the desiccation of the bullæ, favour the formation of painful excoriations, and prolong the disease.

Regimen is of the highest importance in the treatment of chronic pemphigus. Mild diet, healthy occupations, and a residence in the country, have often effected a cure in patients who have resorted, without success, to the most tedious and complicated treatment. A patient whom I observed at the Hôpital St. Louis, and who was affected with *pompholix diutinus* of a most severe and alarming nature, at last cured herself by abstaining from all medicine, and confining herself to a milk diet, in the country. Unfortunately the cure was only temporary, and after
some years this woman, being of a bad constitution, was subjected to a return of her old complaint.

Rupia.

I. *Rupia*, a word, without doubt, derived from the Greek *Ρυπός*, filth, corruption, or from *Ρυπάω*, to stain, to defile, appears to have been confounded by Willan with *ecthyma*; and this perhaps is not to be wondered at, for it presents great analogy, in its causes, progress, and symptoms, with the pustular eruption of that name, and particularly with the species called *ecthyma luridum* and *cacheticum*. Bateman, however, thought fit to make *rupia*, which he ranged in the order of vesicles, but which M. Biett placed in that of bullae, a genus of itself.

The former author defines *rupia* to be an eruption of large flattened phlyctææ, with an inflamed base, and which are filled at first with a serous, afterwards a puriform, purulent, or bloody, fluid, which rapidly concretes itself in darkish crusts, more or less thickened and prominent. I think this affection is classed, as also is *ecthyma*, in the genus *phlyzacia* of M. Alibert (the group of *Dermatoses eczémateuses*).

II. *Rupia* is very often allied to a particular cachectic state, which, on the one hand, is particularly met with in young, on the other, in old, subjects; a bad regimen, insufficient nourishment, and a want of cleanliness predispose to it. It is sometimes met with in winter, in persons badly clothed, and exposed to the unfavourable influences which we shall enumerate; it is occasionally complicated with, or supervenes on, various cutaneous maladies, and principally *ecthyma*.

Now and then syphilis produces crustaceous bullæ, which are referred to rupia. It is necessary, however, to be cautious how we attribute indiscriminately to the venereal virus rupia which attacks persons affected with syphilis; for, according to the observations of Samuel Plumbe, the mercurial treatment may be injurious in the former disease, by favouring the cachectic state which disposes to it. This author says that he noticed at the Hospital of St. Giles, a patient for a long time troubled with syphilis, and experiencing habitual pains in the head and limbs, in whom mercury, employed for a *Rupia prominens*, with which he was tainted, was productive of bad effects, and appeared to rapidly aggravate the cutaneous disease.
The mercury was then given np, and the health of the patient was soon re-established by the exhibition of tonics and a strengthening diet.

III. Bullæ, large and flattened, which rest upon a more or less red and inflammatory base, manifest themselves in various parts of the body, and particularly on the inferior extremities, sometimes on the loins, always in very small numbers and in a state of isolation from each other. These bullæ, the progress of which is generally slow, contain a thin or serous fluid, which afterwards becomes sero-purulent. They break and give exit to this matter, which is transformed into brownish superficial crusts, under which is situated a commonly superficial excoriation. It has not the spreading character, but is occasionally prolonged in the crustaceous state, in subjects with disordered constitutions, and leaves after the cure a livid patch or stain, which remains for some period.

IV. Varieties.—Bateman admits three: Rupia simplex, in which the phlyctænæ are small and filled with a serous fluid, at first clear, afterwards opaque; the excoriation which succeeds them gives rise to a sanious discharge; crusts soon form, and in falling off leave the skin dark or livid, but cured, and endowed with a fresh epidermis. Rupia prominens, in which the phlyctænæ are more voluminous; the crusts form in a few hours, and progressively and slowly increase in thickness, so as to form a cone, like the shell of a small muscle. The crustaceous excoriation is a long time healing in old persons, in young and delicate subjects, and in individuals who have been upon a bad regimen. Rupia escharotica; infants at the breast, young cachectic children, those who are afflicted with variola, those who are weakened and disordered by the deteriorating influences of poverty, and a poor diet, are liable to this variety, which sometimes terminates in gangrenous wounds, leaving behind them deep cicatrices.

V. Rupia presents some analogy with pemphigus, and particularly with ecthyma; it differs from the first in the size, the number, the mode of appearance, the progress, and the termination of the bullæ (which become thick and opaque, and afterwards crustaceous). As to the second (vide ecthyma): in rupia the bullæ are large, and contain a serous matter, and even in the crustaceous state there is still seen, besides the crusts, traces and remains of phlyctænæ, which are not met with in ecthyma.
This eruption is but little dangerous by itself, but the unfavourable circumstances under which it is frequently developed, may render our prognosis more or less unfavourable; it may have a tendency to protraction, and give rise to intractable ulcerations under the influence of these circumstances.

VI. A good diet, the observance of hygienic rules, and tonics, form the basis of treatment. Warm baths, alkaline or sulphureous (according to the state of the eruption), emollient cataplasms, to cause a detachment of the crusts; detersive, astringent, or irritating applications, if the ulcerations remain after the scabs have fallen off. If the general constitution presents a certain degree of vigour, a little attention to hygienic rules will be sufficient to favour the spontaneous termination of this affection.

Bullous Syphilide.

No one, that I am aware of, has yet noticed a pemphigoid syphilitic eruption. Once only have I seen a subject tainted with a syphilide which had left characteristic cicatrices, present on the inferior extremities, some bullæ of pemphigus (about the size of a nut) resting on a livid base; but unfortunately this individual too soon eluded my observation, to enable me to prove whether the syphilitic poison had effected any modification in the march of the former disease.

Syphilitic rupia, on the contrary, is very common. Generally speaking, it only happens in old and intractable venereal cases, and in cachectic individuals; it commonly co-exists with other consecutive symptoms (iritis, periosteal pains, exostosis, &c).

The concomitant signs, the copper-coloured or livid areola which surrounds the bullæ, the thick greenish crusts which they form on drying, the deep subjacent ulcerations, with perpendicular edges and a greyish base, and the white and depressed cicatrices which they afterwards leave, serve to distinguish the syphilitic from the simple, and even the prominent, rupia, with which it has more analogy.
ORDER III.

VESICULÆ. (3. Scabies, Herpes, Eczema.)

SCABIES.

I. There is much obscurity and confusion in the writings of different authors, as to the precise signification which we ought to attach to the words ψῦρα of the Greeks, scabies of the Latins, κνύξα or κυσμός of Hippocrates, and pruritus of the Latins. According to Lorry, Hippocrates would have confounded, under the name of ψῦρα, all the pruriginous affections of the skin. Fernel justly remarks that this disease is very different from that which we call scabies or gale.

Celsus, as M. Biett has well demonstrated in his excellent article on gale in the Nouveau Dictionnaire de Médecine, has well described, under the name of scabies, an eruption which has not the characters of the itch, but much more those of lichen. On the other hand, many very ancient authors have mentioned contagion among the causes of this malady: Avicenna has distinguished pruritus from scabies by asserting that the former has no pustules as the latter; Avenzoar has given the name of vesiculo to elevations or pimples of the affection which he has described as scabies (according to Galen and Paulus Ægineta), so that it becomes extremely difficult to say whether the ancients were, or were not, acquainted with gale, properly so called. There is scarcely less confusion amongst moderns; for Lorry himself has described the itch in a very inexact manner; Willan and Bateman have classed it amongst pustules; and it is only within the last few years, thanks to the labours of Professor Alibert, that French physicians have learned to distinguish it from prurigo. The etymology of the word gale itself, is

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a This disease is designated by the word Gale in the original work, the translation of which is the itch; I have thought it advisable, for obvious reasons, to adopt the Latin word Scabies, made use of by Willan and Bateman. Trans.

b According to M. Dezeimeris (Dictionnaire de Médecine, vol. xxv., 2d Edition, t. xii. p. 567, et seq.), M. Rayer has incor-
shrouded in much obscurity, and it is very doubtful whether we may justly derive it from the Latin word callus, callosity, or galla (an excrescence on the bark of certain trees, caused by the pricks of certain insects).

In tracing in a precise and definite manner the character of the itch, M. Biett has dissipated this confusion; we will carefully follow him in the detailed description which he has drawn of a disease so common, and which still so often, in practice, gives rise to mistakes and serious errors.

We designate, under the name of gale, a cutaneous eruption, essentially contagious, characterized by small vesicles, slightly elevated above the level of the skin, transparent at their summit, and containing a serous and viscus liquid. These vesicles, constantly accompanied by itching, may develop themselves in all parts of the body; but they prefer seizing upon, and especially at their commencement, the intervals between the fingers, and the articual folds of the limbs.

II. Some authors have incorrectly believed in the spontaneous development of the itch, in its periodical returns, and its epidemical propagation. It is more than probable that in all cases where practitioners have thought they have met with cases of this kind, they have been deceived by eruptions of another nature, such as prurigo, lichen, herpes, or eczema.


rectly spoken of Guy de Chauliac as the first author who clearly mentioned the itch, in the fourteenth century. The chapter of this latter writer, alluded to by M. Rayer, is, in fact, nothing but a reproduction of the text of Avicenna, Haly-Abbas, and Rhazes, who themselves, have only repeated what had already been said on this subject by the Greek authors. M. Dezeimeris cites, in proof of this opinion, a passage from Aristotle, which might well be applicable to the itch (contagion is there alluded to as more common in gale than in other cutaneous affections). Pliny has translated the Greek word ψόπα by the Latin word scabies. A passage from Ausonius, and some lines from Horace, clearly indicate the contagious nature of the eruption designated by the name of scabies. Lastly, many Latin authors, and Celsus himself, have remarked this affection to be common to man and animals. We would persuade those of our readers who would be captivated by the erudition of M. Dezeimeris, attentively to re-peruse the passage where Lorry has discussed the same question. Although this author is inclined to the antiquity of the itch, and thinks the contrary opinion unlikely, the citations which he accumulates compel the reader, to a certain extent, to remain in doubt. (V. Tractat. de Morb. Cutan., 4to., Paris, 1777, p. 223, et seq.)
Scabies is an accidental and contagious disease, which is propagated by the mediate or immediate contact of affected with sound individuals. But this propagation is impeded or favoured by a number of accessory circumstances, and there is nothing so common as to see persons, and particularly medical men, expose themselves in a more or less direct manner to the contagion, without becoming tainted with the malady. It is thus that in hospitals it is rare to see the servants of the establishment, the pupils, or the physicians contract it, although there are daily intimate and close communications between them and the patients, and they generally take but little precaution in examining, visiting, and touching those who are affected with the disease. We would not, however, wish this observation to inspire, either professional or non-professional persons, with too great a security: for, on the other hand, we now and then see examples of its development, for the first time, in individuals who for some time past have been in circumstances favourable to its contraction, without being able to give a reason for the innocuity in the one case, the unfortunate result in the other, of the relations which have not appeared to change their nature.

The most numerous examples of the itch are to be met with in young persons; and this is owing to the greater number which this age, compared to others, presents, and to the occupations, and the frequenting places of debauch, so peculiar to this period of life.

Women are much less tainted with it than men, which, doubtless, may be attributed, in a great measure, to the kind of life they lead.

Sanguineous and lymphatic subjects are most affected with it; but we must observe that in France this is the most general temperament, and that it would be unfair uniformly to attribute this fact to a greater natural predisposition to contagious diseases, and to a more active absorption really existing in this species of temperament.

The occupations in which parties are obliged to handle woollen tissues, clothes which have been worn by individuals affected with the itch, as is observed in clothes-merchants, tailors, sewers, &c.; the conditions in which means of cleanliness are neglected, and there is frequent communication with the careless and debauched, as is observed in soldiers, prostitutes, and mendicants, are also the situations of life in which there is most frequent exposure
to the contagion. The mode of communication which is established between a sound and an unsound individual, has considerable influence on the seat of the eruption; thus we see it appear on the nates in infants nursed and carried on the arms of a nurse or governess affected with the itch, and on the right hand of those who frequent the fencing school, and draw on gloves which have been previously worn by those tainted with this disease.

I have recently seen a woman who had slept with a child that had it, and in whom the eruption at first manifested itself on the side of the trunk, which had been in contact with the infant's feet. On the other hand, it is rare to see it on the hands in those whose occupations render the skin of this part hard, callous, and impermeable, as in blacksmithe, in individuals who have to do with acid mixtures, dyers, hatters, &c.

It has been thought that the periods when the skin is most permeable, are also those which most favour the contagion, and that the itch may more easily be communicated by contact when the skin is preserved in a state of moisture by the influence of heat and exercise.

Tissues which have been in contact with the integuments of itchy persons, are frequently the vehicle of the contagion; nothing, for instance, is more common than to see individuals contract it by having slept in a bed previously occupied by a person tainted with this malady; or again, to see subjects who had been cured of it, contract it afresh by putting on the clothes which they previously wore, without taking care thoroughly to cleanse them of the infection. There are a great number of examples of the transmission of the itch from animals (especially the dog) to man. Not many years since some men engaged in the Jardin des Plantes contracted it in tending a camel who had the disease.

Acarus scabiei. Some observers have thought to attribute the cause of the development and propagation of scabies, to a particular insect which they had discovered in its vesicles. According to Bateman, this insect had already been described by Abinzoar in the twelfth century. Ingrassias and Joubert suspected its existence, in the sixteenth century; Moufet described it in his Theatrum Insectorum, in the seventeenth century; more recently Francis Redi, and after him Linnaeus, Latreille, and many other savants, have carefully delineated its characters. In 1812, M.
Galès, pharmaciens de l'Hôtel St. Louis, made what appeared to him the most conclusive researches in favour of the existence of this insect, described by naturalists under the name of \textit{acarus scabiei}. The members of the Institute were commissioned to examine these facts and experiments, and the insect appeared without question.

On the other hand, the most able physicians of the present day, have carefully sought for it in vain; this animalcule has eluded the enlightened investigations of Professor Alibert, of Willan, and of Bateman, and the repeated microscopic researches of M. Biett.

But the important discoveries above alluded to have since been found to be a deception, and the members of the Institute witnessed, instead of the \textit{acarus scabiei}, the \textit{acarus farinæ}, or common cheese-mite! For my own part, I confess that the information which I have obtained from Professors Désormeaux and Duméril, both members of the commission, in 1812, have not made me give up this opinion; and that an academic report, in which the size of the itch-animalcule in the camel, was mentioned, without having seen it, was only made to dissipate the doubts of the incredulous.

However that may be, one day in August, 1834, M. Renucci, a student from Corsica, exhibited at the public consultation of M. Alibert, the \textit{acarus scabiei}. I have myself frequently seen the small whitish furrows which border on the vesicles of scabies, pricked with a needle, and a small white body extracted from underneath the epidermis, about the size of the point of a pin, very visible to the naked eye when placed on the nail, where it was not long before it showed symptoms of locomotive power. Examined under the microscope, I have seen this insect of the size of a large pea, presenting the appearance of a small bladder filled with serum, and furnished with thin appendages. It has eight legs, and may justly be compared to a small tortoise. There is a marked difference between it

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\textit{c} Bateman says, "I am disposed to believe that the breeding of these acari in the scabious skin is a rare and casual circumstance, like the individual instance of the production of a minute pulex in Prurigo, observed by Dr. Willan; and that the contagious property of scabies exists in the fluid secreted in the pustules, and not in the transference of insects." (Bateman's \textit{Synopsis}. 5th Edit., p. 204.)
and the cheese-mite, which is longer and less globular. This latter is, however, represented (doubtless an error of the person who drew it) in the plate inserted in the *Dictionnaire des Sciences Médicales* with the article *Gale*, of M. Galèsd.

Linnaeus had already confounded these two insects, which, however, had been represented with their differential characters in the letter of Bonomo to Francis Redi, inserted in 1691 in the *Miscell. Nat. Curios*.

Degeer also gave a comparative representation of these two *acari* in his *Memoirs illustrative of the History of Insects*. (Tome vii. pl. 5.)

In the recent memoir of M. Raspail, inserted in the 7th volume of the *Bulletin de Thérapeutique*, will be found every particular and necessary information on the history of the itch-animalcule.

III. According to the researches of M. Biett, the duration of the incubatory period of scabies is very difficult to determine; some can go back very far to the period when they contracted the disease; others are entirely ignorant how it has happened to them; many conceal the circumstances which have exposed them to the contagion; some think that the eruption has re-appeared after having been dispersed for the first time at a period more or less remote; so that the information which we can obtain is far from having any degree of desirable certainty. Nevertheless, in the cases where it is possible to establish anything positive in this respect, it has been observed that the eruption often shows itself four or five days after the exposure to the contagion, in children; that it is later, varying from eight to twenty days, and more, in adults; some weeks, and even many months, in old people, and subjects weakened by chronic diseases. Climate, season, temperament, and many other accidental circumstances, influence, in other respects, the development of the eruption: hastening it in some cases, and retarding it in others.

Slight itching, which increases towards night, and under the influence of all exciting causes, such as heat, alcoholic drinks, &c., manifests itself in the parts in which the con-

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d There is a very elaborate description and microscopic representation of the itch-animalcule, in Mr. Wilson’s recent treatise on skin diseases. Transl.
tagion has operated; small vesicular prominences, slightly rose-coloured in young and sanguineous individuals; of the same colour as the rest of the skin, in weak and valetudinarian subjects, soon show themselves in the same parts, that is, commonly on the hands, in the intervals between the fingers, and on the wrist. These vesicles rapidly increase, multiply, and spread themselves, on the fore-arms, the folds of the elbow, the chest, the belly, the thighs, and the folds of the hams; sometimes they are accompanied by redness, or even pustules, if the inflammation is active, the subject sanguineous, and submitted to causes of excitation, if he scratches himself with violence, or neglects the means of cleanliness. When the itching is violent, the patient tears himself by scratching the small vesicles, the viscous fluid of which flows out and is concreted in small, thin, and slightly adherent crusts or scales. In a great number of cases the disease, recognized and treated at the end of a certain period, disappears before having acquired this degree of intensity. But neglected and excited by a want of proper cleanliness and by a heating regimen, it is accompanied by a severe irritation of the integuments, from which results the development of accidental inflammations, rendering the diagnosis more difficult. It is then that we see supervene, patches of erythema, inflamed vesicles of eczema rubrum or impetiginodes, pustules of ecthyma, papules of lichen; and, consequently, squames or crusts are formed, as the result of some of these eruptions. Even furuncles and abscesses in the sub-cutaneous cellular tissue may be complicated with scabies, when the inflammation extends more deeply into the texture of the skin. At this period fever and visceral irritations may be united to the cutaneous affection; but most frequently all these complications only manifest themselves when the original disease has been treated by irritating, active, and prolonged medications.

It is easy in other respects, to conceive how age, temperament, climate, season, regimen, and treatment, may modify the progress and the phenomena of the itch.

This disease does not appear susceptible of a spontaneous termination; it may continue for many years, and even for a whole life, if the means of combating it are neglected. As to its conversion into lepra, lichen agrius, and prurigo, admitted by some ancient and modern authors, we only see in this opinion a proof of the confusion of lan-
guage which we have already mentioned, or an accidental complication, or even, especially with regard to lichen and prurigo, the effects of a new kind of irritation established in points bordering upon those of the itch vesicles.

IV. Varieties.—Willan and Bateman admit four species of scabies, their characters being derived from the form, appearance, and more or less prominent development of the vesicles. Thus, in the variety which they designate under the name of scabies papuliformis, gale papuleuse, the vesicles are very small and pointed, and might, on a superficial examination, be mistaken for simple papules, particularly when there have been many excoriations inflicted by the patient’s nails; and these vesicles have, consequently, been converted into small darkish concretions, and slightly mixed with dry and clotted blood. Severe itching and smarting usually accompany this form of the eruption. In the 2nd variety, called scabies lymphatica, gale aqaeuse, the vesicles are very large and transparent, and present no inflammatory traces at their base. Some transform themselves into small crusts; others become inflamed and pass into a pustular state, or even become excoriated and form small ulcerated pustules; so that in some points this cutaneous affection bears a marked analogy with certain varieties of eczema.

The 3rd variety, called scabies purulenta, gale purulente, presents prominent yellow pustules, slightly inflamed at their base, showing themselves between the fingers and on the toes, and bearing some resemblance to small-pox pustules: it has been vulgarly denominated pocky itch. “Licet interdum majusculce sint, cum fundamento rubro, et pure impleantur, fere tanquam variolæ” (Heberden, cited by Bateman). The 4th variety is called by the English author scabies cachectica; he regards it as having the power of spontaneous development, without contagion, in debilitated subjects, and those whose constitutions are altered; it may present various forms, which we shall describe, and it even presents an appearance more or less analogous to that of lichen, psoriasis, and impetigo. Bateman thinks that this variety has reference to the Indian itch of Sauvages, and the herpes or impetigo Indica of Bontius, which the natives call by the name of courap, a denomination corresponding to our word gale, itch. We do not think that this variety can be admitted as it is described by Bateman; and we believe, with M. Biett, that
all the shades and the modifications which scabies presents, ought to be attributed to complications due to peculiar circumstances, such as season, climate, the patient's age, temperament, idiosyncrasy, habits, and the treatment employed. Lastly, that they constitute in certain cases, papular, vesicular, and pustular diseases, very distinct from the itch itself.

V. Although scabies derives, from its mode of origin, its seat, and its elementary form, characters very easy to recognize in the greatest number of cases; nevertheless, the accidental circumstances which may modify these characters, and especially the complications which may obscure it, sometimes render the diagnosis uncertain, and compel even a learned and skilful practitioner to suspend his judgment, till repeated and consecutive observation has permitted him to rest it upon a sure and solid basis. As to the grosser errors of uneducated medical men, who still every day confound prurigo, lichen, and even eczema or herpes, with scabies, it will be sufficient merely to allude to their frequency, to induce professional men to neglect no means of acquiring that habit of observation, which, when it will not enable us to recognize a disease, will, at least, inspire us with a prudent reservation in determining its character. It is, besides, imagined that these errors are not without inconvenience, as much for the patient as the physician, since they may inspire chimerical fears, or a deceptive security, cause us to neglect efficacious means, or employ prejudicial remedies. Lastly, they may singularly depreciate a professional man, who, by a premature or erroneous judgment, has sown the seeds of hatred and disunion.

As we have already said, papular, vesicular, and pustular affections, have been by turns confounded with the itch. Among the first, lichen, and particularly prurigo, have been causes of deception. In this latter, however, there are no vesicles, but papules (that is, small dry elevations), which frequently preserve the natural colour of the skin, or are excoriated by the patient's nails, and surmounted by small darkish crusts, formed by the drying up and concretion of blood. These papules are almost peculiar to the back, the shoulders, and the dorsal and external aspect of the limbs; itch vesicles, on the contrary, show themselves between the fingers, on the wrists, the articular folds, and on the internal aspect of the limbs; the itching which ac-
companies them is not nearly so painful as that of prurigo; the patient experiences rather an agreeable sensation in scratching himself; in prurigo, on the contrary, he often even tears and lacerates the skin, without being able to alleviate his sufferings. Besides, prurigo, the same as the other affections which simulate scabies, is never contagious, and always spontaneously develops itself.

Lichen is equally a papular affection, that is to say, characterized by solid non-vesicular elevations, frequently accompanied by a slight desquamation, and offering no resemblance to those of scabies, except when they attack the hands, as is observed in the lichenoid affection called grocer's itch. Then, too, the papules are grouped on the dorsal surface of the hand, whilst the itch vesicles prefer occupying the intervals between the fingers.

Eczema rubrum and eczema impetiginodes are, according to M. Biett, the two varieties of vesicular affections, which may most easily give rise to difficulty and uncertainty in the diagnosis of scabies. Eczema rubrum, however, which may, as we have already said, be accidentally complicated with the itch, presents vesicles more united in groups, and more inflammatory than those of the latter affection; they prefer showing themselves in parts where the cutaneous transpiration is most abundant, or where the hairs and the cutaneous follicles are thickest, as in the axillae, in the ears, on the forehead, and on the genital organs; they are rather accompanied by a feeling of smarting, than a veritable itching; they frequently give rise to the formation of squamous concretions more or less extensive. It is particularly when they occupy the arms, the hands, the chest, and the belly, that they may lead us into error. Eczema impetiginodes is usually accompanied by a more marked and extensive inflammation than scabies; the vesicles of which it is composed become purulent, and are converted into squamous or crusty concretions. Eczema simplex and herpes phlyctenodes are also often mistaken for the itch; we shall return to it hereafter when we treat of these two vesicular affections.

The pustules of ecthyma form a very frequent complication of severe and inveterate scabies, or of that which has been aggravated by improper treatment; however, generally speaking, ecthyma vulgare differs from the latter disease in giving rise to the formation of pustules and not vesicles; in the pustules rarely being numerous, commonly
isolated, and not producing a decided itching, but rather a lancinating pain, analogous to that of furunculi; whilst, when the vesicles of the itch become purulent, or when pustules are accidentally developed in this disease, they generally appear in the most inflamed points; for instance, in the intervals between the fingers; and they are always intermixed with small vesicles. Lastly, the pustules of eccyma have ordinarily a successive and independent march, and are converted into isolated crusts.

VI. According to M. Biett there is never any danger in scabies, except when it is combined with circumstances which are foreign to it. It is thus that its various complications necessitate modifications in the treatment, and render it less sure in its effects, and less speedy in its results: it is thus that when it affects debilitated and cachectic individuals, whose constitutions are enfeebled by wretchedness, and by excesses of various kinds, it is more intractable and difficult to contend with; the internal inflammations, acute or chronic, which may co-exist with it, render the prognosis more or less serious. But ought we really to fear the pernicious effects of its retrocession so dreaded by le vulgaire? Ought we to believe in these symptoms, so various, produced by the going in of the itch? M. Biett, whose opinion may be law in this matter, does not give it any credit, and believes in general that these symptoms may be attributed to other causes; at the most, the disappearance of the eruption, caused by the exacerbation of an internal co-existing inflammation, may itself concur in some cases to aggravate the evil. However that may be, some observers who are worthy of confidence, have cited examples which prove that real advantages may be derived from a fresh inoculation of the itch in individuals who were previously tainted with it, and who have fallen into a cachectic state in consequence of some chronic visceral lesion. It remains to be learned, if in those cases, the authenticity of which it is not always possible to prove, it is sufficient by revulsion and derivation to explain the salutary effects obtained by the renewing of the cutaneous malady; moreover, it is a point of doctrine which requires fresh researches. In the meanwhile we must not forbear saying, with Joseph Frank, that the theory of the retrocession of scabies, taken in the full acceptation of the word, is repugnant to sound reason. Besides, we are of opinion that this praiseworthy author very justly attributes, partly
to the action of violent and unseasonable remedies, the symptoms which are commonly attributed to the retrocession of this disease. Thus in the periodical collection of the Society of Medicine of Paris (compiled by Dr. Sedillot) we find (t. xlv. p. 410) notice of a case of paralysis caused by the antipsoric quintessence of Mettemberg; and in t. xii. p. 129 of the same collection there are some remarks by J. Carron on the dangerous effects of citron ointment, employed in large quantities and without precaution, in the same disease. Thus, too, M. Desgranges has seen sulphur flowers, taken in excess, give rise to severe symptoms. (Vide t. vi. of the Annals of the Society of Medicine of Montpellier.)

VII. Treatment.—A host of various remedies have been extravagantly extolled in the treatment of the itch. Without alluding to those popular ones so frequently employed by labourers, soldiers, and sailors; and to the recipes of every description which Charlatanism so vigorously makes use of, there are few physicians who do not adopt such and such a formula in preference to such another, to combat a disease, which, in fact, is dissipated by the influence of a very great number of chemical agents, the most of them due, it is true, to irritating properties more or less analogous.

In the excellent work, which we have already many times cited, M. Biett gives the results which he has obtained from the employment of 41 various means of treatment, the number of patients for each remedy being 20: we will presently give a summary of these interesting experiments.

But, in a great number of cases, it is proper not entirely to neglect all preparatory treatment; and without falling into the inconvenience which we have alluded to on another occasion, it is not altogether useless in some irritable, saugineous, and sanguinico-lymphatic subjects, to preface the use of topical irritants, which generally disperse the eruption, by the employment of warm baths, blood-letting, diluent drinks, and laxatives. This is the method which the celebrated Archigenes recommended.

* The comparative experience of Dr. Mélier, in the treatment of scabies, in the July number, 1824, of the Journal Général de Médecine, may be consulted with advantage.
(Vide Ætius, Tetrab., Serm. I., c. 26.) The success of curative remedies is thus facilitated, and the accidents which their premature employment may produce, prevented. Besides, these means are indispensable, when intense, inveterate, neglected, ill-treated scabies, exasperated by irritating frictions, is accompanied by an inflammatory state of the integuments, redness, vesicles, pustules, and furuncles. Then it is clear that we must at once apply ourselves to appeasing the inflammation, and dispersing the complications of the original malady, by blood-letting, emollient lotions, and other antiphlogistic remedies. It is by these simple indications having been neglected, that we so often see accidents supervene on an incautious and unseasonable treatment of scabies.

Of the remedies employed in this disease, in its simple state, we naturally place sulphur in the first rank, which is exhibited alone in a great number of cases, and enters into the composition of nearly all the topical applications which are made use of in its treatment. It is frequently employed (conjointly with external remedies) internally; and though we may generally, without any great detriment, neglect this mode of administration, since scabies is nearly always a purely accidental malady, easily yielding to the most simple topical applications, nevertheless, there are cases where it is proper to exhibit sulphur internally, either to hasten the cure, or to obviate the symptoms which may be dreaded from the suppression of an old and long-established eruption, or, lastly, to favour the manifestation of the eruption, which is so undecided in its character as to leave some doubts of its real nature. In these cases, it is preferable to exhibit the sulphur flowers in doses of from 12 to 24 grains, in lozenges; or in infants and young subjects, in an electuary, of from 8 to 10 grains, daily.

Externally, sulphur and its preparations have been used in various forms.

For some years past, sulphur fumigations have been much extolled, or sulphur reduced to vapour (in the state of sulphurous acid), and placed in contact with the skin by means of the fumigatory boxes of Glaubert and Lalouette, remodelled by M. Galès, and singularly perfected by M. Darcet. These fumigations, it is true, occasion but little expense in hospitals; they do not discolor the linen, or even leave any unpleasant smell on the patient:
but, on the other hand, the great experience of M. Biett has proved that this proceeding is one of those which require more time to effect a cure, since its duration has not been less than thirty-three days in the individuals who have been submitted to it at the Hôpital St. Louis, and who had only one fumigation per diem, the greater number being unable to bear two. Besides, many subjects could not be treated by this method, which would be evidently contra-indicated by the presence of organic lesions of the heart, chronic inflammations on the chest, the debility and cachexia so common in women, old people, and young subjects, who present themselves at the hospitals. The duration of each fumigation ought, in general, to be about half an hour; there is generally a consumption of from 3j. to 3ij. of sulphur; the apparatus is heated to about 50° R.; a little vapour of water should be introduced, to qualify the irritating action of the sulphureous acid gas.

Artificial sulphur baths (the efficacy of the hot sulphur waters for the itch being known a long time before), applied to the treatment of the itch, in children, by M. Jadelot, have been successfully employed in thirty patients at the Hôpital St. Louis; but it is a very expensive method. The mean duration of the treatment has been twenty-five days, at one bath per diem.

The sulphuret of potash, which formed the basis of these baths, has been also employed in lotions by M. Dupuytren. His method consisted in dissolving 4oz. of the sulphuret of potash in a pound and a half of water, to which was added 3ss. of sulphuric acid; the patients washed themselves with this water, twice a day, on the parts affected with the itch vesicles. Twenty subjects, treated in this way at the Hôpital St. Louis, presented a mean duration of sixteen days—results much less speedy than those obtained in the military service by the late Percy, and in many patients of the town by M. Dupuytren; but which are explained by the difference in the subjects, and by the severe irritation of the skin, which it effects in delicate individuals, and which consequently make one very repugnant to employ these lotions. Some of these patients experienced severe pains in the wrists and elbows. M. Alibert has slightly modified the solution of Dupuytren: he makes use of two bottles; the one, containing 3j. of the sulphuret of soda or potash, in two pounds
of water; and the other, \( \frac{2}{3} \)j. of sulphuric acid. At the time of applying it, the patient places a glass of each fluid in a basin half-filled with hot water, and by means of a fine sponge he washes for half an hour, morning and evening, the parts covered with the eruption. This remedy is not very expensive, has only a slight odour, does not stain the linen, and is very convenient to employ in town. But we are of opinion that there is advantage, in the present day, in substituting, as we generally do for the artificial baths of Barèges, the hydro-sulphate of crystallized soda or Anglada salt, the extract of Barèges de Quesneville, in place of the sulphuret of potash.

The liniment of M. Jadelot (composed of \( \frac{3}{4} \)j. of the sulphuret of potash, \( \frac{1}{4} \)j. of white soap, and \( \frac{1}{4} \)j. of the oil of poppies, rendered aromatic by \( \frac{1}{4} \)j. of the volatile oil of thyme) has the advantage of not discolouring the linen, in consequence of the soap which it contains; but it is irritating, and easily gives rise to eczema rubrum. The liniment of Valentin, in which the irritating action of the sulphur is moderated by the addition of camphor, is infinitely preferable; it is composed of \( \frac{3}{4} \)j. of the oil of sweet almonds, \( \frac{3}{4} \)j. of the sulphuret of lime, and \( \frac{3}{4} \)j. of camphor. The mean duration of treatment, by this method, was from eleven to twelve days, in twenty patients upon whom M. Biett tried it. It is the remedy which I am in the habit of making use of in my hospital practice, conjointly with the sulphur-baths. A cure is commonly effected in a space of time varying from ten to fifteen days. The powder of Pyhorel, which is very analogous to the preceding remedy, has also been employed in twenty cases, by M. Biett, who is much pleased with it. It consists of the sulphuret of lime, simply pounded, to which is added, at the time of using it, a very small quantity of olive oil. The patients rubbed in \( \frac{3}{4} \)ss. twice a day, on the palmar surface of the hands. The mean duration of the treatment was eleven days and a half. This remedy is economical, and very rarely causes severe irritation of the skin, but it has the inconvenience of staining the linen.

Generally speaking, the topical applications which are the most efficacious, and to which we ought to give the preference, are—the simple sulphur ointment, the ointment of Helmerick, and the sulphuro-alkaline ointment of the
formula of the Hôpital St. Louis, commonly employed by M. Alibert¹.

Sulphur united to lard, in the proportion of one-fifth, cured in fifteen days (mean duration) twenty patients, who rubbed in $\frac{3}{4}$ twice a day, in all parts covered with the itch vesicles: simple, not expensive, giving rise to no accident, this preparation has, like all greasy substances combined with sulphur, the inconvenience of staining the linen, leaving a disagreeable coating on the integuments, and exhaling a bad smell. **Helmerick's ointment**, composed of two parts of sulphur, eight of lard, and one of purified potash (according to Dr. Burdin, who was the first to make known the composition of this secret remedy), has had the most advantageous effects in the numerous attempts which have been made to prove its efficacy. The substitution of the hydro-chlorate of ammonia for the potash, proposed by the same physician, has not appeared successful to M. Biett, who has seen it, in this modified state, give rise, in many instances, to erythemata and vesicular or papular eruptions, accompanied by an itching more or less severe. **Helmerick's method**, according to M. Burdin, consists in rubbing and cleansing the skin in a saponaceous bath, in order to rupture the vesicles, and so favour the application of the remedy; afterwards, to rub in an ounce of the ointment three times a day, before the fire, and then again to cleanse the skin in another bath. M. Burdin has even stated, that, by making four frictions a day, preceded and followed by a lotion containing a solution of black soap, a cure may be effected in twenty-four hours. Ten patients, submitted by M. Biett to this proceeding, were unable to bear it, in consequence of the consecutive eruptions caused by the violent irritation of the skin. One only was cured in four days, without any untoward symptom. The mean duration of treatment was fourteen days and a half. It was thirteen days in fifteen patients, who only made two frictions in the twenty-four hours.

¹ Celsus had previously recommended, as one of the most efficacious topical remedies in the disease which he called scabies, an ointment composed of oil, sulphur, and pitch, which, commonly employed for the cutaneous diseases of cattle, had been successfully applied in the human subject.
The *sulphuro-alkaline* ointment of M. Alibert, composed of \(\frac{3}{4}\)j. of sublimed and washed sulphur, \(\frac{3}{4}\)j. of the sub-carbonate of potash, and \(\frac{3}{4}\)iv. of lard, is rather slower in its cure, but it is less irritating; we give it to the external patients of the Hopital St. Louis.

*Joseph Frank* recommends a sulphureous soap, and makes the following remarks on it: "This method (sulphur lotions), which is also advised by Authenrieth, we have employed with the greatest success in cases where the disease is slight and recent. We have also prepared a sulphureous soap, which succeeds equally well in these cases. It is made with equal parts of soap and sulphur. We make use of the medicinal soap, with the sulphur flowers, for the rich, and the green soap and common sulphur, for the poor. The oil (or essence) of bergamot may also be added to it. The sulphur soap, too, has this advantage, that it may be employed in public baths, where we frequently dare not use ointments in the presence of those who are attached to them."

The mercurial preparations, such as the *citrine ointment* (nitrate of mercury), Werlhof's ointment (one part of the proto-chloride of mercury to eight of roseate ointment), the solution of nitrate of mercury, so extolled by Freitag, and the antipsoric quintescence of Mettemberg (the basis of which appears also to be the nitrate of mercury), are uncertain and dangerous methods, which frequently give rise to miliary eruptions, erythematata, and eczema, which sometimes even produce salivation, and which we ought only to employ with the greatest caution and reserve.

The narcotico-irritant plants have in general appeared to M. Biett more injurious than useful; at least, he has not obtained very favourable results from the employment of hemlock, staphisagria, and tobacco. He has been much more successful with hellebore, and cured forty patients in thirteen days and a half (mean duration), without any remarkable symptoms, by frictions, with an ointment containing one part of the powder in eight. *Pringle* and *Heberden* have extolled this remedy; *Donald Monro*, however, justly observes that it is uncertain, and often gives rise to cutaneous inflammation.

The *chloride of lime*, in the proportion of \(\frac{3}{4}\)j. to \(\frac{1}{8}\)j. of distilled water, has been recommended in lotions, in the December number, 1827, of the *Journal de Chimie*. 
Sulphuric acid, diluted in thirty or forty parts of water, the sulphate of zinc, nitric acid, and many other mineral substances, have been alternately extolled by different experimentalists.

It is especially in the treatment of the itch that we may employ the method called *ectrotic*, if the patients have consulted us sufficiently early. The development of the disease may really be prevented by opening, and cauterizing with the *nitrate of silver*, the first vesicles which appear.

In a *Memoir*, addressed some years since to the Royal Academy of Medicine, by Professor *Delpch*, this celebrated surgeon having discovered that chemists substituted the common olive-oil for the oil of *Dittander*, very much in use at Montpellier since the period when the Royal Society of Medicine had decreed a reward to the author who had extolled its efficacy in the treatment of scabies—Professor *Delpch*, I say, performed numerous experiments to prove the effects of the common oil. A hundred soldiers, treated at the Hospital of Montpellier by unctions, with fresh olive-oil, were cured in seventeen days (mean duration), whilst one hundred others, treated by the sulphuro-saponaceous ointment, were not cured under twenty-three days (mean duration). These experiments, repeated at Paris, have not had like success; besides, it is a very disagreeable remedy, but suitable in some cases—in children, for example, and in subjects with irritable skins.

It is scarcely necessary to remark here, that in the itch, as in other maladies, we cannot employ indiscriminately the same remedies, in all cases and in all subjects. The degree of cutaneous susceptibility, the general Constitution of the patient, and the accidental complications which may happen, frequently compel us to modify, to suspend, and to vary the medicaments, which we feel we are right in employing; in short, they present indications which can only be appreciated by a skilful professional man. It is a remark which we must not neglect to make, in the experiments which we have performed, to judge of the efficacy of such and such means in particular; and M. *Biett* has been careful to observe, with that modesty which accompanies superior knowledge, that the different results which his experiments offer, compared to those of many other physicians, may partly be explained by the difference in the subjects on whom they were made. In fact, at the Hôpital St. Louis, as in nearly all civil hospitals...
pitals, we have generally to deal with individuals weakened by poverty, excess, and disease, and who have been more or less powerfully modified, both externally and internally, by these serious influences. In the military hospitals, on the contrary, young and robust subjects, full of life and health, are frequently those selected to be submitted to such and such kind of treatment, and it may be imagined what different results may be obtained from the same remedy, applied to individuals placed in such opposite conditions.

**ERPE.**

I. The dartres (herpetes), says the learned Lorry, are very difficult to treat, often offering great resistance to the efforts of the physician who undertakes them: neither do they present less difficulty and embarrassment to him who would write their history. In fact the greatest number of cutaneous ulcerations alluded to under various names in the writings of Celsus, Alexander of Trallianum, and Arabian authors, being liable to be attributed (and really being so by many writers) to the various species of the genus herpes, it becomes very difficult to assign exact limits to diseases so approximated to each other: "Durum et difficile tractanti malum herpetes offerunt nec facilius de eis disse- renti, cum ad varias herpetum species referri possint et reverà relata fuerint omnia fère ulcerum cutaneorum nomina quae apud Celsum, Trallianum, Arabes, descripta reperiuntur, li- mites morbis conterminis assignare operosum est." (Tract. de Morb. Cutan.)

A few citations will serve to justify the assertion of Lorry. Hippocrates in his Epidemics (Ep. 3, sect. 3), speaks of Herpes as a slight critical exanthema: in his Porrhetics (sect. 2), he classes it among spreading ulcers. Galen in his Commentaries on the Aphorism 55 (sect. 6), says, that herpetic diseases (ερπης, ερπητες, from ερπεω, to creep) are superficial ulcerations which eat away the surface of the skin. Elsewhere, however, (Meth. Med. lib. 4.), he observes, that herpes is not always an ulcer. The same author admits three species: herpes miliaris, herpes phlyctænodes, and herpes ετρεμευς, depascens, la dartre ron- geante. Rhazes and Avicenna admit, with Paulus Aegineta, two species: herpes miliaris, and herpes corrosivus. More recently, physicians have extended the word herpes
VESICULÆ.

(which is translated in French by the word *dartre*) to nearly all cutaneous diseases unaccompanied by fever, either acute or chronic, but especially the latter; so that even in this century Professor Alibert thought proper to make use of this denomination, generally admitted to designate the greater number of skin diseases, which he afterwards distinguished from each other by particular names superadded to the generic term. Thus, he admitted, in his first classification, *Dartres érythémoides,* *phlycténoides,* *squameuses,* &c., and still, in the present day, the group of *Dermatoses dartreuses* occupies an important place in his new classification. Willan and Bateman, wishing to do away with the confusion which existed in consequence of the employment of a denomination so vague and general, preserving for the greatest number of cutaneous diseases the names employed by ancient authors, singularly restricted the signification of the word *herpes,* and only applied it to a special vesicular affection, the march of which is commonly very regular, and the duration very short; so that in their classification, the word *herpes* is not synonymous with our vulgar word *dartre,* which is quite banished from scientific language.

We will designate then, with these authors, by the name of *herpes,* a cutaneous affection, very frequently acute, characterized by the eruption of small vesicles united in groups, which successively enlarge, become opaque, and terminate in crusts more or less delicate, or even dry up, without forming decided squames, in a space of time varying from 10 to 15 or 20 days. It is commonly accompanied by a feeling of heat and itching, sometimes

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*Sauvages* admitted nine species of dartrous affections; Roussel, who in 1778 obtained the prize offered by the Society of Medicine of Lyons on the same question, modified this classification; Lieutaud, who preserved some of the ancient names, admits in his synopsis, published in 1770, four varieties: the transient, the white, the miliairy, and the creeping or spreading dartre. Poupart, in 1782, also recognized only four varieties: the white and scaly, the discrete miliairy érysipelatous, the crustaceous, and the severe or spreading dartre.

We see that, previous to the great revolution which overturned all classical studies, and consigned to oblivion and disdain the traditions of the past, the soil was prepared for the establishment of a fresh nomenclature, derived from common and vulgar language. This explains the ease and rapidity with which Alibert's doctrine spread itself in France.
even of a deep pain, in the affected parts, which lasts in some cases after the disappearance of the eruption. By means of this precise definition we escape from the inextricable embarrassment in which Lorry, and all writers after him, found themselves. Our word herpes can no more be applied to anything but a distinct and well characterized kind of cutaneous disease.

II. The causes of this malady are entirely unknown. In a very great number of cases it appears as the symptom or crisis of a general, local, or functional derangement. Certain local circumstances may also produce it. Lastly, it may be attributed in certain subjects to the general causes of dartrous affections.

III. Small vesicles, accompanied by a redness and swelling, more or less marked, appear, with or without general precursory symptoms. A sensation of itching and smarting is felt in the affected part, which is sometimes the seat of even deep lancinating pains. These vesicles, at first very small and miliary, are commonly united in groups, separated by intervals of sound skin. They afterwards increase and acquire a variable size from that of a pin's head to a pea, or even larger. In general, when they acquire a great size, it is by the union of many neighbouring vesicles. At the end of some days they contain a fluid, at first clear, afterwards opaque; they then burst, and their contents escape, or they dry up without bursting, and are converted into yellowish, greenish, or brownish squamæ or crusts, which fall off, and occasionally leave behind them excoriations; but more frequently they are replaced by a simple furfuraceous desquamation. The skin remains more or less discoloured; it afterwards becomes paler, and soon regains its natural state. Each group of vesicles generally runs through its different phases in less than ten days; but the successive eruptions which take place may prolong the disease to the end of the third or fourth week. Moreover, some of its varieties are very subject to recur.

IV. Varieties.—Bateman admits six, which we will successively consider, making only a slight change in their order of enumeration.

1st. Herpes labialis.—This variety is no other than the eruption vulgarly known by the name of botchy eruption of the lips, critical exanthema of the lips, hydroa febrile of J. Frank.

We know that it often happens towards the decline of
vesicle.

ephemeral and catarrhal fevers, and various mucous inflammations; and in some cases it may be regarded as a sort of crisis. In others it is simply symptomatic, and connected with inflammation of the pituitary membrane, the mouth, stomach, intestines, and air-passages. It may be produced directly by the local action of any irritating cause. More frequently it is the result of a transient excitement produced by a neglect of proper regimen, by the employment of alcoholic drinks, by over-exertion, &c. And lastly, it may happen without any appreciable cause.

A sensation of heat, itching, smarting, and tension, precedes and accompanies the formation of from five to six vesicles, united in a group, and resting on an inflamed base; sometimes many groups appear, ranged around the lips, leaving between them intervals of sound skin; at other times a uniform group occupies a point on the upper or lower lip, frequently at their commissure. The vesicles contain a fluid, which in one or two days becomes purulent; they increase and sometimes acquire a size equal to that of a large pea; they burst, or dry up without bursting, and at the end of four or five days form thickish and darkish crusts, more or less adherent, which become detached from the eighth to the twelfth day. During the first period of the eruption the skin is swollen and red, and the seat of intense itching. These signs of irritation disappear after the formation of the crust. If the patient picks it off, he leaves in its place a moist and smarting excoriation, which is soon covered with a fresh crust.

2nd. Herpes zoster.—M. Alibert describes this affection under the name of herpes phlyctænodes zonæformis, or dartre phlycténoidé en zone. In his second classification it is described under its proper name in the group of Dermatoses eczémateuses. It is the zona of some authors, the ignis sacer, sacred fire, St. Anthony's fire, of some physicians of preceding centuries.

This disease, the name of which (zona, σωρός, a girdle) indicates the form, mentioned by Pliny, under the name of zoster, little known to the ancients, who probably sometimes designated it under the name of erysipelas, phlyctænaæ, &c., has not been well described till the last century.

It is characterized by a vesicular inflammation of the

h Probably pemphigus has also been alluded to under the same name by the writers of that time.
skin, which most frequently manifests itself on the trunk, and forms groups disposed in a semicircular band, terminating before and behind in the median line of the body, so as to represent a sort of half girdle, three or four times the breadth of a finger.

Authors have conceived various hypotheses, more or less futile, with respect to the proximate cause of zona. The occasional causes themselves are commonly unknown. This disease may attack all ages, and show itself in all seasons; it is, however, more common in young subjects, and it occurs more particularly in summer and autumn. It has been thought possible by some, to attribute it to the suppression of the cutaneous transpiration produced by the impression of cold on the heated body, to moral emotions, a fit of anger, &c. It may, in some cases, be considered as critical, when its appearance causes the cessation of internal ailments or inflammations.

Zona often presents, like erysipelas, precursory phenomena of variable intensity and duration, such as languor and uneasiness, shivering, pain in the head, nausea, and loss of appetite, for two or three days; afterwards, febrile heat, a sensation of pricking in the skin, lancinating pains in the regions where the eruption threatens to manifest itself (most frequently at the lower part of the chest, and in the epigastrium). In other cases these phenomena are not present, or are so slight as to be unnoticed by the patient. This feeling, just alluded to, of itching, pricking, &c., is generally on the right side of the trunk, towards the superior part of the abdomen. A number of red patches, some distinct and separated by intervals where the skin is unaffected, others blended together, of an irregular form, indistinctly showing a vesicular embryo, become apparent in this region; the vesicles soon develop themselves, and increase like small pearls; the clusters which they form acquire a greater or less extent, the diameter varying from one to three inches, and are accompanied by a bright redness, which is under and around them. Fresh groups arise in succession for two or three days, and the eruption disposes itself in a semicircular line, the white line being directed towards the spine, which surrounds the trunk in the form of a half belt. Sometimes this eruption surrounds, in the same manner, one side of the chest, or even two-thirds of the neck, and lower part of the face, sometimes, the temporal region and part of the forehead, or lastly, three
quarters of a limb. It commonly follows a direction more or less oblique, occasionally it even comes nearer to the vertical line in one portion of its tract, especially when it is situated any where but on the trunk.

The vesicles, the size of which may increase even to that of a lentil, or an almond, and thus constitute veritable bullæ (but bullæ are not formed by the confluence of vesicles), become turbid and milky, or yellowish, and are quite opaque towards the fourth day after their appearance; they burst, and give exit to a turbid serous fluid, which concretes itself in squamae or slight crusts, of a brownish or dark colour, and very firmly adherent. These crusts are detached from the twelfth to the fourteenth day, sometimes leaving the skin red and sensitive. A number of the vesicles fade and dry up without forming any notable or decided crusts. Others excoriate, furnish an abundant discharge, and leave behind them cicatrices. The total duration of the disease, protracted by the succession of various eruptive groups, may extend to the end of the fourth week; it frequently terminates much sooner.

When there has been fever at the commencement, it usually disappears with the other general phenomena; when the eruption shows itself, and during the time it lasts, the general health remains unimpaired. If, however, the eruption is intense, accompanied by violent itching and severe pains, restlessness, digestive disturbance, and acceleration of the pulse, various nervous symptoms may ensue.

This affection is not contagious; it is never dangerous, but it may recur, and above all, it may leave behind it deep, lancinating, sometimes intolerable, pains, which in some rare cases are prolonged for many months, and even years, in the region where the zona was originally situated.

3rd. *Herpes phlyctænodes.*—In the old work of M. Alibert, the history of the *dartre phlycténöide* comprises *pemphigus, herpes phlyctænodes*, and *zoster*. He distinguishes two varieties of it: the *dartre phlycténöide confluente*, many traits of which correspond to the description which we shall now give, and the *dartre phlycténöide en zone*, which we have just treated of. In the new classification, these three affections form so many separate species, in the group of *Dermatoses eczémateuses*, under the names of *pemphix, zoster*, and *olophlyctis.*

*Herpes phlyctænodes* is characterized by small vesicles,
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quite isolated and transparent at their commencement, accompanied by itching, frequently redness and inflammation of the skin; they increase, and become opaque and turbid at the end of a few days, and afterwards dry up, with or without the formation of crusts.

The causes of this disease are very obscure; sometimes, however, the eruption appears dependant on a derangement of the digestive functions, on the moral affections, and the general state of the animal economy.

It is sometimes preceded for two or three days by a slight fever. Frequently it is developed without any pre-cursory phenomena, and it is unaccompanied by any disturbance of the general health. It shows itself on the limbs, the face, the neck, &c.; it rarely attacks at once a great extent of surface, or many parts of the body at the same time. We frequently see it confined to the superior extremities, and even to the hands and fore-arms. Red vesicular patches manifest themselves, with a feeling of pricking, smarting, heat and itching of the skin. The vesicles, at first miliary, isolated, and filled with a limpid serum, increase, and sometimes acquire the size of a large pea, a lentil, or a small almond; during this time others begin to appear in their interstices; the skin which is the seat of the eruption, is commonly red, tense, and swollen; these vesicles often form groups, separated by intervals of sound skin; sometimes they form a patch of very large extent, but then, too, we find other small groups, in the midst of a sound cutaneous surface.

At the end of some days, the vesicles, having arrived at maturity, are opaque and milky; from the fourth to the eighth day, they burst and sink down, and a yellowish serous fluid flows out, which is concreted in small squamae or delicate brownish crusts. These detach themselves towards the tenth day, and leave the skin red and sensitive. A number of the vesicles fade and dry up without forming crusts, some even do not grow turbid and opaque when the cutaneous inflammation is slight, causing little or no discolouration. The total duration of the disease, comprising the successive eruption of vesicles, varies from two to three weeks. It is very subject to a recurrence at certain periods of the year; some persons are affected with it every spring and autumn. This recurrence was observed many times in the following case:

A woman, twenty-seven years of age, of a lymphatico
sanguineous constitution, was, in 1814, for the first time tainted with a phlyctenoid eruption, the origin of which she attributed to a severe fright, which she experienced on the invasion of France by the Allied troops. Ever since, she has been subject to an analogous eruption of small vesicular elevations, appearing sometimes on the trunk, sometimes on the face, sometimes on the limbs, and by a bright redness of the skin, and intense itching and smarting.

In the month of August, 1817, this woman came to Paris to be a cook; since then she has had more frequent and violent returns of the cutaneous disease; the catamenial periods became painful, and the discharge scanty.

In April, 1819, she became a patient at the Hôpital St. Louis, for the first time, the affection then occupying the hands; and she went out, cured, on the 8th of May. In the following months she had very frequent but slight relapses.

On the 24th of October, the customary small vesicles showed themselves on the right hand, accompanied by redness, itching, and smarting. The disease extended up the fore-arm. After eight days an analogous eruption manifested itself on the left hand. The swelling, redness, and itching, became very intense; the elevations were very numerous, and furnished an abundant discharge; a similar eruption came out on the face, close to the eyes and ears.

On the 9th of November, 1819, the patient again entered the Hospital, five years after the first invasion of the malady, and nearly fifteen days after the commencement of the present eruption, having used for some few days previously, without any relief, soothing drinks internally, and emollient cataplasms externally.

The dorsal aspect of the hands and fore-arms was red, tense, swollen, hot, inflamed, and extremely painful to the touch, covered with a number of small vesicles, most of them miliary, others the size of a pin's head, others even that of a small pea. These elevations, first noticed in the form of small red points, became more sensitive as they enlarged; at first they were colourless and transparent, afterwards turbid and opaque, resting on an inflamed base, most of them distinct, some blended and grouped together, discharging a considerable quantity of fluid on bursting. This liquid concreted itself in small, soft, and moist squames, in some places very rare. Violent itching, burn-
ing heat, and severe smarting, accompanied this eruption, producing restlessness, and causing intense suffering to the patient. The spots on the face had in a great measure disappeared, some still remaining on the left ear. She was ordered tartarised lemonade to drink; three different soups for nourishment, local emollient bathing twice a day; and the application of oil and linen on the fore-arms and hands.

After four days of this treatment, the swelling, redness, and pain, in a great measure, subsided; no fresh vesicles were forming; the existing ones dried up and disappeared, giving place to a furfuraceous desquamation; on the hands, and especially on the palmar surface of the fingers, the epidermis exfoliated in dry and extensive laminae, nearly resembling glove-fingers. We combated the constipation which existed, by means of cream of tartar, administered in veal tea, followed by a dose of castor oil. The local emollient baths were continued; emollient poultices were applied to the fore-arms, and simple baths were prescribed. A slight recurrence still happened a few days afterwards, but it yielded to the continuation of the same means, and the patient went out cured on the 30th of November, after twenty-one days' sojourn in the hospital, five or six weeks having elapsed since the first invasion of the disease.

4th. *Herpes præputialis.*—Bateman justly insisted on this variety, the seat of which may lead us into error, and make us incorrectly fear the existence of a syphilitic affection. It develops itself on the external or internal surface of the prepuce, accompanied by a sensation of heat, and severe itching, in the form of one or two red patches, covered with five or six small conglomerated vesicles, which in a few days become opaque and confluent. If they occupy the internal and moist surface of the prepuce, they burst on the fourth or fifth day, and form a small excoriation, with a whitish discharge, which is converted into a small crustaceous concretion from the ninth to the tenth day, and is cured on the falling off of this concretion, which takes place about the thirteenth or fourteenth day. On the external surface of the prepuce, the vesicles do not excoriate, and their cure is effected four or five days sooner. Uncleanliness, irritating local causes, and the lodgement of water occasioned by the contraction of the urethra, may favour the development of this slight affection, which cures
itself when it is not exasperated by an unseasonable treat-
ment.

Bateman describes two varieties, which derive their
name from the particular form and external appearance of
the eruption,—\textit{herpes circinatus}, and \textit{herpes iris}: the first
is very common, the second excessively rare.

5th. \textit{Herpes circinatus}.—This variety, known, it is
said, in England, by the vulgar name of \textit{ring-worm}, shows
itself in the form of small circular patches, only having
vesicles at their circumference, not one being developed in
the centre. They run through the customary stages of the
dartre phlycténőide, varying in intensity and duration
according to the severity of the inflammation, and the
number and size of the vesicles. Desquamation commonly
takes place from the eighth to the fifteenth day. This
affection is generally mild and short; it may nevertheless
become chronic, and then we merely see the rose-coloured
circles remain, covered with the small furfuraceous scales
which succeeded the eruption of the vesicles.

From time
to time fresh elevations may show themselves on the bor-
ders of these small rings. The eruption frequently occu-
pies the neck, the chest, and one of the limbs. Of all the
varieties of \textit{herpes}, it is that which is accompanied by the
slightest degree of inflammation, and of which the vesicles
are smallest.

6th. \textit{Herpes iris}.—This variety, much more rare than
the preceding, is characterized by vesicular patches, dis-
posed in concentric rings of various colours, which com-
monly manifest themselves in young subjects on the back
of the hands, the instep, or on the palms of the hands, and
even the fingers.

When this disease, which at its commencement appears
nothing more than an efflorescence, is well developed, it
presents spots of the size of a twelve-sous piece, the centre
of which is occupied by vesicles, at first limpid, afterwards
opaque, and lastly, slightly crustaceous, and it is sur-
rrounded by many circles of a more or less deep red; the
most external one does not appear till towards the eighth
or ninth day, and it is of a light rose colour, gradually and
imperceptibly losing itself in the natural shade of the sur-
rrounding skin. These different rings are themselves studded
with vesicles. This slight affection is not accompanied by
any internal derangement, and has a very short duration.
VI. We see that all the varieties of vesicular inflammation designated under the name of herpes, have, in general, an acute progress, a short duration, and a fortunate termination; circumstances which distinguish them from the cutaneous affections vulgarly known as dartres, and the greatest number of which have a chronic march and a long duration, and present great resistance to the means of treatment which we may employ. On the other hand, however, they present some points of resemblance to the dartres, as in their spontaneous development, the great heat and itching which accompany them, the absence of fever and general symptoms, and the frequent recurrence of some of them.

In the greater number of cases, this inflammation is entirely uncomplicated, which explains the favourable prognosis which we may pronounce. Moreover, as we have already said, it is occasionally a veritable crisis.

VII. 

Erysipelas, pemphigus, eczema, and scabies, offer some resemblance to herpes phlyctenodes, and have not always been distinguished with sufficient care from this affection.

Erysipelas is only accidentally accompanied by bullæ; and when this is the case, they differ remarkably, in their mode of development, in their size, and in their form and irregular march, from the small vesicles of herpes phlyctenodes, some of which appear at the very commencement of the eruption, and run through regular phases.

The bullæ of pemphigus are rapidly developed, sometimes in twenty-four hours; they frequently acquire a very large dimension, and are commonly isolated and scattered on various parts of the body; sometimes they fade and dry up in two or three days without forming any notable crusts.

Eczema differs from herpes phlyctenodes in the mode of its development, its form, its progress, and its termination. Its vesicles are very small; they burst and are converted into squamous excoriations, and that in a short space of time (two or three days, for instance). In a very great number of cases we have scarcely time to observe the primary vesicular form of the cutaneous inflammation. Herpes, on the contrary, has some vesicles gradually developing themselves till they acquire a more or less considerable size, and which frequently last from four to six days; whilst these burst or dry up, others take their places, and in their turn
increase, so that the first form of the affection is nearly always easy to prove and recognize. Their progress is generally rapid and acute; the total duration of the disease rarely extends beyond three or four weeks at the most. In the greater number of cases, the small vesicles of eczema have a tendency to prolong themselves and to last for many weeks, months, sometimes even years. When herpes protracts itself, or presents an exacerbation, a fresh eruption of vesicles always takes place; commonly when eczema is protracted, it is merely the excoriation and the desquamation which are renewed and increased: we may with difficulty notice in some points the formation of small fresh miliary vesicles.

I have many times seen distinguished practitioners confound herpes phlyctenodes with the itch. In fact, it occasionally happens that the vesicles of herpes are accompanied by very slight inflammation, that the colour of the skin is but little altered, and the seat of the eruption only on the hands and fore-arm. But it is the dorsal aspect of the hands which is commonly attacked; and not the interdigital spaces, the wrist, and the folds of the elbow-joint. Instead of the small, few, and isolated vesicles of the itch, there are a number of closely approximated ones, which, at most, acquire the size of a large pin's head, or even a small pea. The eruption has a regular march, and terminates spontaneously by desquamation, at the end of one, two, or three weeks: so that really it is merely those who pay but little attention, or have had but slight experience, who could confound the one disease with the other.

VIII. Treatment.—Herpes generally runs through its various periods with regularity and promptitude, and is only slightly influenced by artificial means, although it may be exasperated and prolonged by improper treatment. The resources of expectant medicine are almost the only ones to which we can have recourse in this disease. Emollient, soothing, and narcotic lotions; cold water itself applied to the part of the skin which is affected, may be employed to allay the itching, burning, and smarting pain which accompany the development of the eruption. If there is severe inflammation, we may even resort to emollient cataplasms; warm baths are often useful, especially in the second period of the eruption; diluent drinks, slight laxatives, and a mild regimen, are the only internal means necessary in the greater number of cases.
**Herpes zoster** is not ordinarily treated by any topical application. When, however, there are severe pains, relief is sometimes obtained from unctious with a soothing liniment, or even with a simple cerate, and from fomentations with marsh-mallow and poppy waters. When the vesicles are opened, and there is a very abundant discharge, the affected part may be sprinkled with flour. When the pains persist after the disappearance of the eruption, it has been sometimes endeavoured to disperse them by the application of blisters. Some practitioners have tried to render the *zona* abortive by the method called ecretive, and they appear, in fact, to have attempted arresting the disease in its march, by cauterizing the vesicles immediately after their rupture. This method does not appear so new as some have wished it to be considered, as we may learn from the following passage from Bateman:—"With the view of clearing off the morbid humours, the older practitioners cut away the vesicles and covered the surface with their unguents, or even irritated it with the nitrico-oxyd of mercury, notwithstanding the extreme tenderness of the parts. These pernicious interruptions of the healing process probably gave rise to ulceration, and prolonged the duration of the disease, and thus contributed to mislead practitioners in their views respecting its nature." *Herpes phlyctænodes* has been sometimes treated by astringent applications, such as burnt flour, ink, solutions of certain salts, of iron, copper, zinc, borax, and alum. These means have also been employed to allay the sensation of smarting and itching, which the patients feel in the affected parts, and they have appeared more than once to be more successful than emollient applications, which seem in some subjects to favour the cutaneous discharge.

When *herpes circinatus* passes into the chronic state, some sulphur baths, and an ointment of the same nature, such as the following, usually suffice to disperse the small furfuraceous rings, which remain on the surface of the skin.

\[
\begin{align*}
\text{\textbullet Lard} & \quad - \quad - \quad - \quad \frac{3}{j} \\
\text{Sulphuret of Lime} & \quad - \quad - \quad \frac{5}{j} \\
\text{Camphor} & \quad - \quad - \quad \text{gr. xv.}
\end{align*}
\]

It is useful, too, in cases where the eruption is very tenacious, when it may be combined with some internal medicaments, such as purgatives, purifying drinks, sulphur, the sulphureous water of Enghien, for example, taken in the
morning, before breakfast, with some milk, in doses of from two to three glasses a day.

*Herpes labialis* requires no treatment: a little cerate and some emollient lotions may be employed to soothe the heat and itching which usually accompany this eruption. *Herpes preputialis*, which attacks the internal surface of the prepuce, is speedily cured when we keep the parts clean, and apply emollient lotions; but when it is mistaken for the commencement of a venereal chancre, and we cauterize it, or apply irritating ointments, it becomes excoriated, it enlarges itself, and may last for some time. To avoid an error of this kind, it will be sufficient to recollect that a chancre never commences by *vesicles*, and that the *ectrotic* method, extravagantly extolled for some years by a young physician of Paris, in cases of syphilis—that is, to cauterize the *vesicular* point, which, according to him, constitutes the elementary form of chancre, is perhaps founded on an error in diagnosis. Besides, the excoriations which succeed *herpes preputialis*, do not present the characters of syphilitic ulcerations; the former are simply inflamed excoriations, frequently covered with false membranes, and soon cured by mild and soothing applications.

**Eczema.**

I. The Greek word *eczema* (derived from the verb ἐκεφοῦ, effervesco) evidently indicates a cutaneous affection accompanied by inflammatory phenomena. Even M. Alibert, as we have already said, has thought fit, in his new classification, to make this old word the title of an entire group of *dermatoses*, called *eczémateuses*, or inflammatory. It is by no means easy in the present day to say precisely, what is the cutaneous affection which authors have designated under the name of *eczema*. *Ætius Amideus* says, that the Greeks gave this name to an eruption of pruriginous vesicles, called ἐκεφοῦρα, ab ebulliente fèrcore, on account of the heat which habitually accompanies them. However that may be, *Willan* has given to this word a precise and rigorous acceptation, in applying it to a cutaneous disease, vulgarly known by the name of *dartre vive*, described by M. Alibert in his new, as in his old, classification, under the term *dartre squameuse humide*, (*herpes squamosus madidans,* and which presents the following characters:—
ECZEMA.

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The eruption of very small approximated and agglomerated vesicles, accompanied by superficial redness of the skin, which burst, excoriate, and pour out a serous or seropurulent fluid, which stains the linen, and is concreted in squamae more or less thickened and extensive.

II. The stimulating external causes which sometimes produce erythema, or the development of pustules, may also frequently give rise to that of vesicles; thus eczema, and even an eczema which extends itself over the whole surface of the integuments, is occasionally the result of the prolonged action of a burning sun (coup de soleil), of the application of a pitch plaister, a blister, and irritating (especially mercurial) frictions; thus the affection called grocer's itch, as Bateman says, is sometimes vesicular, an eczema; thus, according to the same author, masons may be tainted with it on the hands, in consequence of the repeated contact of the lime in the mortar: and thus a file-maker, whom he had occasion to observe, was affected with it in the same parts, owing to the continual action of the heat of the forge to which he was exposed, and the irritation produced by the contact of the particles of steel with which his hands were constantly covered. An analogous cause, as the constant standing of cooks before the fire, renders them very subject to dartre squameuse of the legs. The impediment to the circulation, produced by long standing, favours the development of this disease in the same parts, in a great number of trades. All the causes which we have enumerated in our general considerations, may produce eczema, either accidental or constitutional. Thus, neglect of cleanliness; exposure to moist and unwholesome air, and to marshy emanations; a bad regimen; the employment of acrid and stimulating substances; the abuse of alcoholic drinks; the suppression of the cutaneous transpiration, and other habitual discharges; a sedentary life, the labours of the closet, and prolonged or energetic moral affections, may favour its development. This disease frequently attacks nervous and lymphatic subjects, those who are sanguineous and lymphatic, cachectic and bilious individuals, and those who, as it is said, have acrid blood (that is, who have a bilious tint, with a dry and eruptive constitution). Women at the age of puberty, adults, and old men, are particularly liable to it. We often see it arise in spring and summer, sometimes also in autumn,
occasionally, too, in winter. It does not appear to be ever contagious.

III. Very small vesicles, filled with a limpid serum, which come out very slowly, show themselves on the surface of the body, sometimes even without changing the colour of the skin, but much more frequently with a rosy or red discolouration of the affected part; in some cases, these vesicles dry up very quickly, and terminate in a slight desquamation; but more commonly, at the end of three or four days, they burst, and pour out a more or less abundant discharge, leaving behind them excoriations, usually of a rebellious nature. The exuded fluid stains the linen; concretes itself in more or less thickened, greyish, yellowish, or greenish squamae, which are detached at the end of a certain period and replaced by others. The disease then frequently assumes a chronic march; the desquamation is repeated; the subjacent skin remains smooth, shining, cracked, and excoriated; it furnishes an abundant discharge of an ichorous fluid, which stains the linen; at the end of a variable period the exhalation is drained, the excoriations dry up, the skin loses its redness, and is only invested with small, delicate, and whitish squamae, which are more or less adherent. In this state, which properly constitutes the dartre squameuse of Professor Alibert, we may still generally discover, in some neighbouring parts, a few small scattered vesicles, which reproduce the elementary form of the disease. This affection presents a number of varieties and different degrees, which give it a very varied aspect. When it is acute, simple, and mild, and especially in the cases where it has been caused by external irritation, we see small grouped and approximated vesicular elevations rapidly develope themselves, furnish a slight discharge, become converted into small and delicate squamae, which are quickly detached, and the whole affair is over in one, two, or three weeks. When it is more intense, we see the vesicles become purulent, accompanied by a severe and profound inflammation of the skin, characterized by a bright redness, a swelling analogous to that which takes place in small-pox, an intense heat and pain, with a sensation of throbbing in the affected part; sometimes there is even fever: the fluid poured out is acrid and viscid; it concretes itself in thickened and yellowish
This acute state lasts for one, two, or three weeks, after which the disease declines, frequently to pass into the chronic state. Lastly, when the malady is of long standing, and inveterate, we see it extend and propagate itself in various parts of the body; the skin is cracked, excoriated, and bloody, furnishing a most abundant discharge; intense itching and smarting deprive the patient of all rest, and render his existence miserable. In this terrible state it may be prolonged for many months, and even years, with alternate remissions and exacerbations; and then it may even prove fatal.

Eczema may invade the whole extent of the integuments; more frequently it is confined to certain regions of the body. It prefers attacking the parts in which the follicles are most numerous, and the cutaneous perspiration most abundant and odoriferous,—the ears, the axillæ, the buttocks and the scrotum; the mammae and vulva, the upper part of the thighs, and the arms. Sometimes it even propagates itself in adjacent mucous membranes; and the entrance of the vagina and rectum, for example, become the seat of a dartrous irritation, which causes the most insufferable torments. On the penis we frequently see the disease extend to the internal surface of the prepuce, and even to the orifice of the urethra; in these desperate cases, frequent and dreadfully painful erections exist. When the ear is the seat of it, the irritation propagates itself to the meatus auditorius, which becomes so narrowed and plugged up as to cause a more or less complete state of deafness. In some cases, too, we see the internal linings affected to a great extent, and patients tainted with inveterate dartres end by sinking under gastric or intestinal affections. Although, generally speaking, all the functions preserve their entire integrity, even in the oldest and most intense dartrous eruptions, there are cases in which we witness restlessness, marasmus, and dropsy, supervene: a sort of hectic fever is established, and attacks persons who have fallen into a cachectic state; the viscera become affected, diarrhoea comes on, and the patients die.

In general, the duration of eczema, when it is very acute, is from two to three weeks, and from six to eight when it is less so. In the chronic state it may be prolonged indefinitely, whether the same region of the body remains affected, with alternate remissions and exacer-
bations, or whether the disease disappears in one point, and shows itself afresh in another.

The recurrences of this malady are very frequent when it is constitutional, that is to say, when the subjects tainted with it appear specially predisposed by a particular modification of the economy, which may be recognized by certain external characters,—in the spontaneous development of the eruption, in the resistance which it offers to curative means, and the facility with which the slightest errors in regimen reproduce it.

IV. Varieties.—Bateman describes three principal varieties:—1st. Eczema solare, which is produced by the direct action of the solar rays, and exclusively attacks those parts of the body which are uncovered, such as the face, the neck, the fore-arms, the back of the hands, and the fingers. It affects, by preference, women and subjects with fine and delicate skins. The eruption is preceded and accompanied by a feeling of itching, smarting, and heat; the skin is covered with small, and closely approximated vesicles, sometimes surrounded by an inflammatory circle, which contain, at first, a clear, afterwards an opaque and milky serum; they dry up in small scales of a yellowish brown, occasionally laminated, and even crustaceous, at other times very small, and scarcely as large as a small pin's head. These vesicles are sometimes renewed, or they appear successively: and in some cases, even, instead of lasting two or three weeks, as is most common, the appearance of the vesicles, the humoral exudation, and the desquamation, are prolonged from the spring or summer to the autumn or following winter.

2nd. Eczema impetiginodes.—This variety is characterized by a more severe inflammation than the preceding, and the vesicles becoming purulent, the disease partakes at the same time of the characters of eczema and impetigo. Like the preceding, this variety is probably the result of an external stimulating cause, and particularly irritating frictions, resinous plaisters, the acrid substances employed in the treatment of the itch, &c. The eruption of the vesicles is accompanied by pain, heat, smarting, and, frequently, intense itching. The fluid which they exhale after bursting, is acrid, and irritates the neighbouring skin, which becomes red, rough, and chapped. It forms yellowish, soft, crustaceous squamae, analogous to the crusts of impetigo. This variety has an acute march, and lasts
two, three, or four weeks, especially when it supervenes on external irritation; it frequently passes into a chronic state, and is protracted for a very long time.

3rd. *Eczema rubrum.*—In this variety the cutaneous inflammation is earlier and more decided than in the preceding one. The skin is red and tumefied, and it becomes the seat of an intense and burning heat: it is rough to the touch, and is covered with a number of small vesicles, which, if they do not burst, acquire in two or three days, the size of a pin's head, and are filled with a milky serum. A considerable swelling of the integuments, analogous to that observed in the eruptive fevers, accompanies this eruption. The fluid which escapes from the ruptured vesicles is thin and acrid; it irritates and inflames the skin, which becomes excoriated and very painful. The linen is stained, and it exhales a very disagreeable odour. The disease frequently propagates itself to all parts of the skin successively, till the whole surface of the integuments becomes covered with excoriations, and painful cracks in the different folds and wrinkles. Some yellowish and crustaceous squamae, more or less moist or adherent, form on the surface of the inflamed skin. When the eruption is very intense and general, it is accompanied by some febrile symptoms, such as acceleration of the pulse, whitish coating on the tongue, &c. When it is partial and acute, it may terminate in a fortnight; but when it extends to all parts of the body, the health is rarely re-established under six weeks or two months. The desquamation is often renewed many times, and ends by one purely furfuraceous; in some cases, the hairs, and even the nails, fall off and are restored. Moreover, this variety frequently passes into the chronic state. The following case is an example of the variety described by Bateman, under the name of *eczema solare.*

A woman twenty-seven years of age, never having been previously affected with any skin disease, was seized on the 7th of July, 1818, in consequence of prolonged exposure to the rays of the sun, with an erysipelatous swelling of the face, fore-arms, and hands; the skin of these parts was covered with a number of small vesicles, which burst at the end of a few days, and were converted into superficial excoriations, furnishing an abundant serous discharge, which concreted in small squamae, with redness and a sensation of intense smarting. The swelling rapidly subsided,
and the discharge gradually became less, and after some time nothing remained but a dry and foliaceous desquamation, with slight rosy discolouration of the integuments, which, in about two months, entirely assumed their natural aspect. Lotions of elder-water at first, and afterwards vapour baths, were the only means of treatment resorted to.

We have many times seen vesicular eruptions of the miliary kind, or of eczema, produced either by external irritating applications, or even internal stimulants, mercurial preparations, for example. We will relate two cases of this kind in succession. In the first an eczema rubrum was developed after frictions with mercurial ointment, and had an acute march; in the second the cutaneous affection, which supervened on an antisyphilitic and sudorific treatment, was of the same nature as the preceding, but it was protracted under a chronic form. A young man, of strong constitution, and previously unimpaired health, had an eruption of small pruriginous elevations, in the folds of the elbow, and on the thighs, and legs, which a physician mistook for scabies. He prescribed, in consequence, sulphureous fumigation, and frictions with an ointment containing the yellow sulphate of mercury (turbith mineral). This treatment singularly exasperated the eruption, which soon invaded the whole surface of the body, and compelled the patient, after six or seven days, to enter at the Hôpital St. Louis. At this period the eczema could be observed in all its phases, in various parts of the skin, which it had successively attacked. In fact, in many places recent and inflamed vesicular groups showed the elementary form of the eruption; in others, where these groups had dried up, was a furfuraceous desquamation, with rosy discolourations of the skin; in others still, some excoriated groups were covered with slight and moist squamae, with a serous exhalation, constituting the second period of the eruption. A sensation of general itching, sufficient to deprive the patient of sleep; heat, and severe smarting, accompanied the disease, which only spared the palmar surface of the hands and the soles of the feet. There was no disturbance of the general functions, no febrile movement, and the appetite was unimpaired. The internal exhibition of veal broth, with \( \frac{3}{4} \) of cream of tartar to the pint, was prescribed, and, externally, simple baths. After some days the itching abated, the discolouration of the skin diminished,
the exhalation ceased, the squamae and furfuraceous scales were detached, and the integuments were restored to their normal state. The patient went out cured, on the 17th of August, 1819, after a sojourn of fifteen days in the hospital.

The subject of the second case was a young girl, aged 19, who had been treated at the Venereal Hospital for primary lenticular tubercles of the genitals, by the liquor of Van Swieten, and a sudorific drug. She was consequently twice affected with severe irritation of the mouth, with profuse salivation, and, after taking forty doses of the liquor, a squamous herpetic eruption attacked the whole of the face, extended itself to the mammae, and covered the left arm, where a blister had been applied. For a month, mercurial treatment, by frictions, was again resorted to; afterwards, the juices of bitter plants, purifying draughts, and sulphur pastiles; blisters were applied, and simple and sulphur baths employed. These means produced a sensible amelioration; the face regained its natural state; the profuse cutaneous discharge was exhausted, and the patient left the Venereal Hospital after a sojourn of ten months. Eight days afterwards (27th of July, 1819) she was admitted into the Hôpital St. Louis, one year having elapsed since the invasion of the syphilis, eight months since that of the herpetic affection.

The hairy scalp was then covered with yellowish, moist, very large, and thickened squamae. The body presented a great number of pale and ro-e-coloured patches, with a slight furfuraceous desquamation in some points (traces of the imperfectly-dissipated malady); the ears were invested with small and moist squamae. There was also adhering to the chin a yellowish, dry, and thickened plate. The eyes were slightly irritated. The left arm, for nearly the whole of its extent, was red, moist, excoriated, and invested like the chin; the fore-arm could not be perfectly extended, owing to the painful stretching of the red, tender, and cracked skin, which this movement produced. The patient perceived in these parts a slight itching and smarting. The centre of the two mammae was covered with dry squamae, of a yellowish green, which were specially adherent to where the nipple should have been, for in this young girl this part had never existed. The skin was here red, dry, wrinkled, and cracked. The umbilicus was the seat of a large purulent excoriation, covered with a
greenish crust. A number of leeches on the affected arm, emollient cataplasms, tepid baths, cooling and laxative drinks, and a light regimen, composed the treatment, and procured a very rapid diminution in the intensity of the disease. On the 14th of November the patient quitted the hospital, after a sojourn of about six weeks, having no traces of her malady remaining, except on the breasts, where the skin preserved a rose-coloured tint, and remained the seat of a slight desquamation, but without any appreciable exhalation.

V. Notwithstanding all the details into which we have entered, we shall give but a very imperfect idea of eczema, if we do not endeavour to retrace the varieties which this affection presents when it is partial, either primarily or consecutively—that is to say, when, after having been general, it obstinately remains in certain regions by preference. These are the hairy scalp, the eyes, the ears, and the genitals. On the hairy scalp, the disease, after having been accompanied by redness and exhalation, sometimes remains for a very long time in the form of a dry desquamation, which may be confounded with pityriasis or psoriasis, and which has been frequently described as a special malady by the name of tinea or porrigo furfurans. We will return to it, when we give an account of these various affections. Van Swieten has given a very exact description of the different phases of eczema of the hairy scalp, which he has indicated under the following denominations, well calculated to give an idea of the confusion which has been introduced at various epochs of the science, in the language of cutaneous pathology:—1st Period: Achor, itching of the scalp, and exhalation of an acid odour; 2nd, Herpes miliaris, vesicular eruption, and propagation of the disease; 3rd, Herpes ficosus, erosions, and crustaceous scales; 4th, Tinea, chronicity, and intensity of squamous and crustaceous excoriations, which eat away the integuments, like moths eat garments. "Ut tinea vestem, sic cutem ichor."

On the ears, a very common seat of eczema, especially in women, the disease, when passed to the chronic state, gives rise to swelling of the pinna, and contraction of the meatus, which afterwards becomes a cause of deafness.

The eyelids are subject to various forms of chronic eruptions, which are confounded under the common name of dartrous ophthalmia. Among them, the most common
are undoubtedly those related to eczema and impetigo. In the first case, it shows itself on the free border of the eyelids, in small vesicles, which excoriate, discharge, and become covered with small scales, which adhere to the lashes; the lids are red and agglutinated, the hairs sometimes even fall out, and grow again, thinner and less coloured.

On the genitals, eczema presents some very remarkable peculiarities, according to the sex which it affects. In the male, it may show itself, in the acute state, on the internal surface of the prepuce, and on the gland; it may also become chronic, and then the irritation sometimes extends to the orifice of the urethra, and causes an itching and severe smarting, painful erections, &c. It frequently occupies the scrotum, in the dry squamous state; and it is not always easy to distinguish from pityriasis, or psoriasis, of the same region. In the female, it very frequently appears on the mons veneris and the labia, remaining a long time in the squamous state, occasionally accompanied by an irritation of the vagina, analogous to that which we have alluded to, in the urethra, in the male. In all these cases, we must bear in mind the general characters of the eruption, the elementary vesicular form of which is reproduced, from time to time, in the neighbourhood of the spot principally affected; the ulterior aspect which it assumes, and which M. Alibert has so well described under the name of dartre squameuse humide; the dry squamous state, which succeeds to this second period, and which may last so long in the regions we have alluded to: above all, we must be well acquainted with the fact, that the syphilitic eruptions have special signs, which do not admit of our confounding them with the dartrous affections, properly so called, and that the seat of a disease is not of itself sufficient to justify a physician in conjecturing its nature. We have sometimes, however, seen cutaneous affections of the genitals treated as venereal, merely because of this analogy of seat!

VI. Eczema may be accidentally complicated with scabies, especially when the latter is neglected, or treated by irritating frictions; it may also co-exist with lichen. In some cases, mucous and visceral inflammations, and internal organic lesions, may be complicated with the cutaneous disease: either they form complications, properly so called, or the affection of the skin appears really to pro-
pagate itself from without inwards. But in the immense majority of cases, eczema, and especially the chronic form, exists alone and uncombined. Nevertheless, as we have already said, in many subjects it appears dependant on a particular morbidity of the fluids, of which the cutaneous disease is merely one of the most apparent effects.

Eczema has been frequently confounded with scabies, and it is very probable that the spontaneous recurrences of the latter, and the pretended itch epidemics, have been nothing more than those of partial eczema or lichen, mistaken. We have mentioned, in treating of the itch, what are the differential signs which should prevent our confounding together two diseases so different in their nature. It is only eczema simplex of the hands which can really present any uncertainty to a slightly experienced practitioner, especially when the vesicles, few in number, uninflamed, and nearly colourless, are situated on the fingers, as is sometimes accidentally observed, most frequently in spring and summer, in young persons, whether or not they may be subject to eczema or other cutaneous affections, prurigo, for example, in which case the diagnosis would be still more difficult. Nevertheless, even in this case, the agglomeration of the vesicles, their short duration, their rapid desiccation, and the absence of the itching peculiar to scabies, are sufficient to enable us to recognize the nature of the malady.

The squamous state of the skin remains after the disappearance of the vesicles, and may be confounded with the desquamation which accompanies other cutaneous affections, such as lichen, pityriasis, &c. The anterior circumstances, the development, in some points, of fresh vesicles, the redness of the skin, the cracks and excoriations which are formed, the discharge which takes place, and the progress of the disease, render the diagnosis sufficiently clear, as we shall see when we come to diseases which present any analogy with eczema in this period of its course. We have already said that some have desired to constitute a particular species of tinea (furfuraceous) of the squamous state of the hairy scalp, consecutive of the first period of eczema: we shall take care to expose this false denomination.

Partial eczema of other regions of the body (the eyes, ears, genitals, &c.) may, like that of the hairy scalp, give rise to errors in diagnosis, to which we shall return, when
the description of the other cutaneous diseases shall afford us opportunity.

Although we have hitherto abstained from speaking of the eruptive fevers, *miliaria*—especially the partial miliary eruptions which are sometimes developed in consequence of stimulating causes acting upon the skin, such, for instance, as mercurial or other irritating frictions—bears such an analogy to *eczema rubrum* at its commencement, that we must here say a few words on it.

*miliaria*, as regards its cutaneous action, differs from *eczema* by the following characters:—

The vesicles, isolated from each other, although nearly approximated, form a group which covers surfaces more or less extensive, a whole limb, for example, the chest, or the neck. We do not see these groups separated by intervals of sound skin, which is so often remarked in various points in *eczema*, groups in which many vesicles are occasionally confounded, and become confluent. In this latter disease the vesicles are at first very small, but many are very frequently blended together, and last two, three, four days, or more; afterwards, running and squamous excoriations succeed them, and last for weeks, months, and years. In *miliaria*, (which is always an acute and rapid eruption), the vesicles are regularly developed for a great number of days; acquire the size and appearance of a millet seed; afterwards at the end of five, six, or seven days, dry up, in small furfuraceous scales, which allow us to recognize a trace of vesicles, and do not last more than some few days, so that in one or two weeks (and often in a shorter time) the eruption has run through all its phases, even when it is accompanied by the most severe inflammation, which is particularly observed in the miliary eruptions produced by irritating applications, and which some practitioners know by the name of *miliary erysipelas*. This eruption never passes to that state which M. Alibert has described under the graphic title of *dartre squameuse humide* (*herpes squamosus madidans*), and which is, on the contrary, the most common form under which *eczema* is presented to the observation of the practitioner.

The eczema which is accidental, and caused by something external, is generally a slight disease, and of very short duration, except when it is very extensive, when it may be accompanied by fever, or even more severe phenomena and have a tendency to protraction. Constitutional
eczema, in general but little dangerous by itself, frequently resists all means of treatment, and is very liable to recur: it may, as we have already remarked, in some cases, when it is general and inveterate, terminate fatally.

VII. Treatment.—Acute and accidental eczema (especially when it does not occupy a very extensive surface) generally yields, with great facility, to soothing treatment, when we have taken care to discover the cause which gave rise to it. In this case we must confine ourselves to prescribing diluent drinks; to applying soothing lotions to the part affected, in order to abate the itching and smarting, and to the observance of a light and mild regimen. When eczema is intense, accompanied by redness of the skin, and symptoms of excitation, blood-letting, either general or local, may be necessary, provided the patient is strong and vigorous. When the disease is constitutional, and occupies a certain extent, it is right to prepare the patient for treatment, as our predecessors were in the habit of doing. Thus, after having left the first period of the malady to expectancy, blood-letting was employed, warm baths were given, a diluent and laxative draught was recommended, and afterwards the person was purged: if the cutaneous affection continued after this, a treatment founded on the degree and intensity of the disease, the phenomena which accompanied it, and the general state of the subject, was resorted to. When it passes into the chronic state, both internal and external remedies were used. It is then especially that depuratives: succory, viola tricolor, and dulcamara; tonics: the hop, and bark; astringents: sulphuric acid, the mineral acids; purgatives being from time to time exhibited; preparations of sulphur, mercury, antimony, and arsenic, may be suitable. Externally, baths, at first simple, afterwards alkaline and sulphureous, and those of vapour, to detach from the skin the squamae formed upon it; emollient, detersive, and alkaline lotions; bran-water, with liniments and ointments; to which are added sulphur, and the sub-carbonate of potash; mercurial oxides also, which may be rendered less irritating by mixing with them, as a corrective, camphor, or laudanum, are employed. When the cutaneous malady, rebellious and intractable, is confined to a slightly extended surface, we sometimes endeavour to destroy it by caustic applications, such as muriatic acid, the acid nitrate of mercury, caustic stone, the sublimate of mercury, and white
arsenic, combined with calomel, &c. In this case especially, we may successfully have recourse to the application of a blister on the seat of the disease. This topical method is exclusively employed by some practitioners; and Professor Alibert has many times treated and cured more or less extensive darterous affections by applications containing the caustic stone, without resorting to any other internal or external remedy. But, independantly of these means being not always exempt from inconvenience, they are very frequently insufficient, or inefficacious; and it is much more in conformity with the laws of health, as influenced by therapeutic agents, only to have recourse to them at a very advanced period of the disease, and after it has been already discreetly and properly combated by the internal and external remedies usually employed in similar cases. M. Biett is even of opinion that eczema never requires the use of caustics.

By way of summary we may lay down the following fundamental rules in the treatment of constitutional eczema:—

1st. First period (the duration of which may vary from two, to five or six weeks, and which is characterized by the eruption of vesicles, with redness more or less marked, by consecutive discharge, excoriations, and a desquamation more or less moist, with smarting, itching, &c.). Blood-letting, if the general state requires it, diluent drinks, barley-water, whey, wild succory, vegetable broths; and afterwards some laxatives, such as seidlitz water, the sulphate of soda or potash, cream of tartar, &c.; lotions with bran, marsh-mallow, oatmeal, chervil and poppy waters; and later still, warm baths.

2nd. Second period (the duration of which may be more or less long than the preceding, but generally more so, and which is characterized by the continuation of the excoriations, the discharge, and the desquamations, without any inflammatory symptoms). Depurative drinks, violaria, scorzonera, dandelion, and dulcamara, with the addition of some neutral, acidulated, and alkaline salts, sulphate, tartrate, and sub-carbonate of potash (5j.—ij. to a pint), as alterative and laxative; preparations of sulphur, a powder of equal parts of magnesia and sulphur flowers (gr. xii. to 3j.); sulphur pastiles, mercurial preparations, and especially the pills of Bellostes, in an alterative or purgative dose, may be employed. The mineral acids, with a view
to diminish the abundance of the discharge, are serviceable in some subjects. Daily use may be made of alkaline, sulphur, or vapour baths; douches may be employed in preference, when the squamae are obstinately adherent, the skin dry, or cracked, stiff, and rough. As topical remedies, we may have recourse to lotions with emollient decoctions, made brisker by the addition of soap, the sub-carbonate of potash, or soda; unctions with sulphur, mercurial, and antimonial ointments. In these ointments there is usually from 3½ to 5ss. of the active ingredient to an ounce of lard.

3rd. *Third period* (of quite as variable a duration as the former ones, and which may prolong itself with alternations of improvement and remission, for many months, and even years). The disease when passed to the chronic state, is more or less rebellious and inveterate; the skin, rough, shining, and cracked, is covered with squamae more or less adherent, sometimes with a very profuse discharge, (*darte squameuse humide*), sometimes without any whatever (*darte squameuse siche*). It is then that the most active means are not always sufficient to cure a malady, which troubles both the patient and the medical man; or, at least, very frequently they are unable to effect more than a transient cure, or even amelioration. It is then that the arsenical preparations internally (*Fowler's* or *Pearson's* solution, the arseniate of iron, the infusion of hops with the sub-carbonate of soda, and bark with sulphuric acid,) are employed, if the state of the digestive organs permits it, which it usually does. It is then that a blister may be applied on the affected part, if the seat of the disease is circumscribed; that we may draw along the skin (after having detached the squame by means of baths, vapour douches, and cataplasms) lint soaked in nitric or muriatic acid, and the acid nitrate of mercury; and that we may superficially cauterize it, and many times, with the nitrate of silver.

In all cases we must fix upon a suitable regimen, regulate the habits, and modify the constitution by suitable hygienic means, and especially dissipate and avoid, for the future, the causes which have appeared to favour the development of the disease.

It is in this affection in particular, that the practitioners of the last, and commencement of the present, century thought the application of an *issue* indispensable, in order
to eliminate the *humours* to which the production of the dartrous eruption was attributed. In the present day, this practice is so much fallen into disuse, that I do not recollect to have seen M. Biett have recourse to it a single time.

Generally in these subjects, blisters have the inconvenience of favouring, at least in the region where they are applied, the development of the eruption if it has already disappeared, or exasperating it if it still exists.

Nevertheless, it is clear, that *issues* are pointed out in individuals who present, in the absence of the disease of the skin to which they are subject, any indications of a visceral affection. We have many times seen quite young men suffer from haemoptysis, and threatened with phthisis, on the disappearance of an *eczema rubrum* which furnished a more or less abundant discharge. Much prudence is, without doubt, required, in the treatment of the cutaneous malady, and we must not fear, by way of precaution, to prescribe an issue, when it is likely to hasten the cure.

We frequently, in *partial* eczema, employ the resolvent topical remedies which we have above alluded to; but it is generally advisable to precede them by the use of emollients. We have seen the following ointment very successful in chronic eczema of the genitals:

\[ \text{\textsc{P}} \]
- Lard - - - - \( \frac{3}{2} \) j.
- Yellow Sulphate of Mercury - 9 j.
- Laudanum - - - gtt. xii.

When this eczema is accompanied in the female by a painful itching, or occupies the scrotum, and extends to the anus in the male, sulphur and partial cinnabar fumigations, administered by means of a particular apparatus, are occasionally successful.

If the mons veneris is specially affected, the sulphur or sulphuro-gelatinous douches are also very useful.

These douches, and better still, the vapour douches, have a marvellous effect in chronic eczema of the ear; when the external auditory meatus is indurated and contracted in consequence of this disease, plugs of gentian root or prepared sponge may be introduced.

Compression is sometimes necessary to reduce the size and thickness of the pinna of the ear in similar cases.

In the greater number of dartrous ophthalmiae, and especially in those which are due to a partial eczema, sul-
Phur or mercurial ointments are suitable. We frequently employ, for example, the following formula:

**Roseate Ointment**
- Red Precipitate - 3i.
- Laudanum - gtt. vj.—viij.
- Lard - 3ss.
- Ammonio-Chloride of Mercury of each 1/16
- Camphor of each 1/16

Let an ointment be made, and a particle of the size of a pin’s head applied to each eye, on the eyelids, every evening.

The same rule to be observed in its application.

In chronic eczema of the nostrils, lotions with elder-water, oatmeal, bran, and marsh-mallows, added to a little soap and water, are useful. Vapour baths detach the squamae which plug their entrance. The sulphur cerate, resolvent ointments, with the oxides of lead, zinc, and copper, may be applied each evening to the affected points.

When the hands are tainted, it is advisable to wear gloves lined with cerate at night, or with cucumber and various other ointments.

Compression ought to be resorted to in subjects whose limbs become oedematous or varicose in consequence of chronic eczema.

Lastly, when the disease resists the ordinary means of treatment, it becomes necessary that the thermal establishments which physicians have ever signalized as *specifics* for the cure of chronic cutaneous affections should be resorted to: the mineral waters are those which generally are most successful in the treatment of eczema.

**Vesicular Syphilide.**

This form of cutaneous syphilis is very rare. We have already observed that the opinion which attributed a primary vesicular form to the venereal chancre, was based upon an error in diagnosis. The superficial excoriations which sometimes succeed vesicular groups of *herpes preputialis,*

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1 "The ceratum calamine, copied from that of Turner, but prepared simply with the cerate "de Galien Sameau," and porphyrized calamine, in the proportion of from one-thirteenth to one-fifteenth of the active principle, has been of great service to me in the treatment of partial eczema, wherever situated."—Manuscript Letter of M. Gibert’s.
or eczema of the genitals, have neither the march nor the appearance of syphilitic ulcerations. The former are slightly lymphy (couronneuses), inflamed, or covered with moist squamæ; the latter show themselves under two principal forms: sometimes it is a sinuous ulcer of a greyish colour, with thick and jagged edges, which commenced by slight inflammation of the integuments: at other times it is a round and prominent ulceration, with perpendicular edges, which is also formed on an indurated or tubercular point.

In the very small number of examples which we have seen of vesicular syphilitic eruptions (in a great quantity of venereal affections), the disease has been situated on various regions of the limbs, or trunk, and not on the organs of generation. It has appeared to us to present two well marked varieties, the one of which resembled eczema, and the other varicella.

We have only once witnessed the first form; it was in a patient (having other secondary symptoms besides) who was marked on the external and posterior aspect of the fore-arm with an obscure, red, copper-coloured patch, scattered over with small serous vesicles, passing into a state of desiccation, and very analogous to those of eczema.

The copper and livid tint of this eruption, very different from the rosy or red discolouration of eczema; the faded appearance of the vesicles; the absence of the squamous excoriations of dartre squameuse humide; the march of the disease, and the accompanying phenomena, established sufficiently distinct characteristics.

In the second form, the vesicles, large and isolated from each other, have a slow march, a dull appearance, and in some cases a small copper-coloured areola, which distinguishes them from the elevations of chicken-pox, the eruption, the acute progress, and the more or less regular periods of which, present besides, a picture which the syphilitic affection cannot assume. This eruption shows itself, by preference, on the limbs and hands; it always consists of vesicles very few in number.

It may be seen, from what we have just said, that of all the forms of syphilitic eruptions, the vesicular one is the most rare, and that which may be least confounded with cutaneous diseases of another nature.
ORDER IV.

Pustulæ (4. Ecthyma, Acne, Impetigo, Favus.)

Ecthyma.

(Eκθύμα, atos, id quod erumpit per cutem, pustula. Eκθύμα, suffitum facio, adoleo: to swell, to make prominent, to believe).

I. The word ἐκθύματα, employed by Hippocrates, has been generally translated pustules. According to Lorry, Celsus gives such a description of pustules (pustulæ) as to enable us to see that they differ from spots (maculae) by the tumours which they form, and from papules (papulae) by the fluid which they contain. After this remark, entirely in accordance with the acceptation which the English authors have given to these various terms, Lorry soon forsakes their opinions in the special definition which he gives of the words ἐκθύματα and ἐκαθύματα, which he regards as designating two orders of pustules, whilst in the classification which we have adopted, the exanthemata are never pustular affections.

However that may be, Willan and Bateman give the name of ecthyma to an apyretic and non-contagious disease, characterized by pustules of a very considerable size (called phyzyaciacæ), rarely numerous, raised on various points of the surface of the body, at very great distances from each other, and frequently giving rise to the formation of brownish crusts, more or less thickened, which leave behind them reddish marks, and more rarely small cicatrices. In the first classification of M. Alibert, this affection is confounded in the table of dartre crustacée; in the second, this author has created a genus phyzyaciacæ in the group of Dermatoses eczémateuses.

II. Bateman has described a variety of ecthyma peculiar to infants suckled by unhealthy nurses, or those whose secretion of milk is scanty; but this disease particularly shows itself in adult age. It attacks, under various varieties, sanguineous, lymphatic, and bilious temperaments, and very frequently it appears in cachectic individuals. It may exist at all seasons, but it prefers those which are
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hot and changeable. A cold and damp dwelling, neglect of cleanliness, the irritating action of certain substances in workmen who manipulate metallic products (according to Willan), leech bites in persons with fine and delicate skins, and frictions with the antimonial ointment, give rise to pustules of ecthyma. The suppression of the cutaneous transpiration, or of other habitual evacuations, may also cause it. Unwholesome nourishment, the use of irritating and stimulating dishes, and spirituous liquors, occasionally produce this affection. Bodily fatigue, prolonged watchings, and moral emotions, may also favour its development. Various febrile maladies, fevers of a dangerous character, variola, rubeola, and scarlatina, are sometimes followed by it. It happens accidentally in the course of other cutaneous diseases, and especially in inveterate scabies, and when the latter has been exasperated by irritating frictions.

The syphilitic virus very often produces crustaceous pustules, more or less analogous to those of ecthyma. Lastly, it is sometimes connected with a general cachectic state, or a visceral lesion, such as gastro-intestinal irritation, a foul and roughened state of the prime vies, and a morbid tendency in the lungs.

III. In certain cases, precursory symptoms, most frequently dependant on derangement of the digestive functions, (malaria, headache, pains in the limbs, loss of appetite, nausea, constipation, or diarrhoea,) are observed for a variable period before the appearance of the cutaneous malady. The eruption manifests itself in the form of red elevations, which appear on the limbs, face, and trunk, commonly in a very small number, and at a great distance from each other. These elevations become purulent on their summit soon after their appearance, speedily burst, and give rise to the formation of brownish or dirty green-coloured crusts, more or less large and adherent, which are detached at the end of some days, leaving behind them reddish or livid stains. When the disease is prolonged, the crustaceous ulceration which succeeds the rupture of the pustule may extend itself, last for some time, and leave behind it a more or less apparent cicatrix.

Acute ecthyma runs through its periods in one or two weeks. Chronic ecthyma may be prolonged for many months, fresh pustules successively forming on various points of the skin, and running their course slowly. It is
extremely rare, if it ever happens, that this cutaneous affection should be preceded or accompanied by fever. It is much more common to see it accidentally developed in the course of other diseases of the skin, in the acute or chronic state. It is not very rare, when it is chronic, to see it connected with some internal lesion, some derangement of the digestive functions, or a general cachectic state.

IV. Varieties.—Besides the acute and chronic, accidental and constitutional, idiopathic and symptomatic forms, Bateman recognizes four varieties of ecthyma:

1st. The common ecthyma (Ecthyma vulgare), characterized by small pustules, which appear on some points of the extremities, the neck or shoulders in young persons, and particularly in girls, on any digestive derangement in spring or summer, and which are converted into slight crusts, or even, without forming well-marked crusts, terminate in a week, without leaving behind any traces of their existence.

2nd. The ecthyma of children (Ecthyma infantile), which happens particularly in young, weak, and badly nourished infants, and in those who have been suckled by unhealthy nurses. The successive eruption of pustules is renewed and frequently prolonged; it may also acquire a duration of many weeks, and even months. The pustules, smaller than in the preceding variety, show themselves on the trunk, the face, or even the hairy scalp, sometimes ulcerate deeply, and then leave behind them a whitish and indelible impression.

3rd. Livid ecthyma (Ecthyma luridum). This variety is characterized by large pustules, the bases of which are red and prominent, and are succeeded by crustaceous ulcerations; these crusts, surrounded by a livid redness, are not detached for a very long time, and if they are picked off, sanious ulcerations are exposed, which are soon re-covered with fresh concretions. Ecthyma luridum is ordinarily connected with a general cachectic state; it sometimes manifests itself after eruptive fevers, such as variola, rubéola, and scarlatina; and, according to Bateman, we may see hectic fever supervene in like cases, on the conversion of the pustules into eschars; but then we must believe in the existence of a complication, either of an internal inflammation, or of a general humoral alteration.

4th. Cachectic ecthyma (Ecthyma cachecticum), which, it is said, is sometimes preceded by febrile disturbance,
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much resembles the preceding one, shows itself, by preference, on the extremities, has a chronic march, and is dependent on, and connected with, a general cachectic state.

V. Ecthyma differs in the size, the march, and the disposition of its pustules, from other affections of the same order, such as impetigo, acne, &c. When it happens accidentally in the course of any other cutaneous affection, as the itch, or prurigo, it is commonly caused by local circumstances, which explain the appearance of the pustules; they are few in number, very slightly prominent, and resemble ecthyma vulgare. Rupia forms bullæ, at first serous, in which we may frequently observe at the circumference, the remnants of phlyctææ, after the crustaceous formation, which is not the case in ecthyma. The latter disease is nearer in its resemblance to rupia, in its causes, progress, and termination. As to the syphilitic pustules, which simulate the cachectic or livid ecthyma, they may be recognized by the copper-coloured mark which surrounds them, their number, their extent, and the persistence and thickness of the crusts which cover the sanious ulcerations: it is the syphilide pustuleuse crustacée of M. Alibert.

The prognosis of ecthyma must be favourable, except when it is complicated, when the general constitution is much altered, the disease rebellious, and protracted, obstinately reproducing itself, being of considerable extent, and recognizing for its cause a vitiation of the fluids; in these cases we may experience much difficulty in curing the cutaneous affection, or rather the internal morbidity which gives rise to it.

VI. TREATMENT.—Ecthyma being sometimes dependent on derangement of the digestive functions, an internal inflammation, a cachectic state, &c., there are various morbid dispositions, which we must first employ ourselves in combating.

Attention to hygienic rules is the first and most important thing to be done; cleanliness, hot or tepid baths, a good regimen, that is, one regulated according to the particular circumstances in which we find the subject, which sometimes indicate great sobriety, and a diluent diet, at other times, on the contrary, a nourishing and substantial one; this is the foundation upon which we must rest our general treatment.

The English author (Willan) recommended, almost
universally, depuratives, tonics, bark, and purgatives; but these remedies, advantageous in cases of cachexia, without local irritation, are not always indicated, and ought to be even interdicted when there exist any symptoms of gastrointestinal inflammation.

Simple or emollient baths, lotions and emollient applications, generally suffice to disperse an ecthyma vulgare, whether it be idiopathic, or has supervened as a complication in the course of any other cutaneous affection.

Alkaline, sulphur, and vapour baths, depurative and laxative drinks, are the proper means of treatment, when the disease passes to the chronic state.

In all cases, the regimen must be particularly attended to.

Acne.

I. The Greeks have made mention, under the names of ἀκνη and συκώσις; the Latins, under those of varus and ficus, of small pustules, or even small ulcerated tumours, having their seat especially on the face and chin, the description of which appears to bear much resemblance to that of the pustulo-tubercular disease, mentioned in the work of Bateman under the two Greek names (Latinized) acne and sycosis. It is the same malady which Professor Alibert studied under the more convenient name of dartre pustuleuse, to which he has since preferred that of varus, which forms one of four species comprising the group Dermatoses dartreuses. We shall here preserve its three principal divisions, known by the common names of copper-nose, mentagra, and scattered pustules. These three varieties differ in their seat and appearance, but they have one and the same elementary form and march, and ought to be regarded as varieties of one and the same disease.

We shall designate then by the generic term acne,

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a The word ἀκνη of the Greeks may signify acus, sordes, tenuissima pars alicujus rei, tenuous and pointed elevations: but the greater number of authors, and M. Alibert in particular, are of opinion that it is derived from the word ἀκούς, vigor, flos juvenitis, perhaps to indicate that the elevations of acne frequently show themselves on the forehead and face at the age of puberty.

As to the word varus of the Latins, preferred by M. Alibert, it was thought that, derived from the word varius, variegated, diver-
an affection characterized by small pustules, more or less red and inflamed, penetrating into the tissue of the skin to a variable depth, and slowly suppurating: this suppuration is not always followed by a complete sinking down of the elevations, so that in certain cases, the tubercular state precedes, accompanies, and follows the development of the pustules; a fact which first led the English authors to range this malady in the order of tubercles, rather than in that of pustules; an error which M. Biett justly did away with, and which M. Alibert has avoided.

II. Bateman distinguishes four varieties in the genus acne: Acne simplex, Acne punctata, Acne indurata, and Acne rosacea; we must also add mentagra, which he describes by itself, under the name of sycosis, recognizing therein the affinity which it bears to the genus acne. The three first varieties are characterized by the particular form of the pustules, and the two others by their seat: the latter shall be considered separately, because of their importance; we shall mention the three others in giving a general description of the first species, so that we shall have successively to treat in particular of acne disseminata, acne rosacea, and sycosis, or mentagra.

1st. Acne disseminata. This disease has been very well described by Professor Alibert under the convenient name of dartre pustuleuse disséminée, in the present day under that of varus disseminatus; it has been mentioned by the Greeks, under that of ἀχνη, and by the Latins under that of varus; Aëtius Amideus has alluded to small elevations of the tubercular form. It is usually characterized by the eruption of small, hard, and inflamed elevations, varying in size from that of a very small pin’s head, to that of a small lentil, distinct, isolated, and scattered on the face, forehead, shoulders, and trunk, sometimes even on all parts of the body (although the English authors have thought that it was always confined to the superior part of

sified, it was employed to designate the elevations of the forehead and face which alter the colour and gloss of the skin.

The word sycosis, preserved by the English authors to designate mentagra (συκώσις), and of which the Latin word ficus, a fig, is the translation, appears to have been applied by the ancients to some cases in which the pustules and consecutive tubercles of mentagra give to the chin a fungous and granulated appearance, which might be compared to the roughened peel of the fig, or, better still, to the granulated flesh of this fruit.
the trunk, and never showed itself on the extremities. Sometimes these elevations, very small and superficial, form small pustules, which quickly dry up in delicate scales, almost furfuraceous; this is acne simplex. Sometimes larger, more slowly becoming mature, they present a dark central point, formed by the inflammation of a sebaceous follicle; these follicles, in fact, appear to be the principal seat of the form designated by the name of acne indurata.

In this latter case, after having increased in size, and lasted for three, six, or eight days, their purulent summit becomes yellow, opens, and suffers to escape a yellowish fluid, more or less tenuous in consistence; frequently we may expel by pressure a sort of substance formed by the follicle itself, or, at least, by a sort of pseudo-membrane, which has taken on its form, and which represents a small cyst containing sebaceous matter. A small cicatrix then succeeds (especially where the eruption occupies the back) the most inflamed pustules, and has the appearance of a white indelible mark. The fluid formed by the pustular elevations is frequently concreted in small squamae, or yellowish crusts, commonly of but slight thickness and extent. The inflammation afterwards progressively diminishes; the tubercular base is resolved by little and little, or still lasts for a certain period, taking on an obscure and livid tint; sometimes a slight furfuraceous desquamation takes place on the surface. Fresh pustules form in other points, and run through the same periods, so that we may commonly observe in the same subject, elevations in their various states of redness, suppuration, resolution, or induration, and then at a glance every degree of the disease. Frequently, and particularly on the face, we see some black points amongst the tubercles, known by the vulgar name of tannes\(^b\), which are formed by the dry, sebaceous, and dark matter, which may be squeezed out on pressure, in the form of a small whitish worm from the follicle where it is concreted. These are the dark points compared by M. Alibert to those which result from small grains of gunpowder discharged from a fire-arm, in the skin, and which have given to the variety in which they have been observed, the name of acne punctata. M. Alibert has preferred that of varus comedo or varus vermiforme. Sometimes the

\(^b\) This word signifies the little hard pimples observed in the pores of the skin; or maggots. Transl.
inflamed sebaceous follicles do not present themselves as pustular; they merely secrete a thick fluid, which is concreted in squamae, or in crusts: this crust covers the face or the forehead as a sort of mask, analogous to that which may be produced in melitagra or impetigo: it is this which M. Biett has proposed to designate as acne sebacea, or the follicular disease. In some rare cases this affection attacks the whole skin; and the greyish squamae which form on the surface of the integuments, to a certain extent, resemble ichthyosis. Much more frequently it is confined to the regions above alluded to. In a woman who thus had her nose habitually covered with a thick and prominent coating, due to the coagulation and accumulation of the sebaceous fluid, the disease, which lasted for many years, and had been for a long time mistaken, ended by yielding to the persevering employment of emollient applications. The pustules of acne disseminata are always isolated and distinct from each other, most frequently scattered in a small number on the forehead, the shoulders, and the back: they run through insulated periods, and are renewed from time to time on various points of the regions alluded to.

2nd. *Acne rosacea*, or *Copper-nose*. The name of this affection is evidently derived from the colour which it imparts to the face. The Latin writers of the latter ages have created the word *gutta-rosea*, and by corruption, *couperosa*, *goutte rose*, or *coup rose*, of the precise etymology of which we are ignorant, but which may, however, be explained in many ways, if this sort of explanation is of any importance. Thus, we may say, that the first part of the compound word *gutta-rosea*, is accounted for by this, that the colouring of the face showing itself under nearly the same circumstances as the gout, the gouty principle has been regarded as the cause of this malady; or the etymology of *cupe rosa* is from *Cypris*, rose of Venus, the colouring especially invading the face of females, or showing itself by preference in those who give themselves up to the pleasures of Venus, &c. If we can believe Lorry on this matter, the Greeks and Latins of an early period were unacquainted with this disease, the progress of luxury and debauchery alone rendering it so common and intense. But it is more probable that, like the preceding species, it has been alluded to by ancient authors under the names of αχυ and varus. However that may be, *couperose* (copper-
nose) is characterized by pustular rednesses, either scattered or approximated, which attack the nose, the cheeks, and the forehead, and have, besides, the march and characters peculiar to acne.

But couperose presents various degrees: sometimes it only gives rise to a rosy colouring of the skin, more or less bright and diffuse, at the most accompanied by a slight furfuraceous desquamation; sometimes the skin of the face is not only red, but rough with small prominences and asperities, owing to an intense injection of the subcutaneous reticular tissue, and to a more profound and permanent inflammation. But most frequently the pustules are small, superficial, and of the same kind as those of acne simplex; occasionally they are interspersed with the dark points which characterize acne punctata; lastly, the profound pustules, and consecutive tubercles of acne indu-rata, may also show themselves, which constitutes the most intense degree of couperose. Many authors have thus recognized various species; the simple, characterized merely by redness, the pustular, ulcerated, varicose, &c. (Nicholaus Florentinus, Ambr. Paré, Astruc.). It is imagined that the delicate and vascular structure of the parts of the face, which are especially the seat of couperose, is in fact very calculated to give rise to the varieties of simple and transient injection, of permanent discolouration, with dilatation of the vascular branches, of slightly tubercular engorgements, of pustules, and of follicular inflammation, which form the different degrees of acne rosacea. M. Biett has given, with his usual clearness and precision, a most excellent description of the progress of the disease, at the end of his account of couperose, in the Nouveau Dictionnaire de Médecine (1st edition), which he concludes by the following summary:

"Moreover, it is imagined that this disease may vary much in its severity. Sometimes, confined to a small space, the pustules are few and isolated, merely leaving behind them a slight redness. At other times they are successive, multiplying, and invading the whole face, extending even to the ears and neck. When it arrives at this degree of intensity, the neighbouring mucous membranes soon take part in this severe irritation: the conjunctivae inflame; the gums become painful and swollen; the teeth become loose, and many other symptoms of a scorbatic complication are super-added to this deplorable state."
In some very rare cases its seat does not extend beyond the nose, and there it exhausts, in some manner, its effects. All the tissues swell, till they give to this part of the face a dimension double that which is ordinary. It is raised in some points, particularly about the alae, in tumours more or less considerable, red, and livid, which present a disgusting deformity.'

3rd. Sycosis menti or mentagra. Mentagra (a compound word from mentum, a chin, and ἀγγα, booty, praeda, or ἀφρω, exaspero, irrito, terrific disease of the chin) showed itself with the greatest violence in Italy, about the middle of the reign of Claudius, according to the account of Pliny. Probably it had been previously described by the Greeks, under the names of σῦκώσις and ψαρα, or λείχανες of the chin, and by the Latins under those of ficus and impetigo, or scabricies menti. Celsus thus expresses himself on this subject: "Est etiam ulcus quod a fici similitudine σῦκώσις à Græcis nominatur : caro excresit: et id quidem generale est. Sub eo vero duæ species sunt: alterum ulcus durum et rotundum est, alterum humidum et inequale. Ex duro exiguum quidam et glutinosum exit; ex humido plus et mali odoris. Sit vero utrumque in his partibus quee pilis conteguntur: sed id quidem quod callosum et rotundum est, maximè in barba; id vero quod humidum, precipius est in capillo" (lib. vi. c. 1). Perhaps we ought to conclude from this passage of Celsus (who wrote a little before Pliny) that mentagra was already known at Rome before the epoch of which this latter author speaks.

M. Biett thinks that the seat of the pustules of mentagra cannot extend beyond the surface of the reticular tissue, and blames the pathologists who have considered it to be a furuncular eruption. When a deeper and more profound inflammation succeeds the pustules, it is purely accidental, and ought not to be confounded with the characters peculiar to the disease. He affirms that he has never been able to discover, even by the aid of a magnifying lens, the least appearance of cicatrices after the pustules have healed.

However, as M. Biett has himself admitted, pustular inflammation, instead of extending on the surface, may penetrate the whole thickness of the dermis, and cause it to swell till it assumes the appearance of moist vegetations, which justify the names of ficus and σῦκώσις of the ancients; sometimes even the irritation propagates itself to the bulbs.
of the hairs, which soon fall off, and leave large patches entirely denuded. Nevertheless, this destruction of the hairs is commonly merely transient, and afterwards they are restored, more thin and weak, recovering, by degrees, their original quality.

However that may be, mentagra assumes, much more frequently than couperose, the form of Acne indurata: the pustules discharge a fluid, which is occasionally concreted in crusts more or less thickened. Sometimes these pustules have a rapid march; they quickly become purulent, burst after a few days, and terminate by speedy resolution; at other times, on the contrary, the inflammation, more extensive, deeper, slower, and more repeated, gives rise to the isolated tubercular indurations, so frequently observed in chronic mentagra. Moreover, we must not believe that the tubercular form is exclusively peculiar to this disease in a chronic state. Patients affected with mentagra for not more than a month, have been noticed to present tubercles: on the other hand, this malady may be protracted for many years, in the pure pustular form, and without the complication of tubercles.

Our readers will doubtless give us permission to translate here the passage from the Natural History of Pliny (lib. xxvii. ch. 1) which treats of mentagra.

“A disease previously unknown, not only in Italy, but in nearly the whole of Europe, at this epoch manifested itself on the human face. It spread slightly in Illyria, Gaul, and Spain, and ravaged, by preference, Rome and its environs. Causing, in truth, but little pain, and not involving any danger to life, this disease gave rise to such hideous deformities that even death was preferable to it. At first the Greek name of lichen was given to it, but soon, on account of its special seat on the chin, it received, by way of a joke, (men are inclined to laugh at the misfortunes of others!) the name of mentagra, which it has since retained. In many subjects it is not confined to the chin, but it invades the entire face (the eyes excepted), and extends even to the neck, the chest, and the hands, which it covers with hideous scales (faedo furfure). This disease, unknown to our ancestors, showed itself for the first time

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M. Biett has slightly modified his first ideas on Sycosis, which he regards in the present day as really having its seat in the hair follicles, and not merely in the surface of the reticular tissue.
in Italy, towards the middle of the reign of Tiberius Claudius Caesar: it is related that a Roman knight brought it from Asia, where it existed, and transmitted it, by contagion, to the inhabitants of the imperial city. Females were not afflicted with it; the plebeians, and even the middle classes, were exempt from it, but the nobles and patricians experienced it to a most cruel extent, the affection rapidly propagating itself from their mode of salutation—by a kiss.

"Those who submitted themselves to treatment for it, presented, on the face, more hideous cicatrices than the disease itself. In fact, the method consisted in the employment of caustics, which did not effect a cure, unless the flesh was burnt to the bone. It was this cruel resource which soon brought from Egypt the physicians who came to enrich themselves at our expense."

This description of Pliny's, appears, in the present day, very exaggerated; nevertheless, the recent ravages of Asiatic cholera, previously unknown in this climate, ought to make us somewhat reserved in our judgment as to the veracity of the assertions of the Roman author.

During the time that I was Interne (resident medical officer) at the Hôpital St. Louis, in 1819, I collected several cases of mentagra, some of which I will briefly relate.


A man, forty-six years of age, of very robust constitution, and never having had any other cutaneous disease but the itch, having travelled for the last few months, exposed to the severe influence of the air, entered the Hôpital St. Louis on the 29th of March, 1819, to be treated for a mentagra, which first appeared about two months since. He attributed the disease to the employment of an unclean razor, as he passed through some village where he was shaved by the barber of the place. Eight days afterwards his chin began to itch, and the epidermis of that part became detached in furfuraceous scales. At the end of a month, some pustular elevations, which were converted into crusts, formed, and the disease continued to progress, and was especially exasperated every time that he shaved, his beard being hard, thick, and abundant.

When we first saw this patient, the whole skin of the
chin was covered with tubercles and pustules, some of which were passed into the crustaceous state. The tubercles were large, red, and inflamed; some, very voluminous, formed veritable callous tumours, which appeared to extend deeply into the thickness of the dermis, even to the sub-cutaneous cellular tissue. The pustules had a hard, red, and inflamed base, and a vesicular and purulent summit. Some greyish, brownish, and greenish crusts, very thick and extensive, were observed in many points. The whole affected region was the seat of an itching and painful smarting. (Ordered veal broth with $\frac{3}{2}$ of the sulphate of soda to the pint, for a drink. An emollient cataplasm to the chin, and a strict regimen.) After a few days the crusts became detached, and were not again produced, the pustules dried up, the tubercular swellings faded and resolved. The redness of the skin sensibly diminished, the itching and smarting disappeared. Soon after, the poultices were discontinued, and vapour douches were employed every second day, for a quarter or half an hour, on the chin. The resolution of the tubercles took place rapidly by this active means, and there was soon nothing remaining but a slight rose-coloured blush on the skin, with a furfuraceous desquamation of the epidermis. The cure was complete when the patient left the hospital, after a sojourn of about fifty days.

2nd. Chronic Mentagra. (Tonic drinks. Vapour douches. A cure in seventy days.)

A breeches maker, twenty-eight years of age, in the habitual enjoyment of good health, and born of healthy parents, had been for the last ten years (in consequence of the cure of an itch which he had contracted) subject to a slight dartrous affection, which showed itself every year during the summer, on the dorsal aspect of the hands, and disappeared after some weeks. Towards the close of the month of June, 1819, the annual eruption not having appeared, slight red patches, accompanied by itching and a furfuraceous desquamation, spontaneously developed themselves on the chin. By degrees, elevations, small tumours, pustules, and crusts, formed in the same region, and at the end of a month, the patient endeavoured to get rid of his affection by making use of a bitter and purgative potion, which caused many profuse evacuations, accompanied by colic, and a very severe itching of the anus. This derivative treatment appeared to arrest the progress of the disease,
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though it still remained. In the beginning of August, about six weeks after the first invasion of the malady, the patient entered the Hôpital St. Louis.

At this period, the whole extent of the skin was scattered with reddish tubercles, intermixed with very large pustules, filled with an opaque yellowish fluid; in many points these crusts were converted into yellowish and greenish thickened crusts. A nearly general, and very dense tumefaction occupied this region, and appeared to have invaded not only the whole thickness of the integuments, but also the sub-cutaneous cellular tissue. There was a little redness and itching of the skin, more marked in the points where the pustules formed, which was soothed by pressing out the fluid contained in them. The general health was unimpaired. For the first ten days he was confined to the use of a laxative drink (veal broth, with 3j. of cream of tartar to the pint) and a sober regimen. A decoction of gentian was afterwards prescribed, with 5j. of carbonate of potash to the pint, emollient cataplasms, with a vapour douche every second day to the chin. To these means was soon added the employment of local emollient baths, for half an hour every day.

After fifteen days of this treatment, the crusts, entirely fallen off, had ceased to reproduce themselves; the tumefaction and general swelling of the chin were in a great measure dissipated; the pustules were dried up, and the tubercles resolved.

On September 20th, the skin was scarcely rough and unequal to the touch; only some very small pustules of acne simplex formed; the cure appeared fast approaching. In the beginning of October, the cataplasms were discontinued, unctions with a sulphur cerate being prescribed; the other remedies were continued.

On the 18th of the same month, after a sojourn of two months and a half in the hospital, the patient went out cured, merely still preserving some slight rose-coloured spots in the points which had been most seriously affected.

3rd. Intense Mentagra: properly called sycosis, or ficus of the Latins. (Muriate of Gold. A cure.)

A mason, thirty-nine years of age, of strong constitution, and good health, never having experienced any disease of the skin, or any venereal malady, perceived small swellings, which became pustular, and covered with crusts, furnishing...
a thick and viscid discharge, very abundant, and accompanied by intense itching, develope themselves, without any known cause, on the chin. Unctions with a particular ointment having been made, without success, the patient entered the Hôpital St. Louis, on the 10th of May, 1819, about a month having elapsed since the commencement of the disease. There then existed on the chin, hard, red, congested, tubercular prominences; many of them grouped together, mammillated, unequal, excoriated, and even vegetant, were covered with crusts, and furnished a yellowish, viscous, and very profuse discharge, with a bright redness in the adjacent parts. These tumours, which appeared to penetrate deeply into the dermis, and even to extend to the sub-cutaneous cellular tissue, presented some analogy to the crustaceous vegetations which sometimes form in the tubercular syphilitic eruption.

The crusts having been detached by the application of emollient cataplasms, and the inflammation being slightly moderated by the same means, at the end of some days the muriate of gold was resorted to, without any topical application, to which some of the effects of the internal medicament might be attributed. This salt was, according to general custom, administered by frictions on the tongue, in a dose of a quarter of a grain per day, in two doses, according to the following formula:

\[
\begin{align*}
&\text{Powdered Lycopodium} & \text{gr. viij}.
&Muriate of Gold & \text{gr. j. M.}
\end{align*}
\]

Divide into eight powders. Two to be taken every day.

A slight gastralgia supervened during the treatment, and the remedy was suspended for two days.

On the 15th of June, the patient had taken nineteen doses; the crusts, after having fallen off, were not reproduced; the swelling had sunk down, and considerably diminished, all exhalation had ceased, the redness of the skin had much diminished, and all sensation of smarting had disappeared.

On the 19th of June, the patient, who had taken twenty-eight doses of the powder (seven grains of muriate of gold), finding himself cured, wished to go out, although he had been desired to prolong the treatment further; the skin of the chin had nearly entirely assumed its natural state.
4th. Constitutional Mentagra. \(\text{(Arseniate of Iron. Douches towards the close of the treatment. A cure.)}\)

A man, thirty-three years of age, of very robust health, although of a lymphatic temperament, after having been cured of the itch, by frictions with the citrine ointment, in the year 1814, became very subject to attacks of ophthalmia and to boils; maladies, in truth, of which he had previously had some slight taints before this period. Towards the end of the year 1818 an herpetic, furfuraceous, and squamous affection attacked, without any known cause, the upper lip, and the chin: urinal lotions caused it momentarily to disappear, but it recurred many times, and ended by remaining on the chin, where it soon made rapid progress, giving rise to the formation of purulent elevations and crusts.

Tar-water having been administered internally, and acrid and resinous cataplasms applied externally, the disease became rapidly worse, and an erysipelas inflammati

The chin was then covered with crustaceous concretions of a yellowish and greenish grey, intermixed with pustules, red and congested at their base, and purulent at their summit, and with dense and voluminous tubercles, which penetrated the whole tissue of the skin, and extended to the subjacent cellular tissue, which was itself engorged. Some of these tubercular projections attained the size of a nut. In the neighbourhood the skin was the seat of a rosy discolouration and furfuraceous desquamation. The palpebral conjunctivae were slightly red. The general health was good.

For the first twenty days evacuants were employed internally, and emollient cataplasms externally: after which the crusts being detached, the pustules withered, the tubercular enlargements diminished, and many of them in a state of resolution, the \(\text{arseniate of iron} \) was exhibited in pills, in the dose of one-eighth of a grain per day, and afterwards the fourth of a grain, in two doses. This medicine at first caused such heart-burning that its use was obliged to be suspended, but it was afterwards given without inconvenience. After a month of this new treat-
ment, the tubercles were nearly entirely dissipated, and there only remained some small, slightly voluminous elevations, very little redness of the skin, and a scanty furfuraceous desquamation. In order to hasten the progress of the resolution, vapour douches were resorted to in addition to the internal medicament, and later, alkaline douches, to the chin.

On the 14th of April, three months having elapsed since the patient's entrance into the hospital, sixty-nine doses of the arseniate of iron having been administered, there were no traces of the disease remaining, except a slight rosy discoloration of the chin, with a partial furfuraceous desquamation. The irritation of the eyes had appeared to increase a little since the cure of the cutaneous disease. Eight days afterwards this man left the hospital; having taken, in all, eighteen grains of the arseniate of iron in two months and a half. He was recommended to make use of the following ointment, very useful in chronic palpebral ophthalmia, for his eyes.

Red Oxide of Mercury - - - gr. ij.
Camphor - - - - gr. viij.
Laudanum - - - - gr. x.
Roseate Ointment - - - 5J. M.

III. After having successively studied the three principal species of the genus Acne, we may resume the general history of this pustular disease, speak of its causes, its march, and its termination, considered in a general manner.

In both sexes, at the age of puberty, we frequently see pustules of Acne simplex, Acne indurata, or even Acne punctata, principally on the forehead and face. These pustules relate to the variety which we have described under the name of Acne disseminata. Besides, it is almost peculiar to subjects of a bilious and lymphatic temperament, with black or brown hair, brown and oily skins, who remain, for a great part of their lives, habitually affected with follicular pustules of Acne indurata. These pustules are usually situated on the back and shoulders.

Couperose is more frequent in the female than in the male; the latter, by way of making amends, is, with very few exceptions, alone subject to mentagra. This last disease is nearly confined to adults whose beards are thick and abundant; nevertheless we have observed it in some persons before they had attained the age of puberty, but
always in a very slight degree. Although it is not very uncommon to meet on the faces of young persons with some trifling patches of couperose, it is especially in adult age, and in women at the period of puberty, that this eruption produces any alteration and deformity.

The lymphatico-sanguineous temperaments, on the one hand, and the bilious, on the other, are those which are the most exposed to the various species of the pustular dartres. Couperose appears to be more common, in cold and moist, than in other climates. A want of cleanliness, the presence and accumulation of foreign matters on the integuments, are very favourable to the development of Acne disseminata. The exposure of the face to an intense heat, appears to render couperose and mentagra more common in certain trades and occupations, such as those of cooks, founders, sugar-bakers, &c. One of the most frequent causes of the former disease, in women, is the application of cosmetics and paints to the face, which are especially employed at that very period of life when the malady has the greatest tendency to develop itself. The use of a badly sharpened razor appears sometimes to be able to give rise to mentagra. The most fruitful sources of pustular dartres are specially errors in regimen. Excess; the abuse of spirituous liquors, of spiced dishes, of exciting substances, of salted and smoked provisions, of venison or pork, constantly cause the development of acne.

The natural or accidental suppression, or the derangement of menstrual courses in the female, is a frequent occasion of the appearance of couperose. It is not uncommon to see it happen at the period of puberty; become worse, or, on the contrary, entirely disappear, during pregnancy, and especially manifest itself at the catamenial periods. The suppression of an hæmorrhoidal flux in the male, or of other habitual evacuations, natural or artificial, may also cause the development of acne. Continence sometimes provokes these small elevations of pustular dartre, so frequently scattered on the forehead and face. More frequently still, masturbation produces these hideous marks, which disclose the patient's disgusting and reprehensible habits. It is said also, that venereal excesses may have a similar effect. We have already mentioned certain occupations in which this disease shows itself by preference; it is very common in persons of mature age who lead a sedentary life, who give themselves up to study, especially if they add
thereto a succulent or fruity regimen, thus involving an habitual flow of blood towards the head and superior parts of the body,—the usual seat of *acne*. The moral affections, so fruitful a source of diseases, occasionally provoke the manifestation of various forms of *acne*, either acting in a quick and rapid manner, as anger, or more slowly and profoundly, as grief, or concentrated passions. Lastly, in a very great number of cases, *acne*, like other cutaneous diseases, is dependant on the existence of an internal affection, and especially on some digestive lesion; it may be the product of a general diathesis, of a particular humoral alteration, as our predecessors generally thought, so criticised by the moderns, although it nevertheless appears to be an opinion founded upon observation and experience.

Many practitioners regard *couperose* as hereditary. Some believe in the contagion of *mentagra*; but are they not often imposed upon by the self-love and credulity of patients, who, for the most part, endeavour to persuade the physician, that they had not within them the germs of this disgusting malady, but that it has been communicated to them by an unclean razor, or by other means of contagion, all more or less disputable? We ought, however, to say, that M. Manry has seen at the Hospital of Rouen individuals in whom *mentagra* appeared to be transmitted by the razor of the hospital-barber.

The march of *acne* is sometimes acute, and more frequently chronic. In the latter case the pustular elevations ripen slowly, leaving behind them tubercular engorgements, which last for a long time after the suppuration: fresh elevations form in the intervals between the old ones, and the disease thus prolongs itself for many weeks, months, and years. It is not uncommon to see a *couperose* which never completely disappears, and which constantly leaves on the face more or less extensive red spots, follicular engorgements which produce disfigurement and deformity of the nose, as is especially observed in those who are devoted to Bacchus, which we familiarly designate by the name of *drunkard's pimples*. In some cases, on the contrary, we see *couperose* and even *mentagra* terminate rapidly. Sometimes even the crisis of a *fever*, an *inflammation*, or *erysipelas*, which invades the face, suddenly carries off the cutaneous affection.

We have not the opportunity, in the present day, of observing the terrible effects mentioned by Pliny in his
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description of the mentagra which prevailed at Rome, in
the reign of the Emperor Claudius; but we occasionally see
couperose, by its progress, cause chronic irritation of the
eyes, the nose, the mouth, scorbutive swelling of the gums,
falling out of the teeth, &c., and especially we notice the
various forms of acne resist, with the greatest obstinacy,
the artificial means employed to combat them, or recur
with extreme promptitude and under the influence of the
most trifling causes. M. Biett has frequently seen these
recurrences and relapses occur spontaneously, and at the
very time, too, when the skin, having almost entirely re-
assumed its natural colour and suppleness, appeared to
presage an approaching and permanent cure.

V. Some cutaneous diseases may be confounded with
acne; especially the syphilitic eruptions, impetigo of the
chin, lichen agrius of the face, and dartre rongeante scrofu-
leuse (sorfulous form of lupus) of the same region. M.
Alibert has mentioned a mistake of some inexperienced
physicians, who have mistaken the dartres pustuleuses on
the genitals for syphilitic pustules. The same affection,
situated on the forehead, has been also confounded with
Corona Veneris; lastly, couperose and mentagra themselves
have not always been carefully distinguished from syphilitic
tubercles of the face. However, the particular appearance
of these tubercles, their size and their extent, the obscure
coppery discolouration which they present, their frequently
uneven and fissured surface, and appearance of vegeta-
tion; their special seat on the alæ of the nose, and
the corners of the lips; the absence of itching and
smarting, and the co-existence of other symptoms of con-
stitutional syphilis, furnish, in all cases, sufficiently dis-
tinctive characters. Dartre rongeante scrofuléuse of the
face may, at the most, be confounded with couperose at its
commencement, and when as yet it has only formed slight,
diffused, and superficial tubercles; but it may be soon re-
cognized by its after progress. Besides, the colour of the
skin is very different in the two affections.

The lichen agrius of Willan (variety of the dartre
squameuse humide of M. Alibert) is characterized by pa-
pules, approximated, and excoriated at their summit, which
are covered with small delicate squamae, whilst couperose
gives rise to the formation of pustules, which are not ex-
coriated, and the march of which is isolated and distinct.

The dartre crustacee flavescente or impetigo of the chin
is distinguished from mentagra by its march, most frequently rapid and acute, by its small superficial pustules, in groups, rapidly transforming themselves into yellowish crusts, more or less thickened, and by the absence of consecutive tubercular engorgements. Besides, an error in the treatment is of no great importance, whilst a mistake in the preceding affections may be productive of the most serious consequences. The prognosis in the various forms of the genus *acne* must vary according to the subject's age and temperament, the degree and intensity of the malady, the acute or chronic march, the simple or complicated state, the accidental or constitutional nature of the eruption, &c. *Acne disseminata* and even *couperose* are frequently very slight diseases and of short duration in youth. Nearly always, on the contrary, in adult age, acne is more or less rebellious against artificial means. Moreover, our judgment, in this respect, must be reserved; for, as M. Biett has judiciously remarked, at one time we may see, for example, an intense mentagra promptly yield to a simple treatment; at another time, on the contrary, a slight mentagra or *couperose* which appear on the way to recover, suddenly become greatly developed and return with fresh intensity. Mentagra is kept up in the male by the presence of the beard, and especially by the action of the razor which it necessitates. This circumstance also deserves very particular attention in the treatment.

VI. Treatment.—Bateman, who, as an English physician, is a great advocate for the use of tonics, purgatives, and depuratives, does not neglect, however, to mention their inconvenience in the treatment of *acne*, a disease which he regards as generally requiring quite an opposite regimen; the more so, he adds, as we know that irritation and fulness of the stomach increase in a sympathetic manner the fluxionary movements which take place towards the head and face, and the more especially so since we occasionally see acne dependant on an affection of the digestive organs.

The following are the general rules of treatment:—

After having employed general and even local bloodletting, if they appear indicated, prescribed warm baths and a light and refreshing regimen, some diluent and laxative drinks should be given, and we should resort to sulphur preparations, such, for instance, as the flowers of sulphur and magnesia, in equal parts, giving gr. xij. every day before breakfast. The sulphureous water of *Enghien*
may also be exhibited with advantage. But it is especially externally that cold sulphur lotions and douches (when the disease is confined to a circumscribed region) are useful. Sulphur baths and vapour baths, employed alternately, or at different periods of the disease, are in general use when this affection has passed into the chronic state. It frequently resists all these means, and we are obliged to second their action by the application of some topical stimulant or astringent, such, for example, as the following:

\[
\begin{array}{c}
\text{R. Slack-lime} & - & - & - & 5j. \\
\text{Camphor} & - & - & - & 5j. \\
\text{Calamine Cerate} & - & - & - & 5j. \\
\end{array}
\]

More recently the Ioduret of Sulphur, in the form of an ointment, has been resorted to, as a powerful resolvent.

From time immemorial women have been jealous of preserving the freshness of their colour, and the beauty of their person. Celsus also remarks\(^d\), “that seeing the precaution which the Roman women took to preserve their beauty, it appeared to him useful to speak of topical applications, which could disperse the patches and eruptions which might disfigure the face.” When couperose is slight, when it happens in youth, and when it does not appear constitutional, we may confine ourselves to combating it by external remedies. The ancients, in this affection, and in mentagra, employed a great number of topical stimulants, astringents, and escharotics, various formulae of which may be found in their works. They prescribed lotions, unctions, liniments, and ointments, with vinegar, honey, an emulsion of bitter almonds, turpentine, myrrh, the powdered roots of the narcissus, and the lily; fuller’s earth, soap, alum, the saturnine preparations, the oxides and metallic salts, and many other substances variously combined with each other. We employ, as they did, aromatic and spirituous lotions, lavender water with a small quantity of alcohol, for example, to dissipate the patches, and resolve the tubercles of acne. At the commencement of couperose, when it merely presents rose-coloured and in-

\(^d\) Penè ineptiae sunt, curare varos et lenticulas et ephelidas: sed eripi tamen feminis cura cultus sui non potest. Vari commodissimè tolluntur imposita resinā, cui minus quàm ipsa est, aluminis scissilis et paululûm melis adjectum est. Lib. vi. c. ii. s. 1.
flamed spots, soothing topical applications may be employed with most advantage. We may use, for instance, the ointment proposed as a cosmetic by Joseph Frank, and which is prepared with equal parts of spermaceti and oil of almonds, made to boil over a slow fire, and afterwards left to cool. When the disease is more inveterate we resort to ointments more or less active, containing the ammonio-chloride of mercury (or white precipitate), and the proto-sulphate of mercury, with the addition of a small quantity of camphor. Bateman speaks of Gowland's liquor, as a remedy much in use in London amongst the people: it is to its corrosive sublimate that this fluid owes its activity, as also does the topical application known in Paris under the name of eau rouge of the Hôpital St. Louis. This latter is composed of two pounds of common water, corrosive sublimate gr. ix., with the addition of some colouring matter. It is known, that in a most intractable case of couperose, Ambrose Paré successfully cured the affection by applying a blister to the face.

Some practitioners have no hesitation in applying caustics, properly so called, muriatic acid, or the caustic stone, passed once or more times over the affected skin. Nevertheless, we must not think that these bold measures, the employment of which may be traced to the most remote antiquity, are always exempt from inconvenience. M. Biett has observed intense erysipelas, complicated with cerebral symptoms, in consequence of a similar cauterization; he has seen cicatrices more frightful than the disease which they replaced, follow the too deep and too extensive action of caustics. Pliny had already mentioned the same result.

General and local blood-letting, leeches applied to the neck, and behind the ears, pediluvia, warm baths, a vegetable diet, and diluent drinks, are much more successful in

"A young girl having a severe attack of couperose on the face with large elevations and great redness, came to request my attendance: I applied a blister of powdered cantharides on the part affected, and three or four hours afterwards there was a remarkable sensation of heat in the bladder, and great swelling at the neck of that organ; the patient vomited, and passed her urine incessantly, throwing herself about in all directions, appearing quite feverish and insensible: at which I was greatly astonished." Amb. Paré, ch. xxxv. p. 586.
plethoric subjects, and during the acute stage: the use of laxatives may also be added. Calomel has been particularly recommended, as having a direct action on the liver. The waters of Barèges, of Cauterêts, and Enghien, are useful internally when the disease is chronic, and when there are no signs of gastric irritation, which is commonly the case. But it is especially externally that the sulphureous waters, employed in lotions or in douches, either cold or warm, are advantageous. The vapour douches and baths rapidly hasten the resolution of the tubercles, and singularly favour the return of the suppleness of the skin, and the re-establishment of its functions. In order to dissipate the entire vestiges of the eruption, lotions with milk, the emulsion of bitter almonds, and the mucilage of quince seeds, must be continued for some time after the other treatment; and the use of cold sulphureous douches, such, for example, as those with the waters of Enghien, must not be neglected.

Mentagra presents nearly the same therapeutic indications to fulfil as couperose. This affection requires general and local means, varied and adapted to the conditions of the subject, and to the stage and degree of intensity which it offers. Thus, general and local blood-letting, warm baths, general and local, diluent drinks, and topical emollients, on the one hand; and depurative drinks, mild purgatives, and topical resolvents, on the other, may be employed, according as the mentagra is accidental or constitutional, acute or chronic, accompanied or not by symptoms of general or local plethora. Here, as in couperose, vapour douches and cold sulphureous douches are the most efficacious means of effecting resolution: the former more suitable when there are still signs of irritation; the latter more active when the tubercles remain in an indolent and chronic state. Recourse is frequently had under the same circumstances to irritating ointments, containing the nitrate of mercury, calomel, sulphur, and the sub-carbonate of potash. Ointments with the ioduret of sulphur, or mercury, have also been successfully employed in mentagra. Mercurial preparations, exhibited internally, have occasionally been successful, although there has been no reason to suspect the existence of the venereal virus. The muriate of gold, in frictions on the tongue, in doses of from one-half to one-sixth of a grain, twice a day, has not been less efficacious.
In a case of rebellious and inveterate mentagra, a blister has been unhesitatingly applied to the seat of the disease, and it has thus been dispersed after having resisted all other topical remedies.

This method of treatment, attributed by modern authors to Ambrose Paré, derives its origin from a more remote period: in the works of Ætius Amideus, a writer of the fifth century, may be found the most circumstantial details as to its employment. This author gives the formula of the topical application successfully employed by Pamphilus in the mentagra of Rome, described by Pliny; it was nothing but a vesicatorial ointment containing the oxide of copper, orpiment, hellebore, and cantharides: care was even had, as in the present day, to reject the wings and legs of this insect, as inert. Ætius recommended its application to the chin, once or more times, if necessary; and that it should afterwards be covered with a piece of bladder, over which was to be placed a suitable bandage, so as to obtain the development of bullæ,—vesication. It is very important, in the treatment of mentagra, to palliate, as much as possible, the inconvenience resulting from the presence of the beard, and the necessity of cutting it. It should be done but rarely, and with curved scissors rather than with a razor.

The following is the plan adopted by M. Alibert in this obstinate variety of acne (syphosis menti):—

1st. For a drink, a cooling or slightly depurative draught, such as that of the violaria, for example.

2nd. The application of leeches about the chin, if there be ever so little irritation.

3rd. A warm bath (in which care should be taken to plunge the chin) every other day.

4th. The patient should shave with a very sharp and well-set razor, going over the chin very softly and lightly, so as to cause the least possible irritation; or better still, have the beard cut with a pair of scissors by a regular barber. Immediately afterwards to plunge the chin in cold water for about half an hour.

5th. Every day, one or more local baths, for half an hour or an hour, at a temperature of 30° R., of a decoction of bran, sharpened by two or three spoonfuls of brandy.

6th. To apply in the evening on the chin a mixture of suet and sulphur, or the common sulphur cerate.

7th. To clean the chin in the morning with the English
cream, the cucumber cream, or some other analogous cosmetic.

8th. Many times a day to endeavour to ripen the tubercles and pustules, by applying to them a crust of hot toasted bread.

9th. To observe a sober regimen, to abstain from spiced dishes, stimulating drinks, and spirituous liquors.

According to M. Alibert, there is no kind of mentagra, however rebellious it may be, which can resist this treatment, when well conducted, and sufficiently protracted. Nevertheless, we are of opinion that it might be useful to add some laxatives internally, and the use of vapour douches externally.

A woman about forty years of age, a cook, and with probability attributing the origin of her disease to the heat of a furnace in a close and narrow kitchen, presented herself at the Hôpital St. Louis. Her cheeks were red and injected; and here and there, in this region, might be observed some small pointed pustules, with a red base, and purulent summit, isolated from each other (acne rosacea). She had had the disease for about two or three months; in the parts where it was situated she habitually experienced a feeling of heat and itching.

The following plan of treatment was prescribed by M. Biett:—

1st. A pill night and morning of the under-mentioned formula:

\[
\begin{align*}
\text{B} & \quad \text{Sc Calomel} \quad - \quad - \quad 3\text{ss.} \\
& \quad \text{Extract of Taraxacum} \quad - \quad 3\text{j. M.}
\end{align*}
\]
Divide into 36 pills.

2nd. For an habitual tisan an infusion of dandelion.

3rd. To anoint the face every evening with the following ointment:

\[
\begin{align*}
\text{B} & \quad \text{Ammonio-Chloride of Mercury} \quad 3\text{ss.} \\
& \quad \text{Camphor} \quad - \quad - \quad 3\text{j.} \\
& \quad \text{Prepared Lard} \quad - \quad - \quad 3\text{j. M.}
\end{align*}
\]

4th. To take three vapour baths a week.

An adult, having a chronic mentagra in the tubercular state, with furfuraceous desquamation of the superior lip and chin, received the following advice from the same physician:—

1st. To drink every day four cups of an infusion of saponaria.
2nd. Every morning before breakfast to take a Plum¬
er's pill.

3rd. To anoint the chin and lip every evening with the
following ointment:

\[
\begin{align*}
\text{Yellow Sub-sulphate of Mercury} & \quad 5\text{ss.} \\
\text{Camphor} & \quad - \quad - \quad - \quad \text{gr. x.} \\
\text{Prepared Lard} & \quad - \quad - \quad - \quad \frac{3}{3}j. \quad \text{M.}
\end{align*}
\]

4th. To take three vapour baths a week.

Is it moreover necessary to add, that in the treatment
of the various species of the genus acne, more perhaps
than in that of other cutaneous maladies, attention to
hygienic rules, and a properly regulated diet, have the
most decided influence on its results, and are alone capable
of preventing a recurrence of the disease?

"The best combined curative plan," says M. Biett on
this subject, "and the one followed out by the greatest
perseverance, can have but transient and temporary effects,
if the patients do not adopt a regimen calculated to favour
the action of the remedies which may be exhibited. Do
we not know that all our care and efforts are fruitless in
individuals addicted to excess at table, who partake
largely of spiced and succulent viands, and drink strong
wines and spirituous liquors? A sober and regular life, an
habitual regimen, composed of fowl, fresh vegetables, and
waterish and melting fruits; constant care to avoid
fatiguing exercises, study, and a prolonged sojourn in hot
places, or near the fire, (in cases of couperose and mentagra,
especially,) are the most salutary hygienic rules, and
those which alone can, with the other treatment, complete
the cure of this obstinate disease."

Impetigo.

I. *Mercurialis* thought that it was the same species of
cutaneous malady which has been described by the Greeks
under the name of *lichen*; by Celsus under that of *scabies*;
and by Avicenna under that of *impetigo*. Lorry slightly
swerves from this opinion; and remarks, moreover, that
this term is purely Latin, and can only correspond with
the word *lichen* of the Greeks: nevertheless, he adds, that
Galen himself appears to have confounded the *mentagra*
described by Pliny, with *impetigo* (the term of the trans-
lators). This latter writer does not express himself with
sufficient precision to enable us to recognize what is the
special disease which he designates as *impetigenes*, for he only employs this word in the plural number. He says, besides, that this name is derived from a species of impetu¬osity which is manifested in the eruption (*ab impetu*). Celsus distinguishes four varieties of *impetigo*: one of them, at least, appears to be a well marked pustular affection. Willan and Bateman have restricted the denomination of *impetigo*, to a disease characterized by small pustules, com¬monly grouped and agglomerated (*psydracioë*), which convert themselves into yellowish crusts. It is the same malady which M. Alibert formerly described under the name of *dartre crustacée flavescence*, and which forms, in the present day, a genus of the group of *Dermatoses dartreuses*, by the title of *melitagra*.

II. Various local and direct causes of an irritating nature may determine the development of the pustular inflammation of the skin, described by English pathologists under the name of *impetigo*. Thus, as Bateman remarks, the disease vulgarly known by the name of *grocer's* and *mason's itch*, and caused by the irritating action of lime, plaster, sugar, or other substances of the same nature, has sometimes all the characters of *impetigo*. We see also, in some cases, these small pustules develop themselves in the most inflamed points of the skin, in individuals affected with an inveterate itch, or one treated by irritating frictions. M. Alibert cites many facts, which prove that exposure to the heat of the sun or the fire, may also provoke this affection. It may, moreover, happen in consequence of the action of all the causes which we have enumerated in our general considerations, and we observe it sometimes dependant on internal inflammations, or de¬rangement of the digestive functions. It attacks by pre¬ference individuals of a lymphatic and lymphatico-sanguineous temperament. Nevertheless it may be also oc¬casionally seen in bilious subjects with a fine and dry skin. It appears to be *constitutional* in some cases, that is to say, dependant on a morbid and particular disposition of the solids and fluids of the animal economy, or a particular texture of the integuments, or lastly, a chronic visceral lesion of the thorax or abdomen, acting in a sympathetic manner. Young subjects, and women, are particularly tainted with it, although it spares neither age nor sex.

III. The cutaneous disease which we are now con-
sidering most frequently commences without any pre¬
cursory symptoms, and runs through all its phases without
any alteration in the general health. Sometimes, however,
it is preceded by phenomena which we have already many
times alluded to, such as uneasiness, loss of appetite, de¬
rangement of the digestive functions, lassitude, &c. It
appears in the form of red spots, more or less extensive,
irregular or circular, or oval, on the face, the chin, the
hairy scalp, the limbs, and the trunk itself, confined to an
inconsiderable region, or extending itself successively to
many parts, and even to nearly all points on the surface of
the body, although this is much more uncommon for *impetigo*
than for *eczema*. It is soon discovered that these red spots
are formed by the re-union of small pustules of a yellowish
colour, surrounded by a more or less vivid redness, which
increase, acquiring at most the size of a millet-seed, and
which soon burst, leaving the viscous fluid which they con¬
tain to flow out. This dries up and is concreted in *crusts*,
more or less moist, yellowish or slightly green, which have
been not without reason compared to the gummy exhala¬
tion of certain trees, or to dried-up honey: from whence
the name of *melitagra*.

The pustules undergo in two, three, or four days the
crustaceous transformation, and sometimes even pass into
this state so rapidly, that there is scarcely time to notice
them; it is doubtless this fact which has induced Professor
Alibert to take for the distinguishing character of the
disease the most apparent and permanent phenomena—
namely, the crustaceous product.

When the *crusts* are formed, they thicken by the con¬
cretion of the fluid, which continues to be exhaled under
them by the porous and excoriated surface which they
cover. They are surrounded by a redness of variable in¬
tensity, with a more or less abundant discharge, which
stains the linen; itching, burning, and smarting of variable
intensity. Frequently, in this acute state, there exists a
very decided swelling of the parts affected, and the neigh¬
bouring lymphatics are tumesced and engorged. Thus,
when *impetigo* is situated on the face, as is very frequently
the case, this part is puffed up, bloated, and some of the
sub-maxillary lymphatics are occasionally swollen. The
same happens where the crustaceous pustules occupy the
hairy scalp; the mastoid and occipital lymphatics are
tumefied and painful; this is particularly noticed in children.

The disease, having passed to the crustaceous state, may thus last for a period of variable length, without the formation of any fresh pustules, and without the elementary form reproducing itself. There is only observed in the affected region a crustaceous surface, having many fissures, shining, and excoriated, with redness, a more or less abundant exhalation, itching, and heat. Nevertheless, most commonly, some fresh pustules show themselves in the neighbourhood of the primary crust, or on other points of the surface of the body, and thus we see the malady run afresh through all its phases.

After some time—a period varying from two to four or eight weeks, or even many months—the discharge is exhausted, and the crusts become detached; a spot, slightly squamous, afterwards furfuraceous, succeeds them, and the skin soon recovers its integrity. When the crusts fall off prematurely, they leave the surface which they covered excoriated, or simply shining, stiff, and inflamed, and then fresh crusts are reproduced, without the formation of fresh pustules.

The duration of impetigo is very variable; frequently it has an acute march, and terminates in two, four, or six weeks, the two or three first of which are occupied by the inflammatory period. When the disease is chronic, when it shows itself successively in various parts of the body, when it gives rise to the formation of crusts which remain adherent for a long time, and which are many times reproduced after having fallen off, it may be protracted for many months, and even years.

IV. Varieties.—Impetigo is acute or chronic, accidental or constitutional, simple or complicated, idiopathic or symptomatic, partial or general. Sometimes it seems to constitute a depuratory affection, the return of which is necessary to the maintenance of health, at least till the constitution has been so modified as to enable us to suppress the depuration without any danger.

1st. Impetigo figurata, impetigo of regular form.—This variety is the most common of all; it is characterized by pustular patches of a variable size, but the form of which is round. It very frequently shows itself on one cheek in lymphatic and lymphatico-sanguineous subjects. It also forms large pustular patches, and large oval crusts, on the
superior extremities. It may, moreover, manifest itself on
the other regions of the body. It is this variety in par-
ticular which Professor Alibert has described under the
name of ducté crustacée flavescente.

2nd. Impetigo sparsa, diffuse impetigo.—This variety
only differs from the preceding one in its form: instead of
forming round or oval patches, it presents groups of pus-
tules, irregularly scattered on more or less extensive sur-
faces of the body, the shoulders, the limbs, the trunk, the
face, and the hairy scalp. It attacks by preference the
inferior extremities, or it is frequently very obstinate in
subjects advanced in life, and in those whose occupation
obliges them to remain constantly standing. Bateman says
he has observed that it is usually reproduced towards the
end of autumn, and during the winter, afterwards disap-
ppearing during the summer, whilst the preceding variety,
more peculiar to young subjects, and specially attacking
the upper regions of the body, frequently shows itself in
spring. This remark appears to us to be well founded.
However, impetigo sparsa is also frequently manifested in
young subjects, and particularly in children during the pro-
cess of dentition. We think with Bateman that the dis-
ease designated by Willan under the name of porrigo lar-
valis (teigne muqueuse of some authors, achor muciflus of
M. Alibert), is no other than an impetigo, modified by the
age of the subject and the conditions under which it is
found.

3rd. Impetigo erysipelatodes, erysipelatous impetigo.—
A more intense inflammation, a more acute march, cha-
acterize this variety, the seat of which on the face renders
its analogy with erysipelas still more striking, the more so
as it is preceded in the same manner by a decided febrile
disturbance. A bright redness, a very great swelling
of the face, and edema of the eye-lids, accompany the
development of the disease; but the appearance of the
pustules, and their transformation into yellowish moist
crusts, with exhalation, itching, and smarting, are suffi-
ciently characteristic.

4th. Impetigo scabida, roughened impetigo.—The En-
glish authors have given this name to an extensive and
intense impetigo, occupying the whole length of a limb,
and giving rise to the formation of thickened crusts, of a
greenish, brownish, or greyish yellow, very adherent, rough,
unequal, and cracked, so as to present some analogy to the
bark of certain trees. An abundant discharge, deep excoriations, sometimes even ulcerations, when the disease is situated on the inferior extremities, follow this severe form, in which, as we may imagine easily, the movements of the affected limbs become very difficult and painful.

5th. *Impetigo rodens*, the spreading or eating impetigo.—This variety, which we classify according to its elementary form, differs much from it in its ulterior progress. It commonly occupies the tip of the nose; we see one or two groups of small miliary pustules, which are rapidly converted into a crust of brownish yellow, very analogous to that of *impetigo*, develope themselves in this region; but, under this crust, which is surrounded by an inobscure redness, a spreading ulceration forms, which entirely or partly destroys the skin, and leaves behind it an indelible cicatrix. We may here allude to a patient, in the wards of M. Biett (the care of which we were temporarily intrusted with), who thus had on his nose a deep and white cicatrix, around which were reproduced some small crustaceous pustules of *impetigo*, and in whom also crusts of the same affection covered the interior of the nostrils. The cicatrix was the product of cauterization by nitric acid for a spreading ulcer succeeding a group of pustules.

To these five varieties, described by the English author, it is proper to add the *porrigo larvalis* of Willan, incorrectly ranked among the *tinece*, as we have already said, and which we may merely designate by the name of *impetigo larvalis*. The chronic impetigo of the hairy scalp in children, vulgarly designated by the name of *galons*, and which M. Alibert formerly discribed under the title of *teigne granulee*, is still a form of the *impetigo sparsa*, which deserves a special mention, in consequence of the errors in diagnosis to which it may give rise. We will make a few remarks on each of these *pseudo-tinece*.

The first has received its name from the species of mask which it forms on the faces of infants who are tainted with it (*larvalis*, from *larva*, a mask), or from the mucous appearance of the viscous liquid which it secretes, and which is concreted in yellowish crusts, from whence the name of *teigne muqueuse*. It shows itself on the chin, on the cheeks, and on the forehead of children, during dentition in particular, and generally lasts from one to three or four years. The pustular groups are sometimes few in number, and isolated from each other; at other times, they are
more approximated, become confluent, and, when they are converted into crusts, cover the entire face as a sort of mask. Then, the eyes, the nose, and the ears, participate more or less in the cutaneous disease. Usually accompanied by very severe inflammation, the pustules burst at the end of two, three, or four days, and are converted into crustaceous excoriations, which furnish a profuse discharge. At one time, this eruption is acute, attended even by a febrile disturbance, a considerable swelling of the face, and engorgement of the neighbouring lymphatics; at other times, it assumes a chronic form, and developed, for instance, in the spring, as is generally the case, it may be protracted during the summer, autumn, and winter. More frequently, it has only a duration of some weeks, and promptly yields to the regimen of trifling acute diseases. The greater part of the time, it appears to constitute a depuratory affection, which we ought to be cautious about, and to which we should not oppose any-active remedy. It is not quite the same as regards the second variety, for which we may preserve the name of impetigo granulata. It occupies the hairy scalp in children, from two to eight years of age; has a tendency nearly always to pass into the chronic state, and is very commonly kept up by want of care and cleanliness; it gives rise to the formation of brownish, dry, and embossed crusts, scattered on the scalp, and which have been compared to roughly-broken fragments of mortar, or to plaster fallen from a wall, and dirtied by moisture and dust. This eruption is not always easy to distinguish, at first sight, from teigne nummulaire (favus squarrosus of M. Alibert).

Moreover, these two pseudo-tineæ are not contagious, and do not cause falling off of the hair.

We will only relate a single example of impetigo, the commonest and most easy to recognize of cutaneous diseases.—Constitutional impetigo, followed by death.

A man, aged sixty, of a weak and lymphatic constitution, having a pale aspect, and flabby and soft flesh, was formerly subject to an annual erysipelas, which attacked the left leg, and which had been suppressed for some years by a quack, who prescribed a syrup and some drinks, the composition of which was not known. He was, besides, habitually subject to a catarrhal affection of the chest, and perceived, in the month of January, 1819, the first marks of a cutaneous malady which afterwards compelled him to
enter the Hôpital St. Louis. The skin in the region of the loins became red, moist, and pruriginous, and covered itself with crusts. At a later period the disease invaded the thighs, and afterwards showed itself on the superior extremities; it made rapid progress, giving rise to an abundant discharge, and an intense itching and smarting, which were increased by the heat of the bed, and produced restlessness.

The patient was admitted, in this state, into the hospital, on the 8th of June, 1819, about five months having elapsed since the impetigo first attacked him. The skin on the loins, the thighs, the fore-arms, and hands, was covered with yellowish, thickened, and consistent crustaceous plates, with an exhalation underneath, which stained the linen; a bright redness of the adjacent parts, slight swelling of the affected regions, and intense itching and smarting existed; here and there in the parts alluded to, might be seen some small inflamed pustules, which reproduced the elementary form of the disease. There was loss of appetite, dyspepsia, a bitter taste in the mouth, and constipation. The habitual expectoration had much diminished; the patient experienced slight oppression. Veal broth was prescribed for him, with the addition of a grain of tartar emetic to the pint, by which means the bowels were kept regular, once a day. At the end of eight days the eruption began to lose its intensity. At the end of fifteen, the employment of warm baths was commenced—one every two days,—with considerable improvement. The redness rapidly decreased, the discharge became less profuse, the itching and swelling nearly disappeared; the crusts became detached in many points, and those which were renewed were less thick and extensive; but the legs became slightly oedematous; and a bright erysipelaeous redness attacked the integuments. The patient then recognized the return of the erysipelas, which for some years had ceased to appear. Whey, with cream of tartar, was given him to drink, but, producing diarrhoea, with slight indications of intestinal irritation, a purely soothing drink was substituted in its place. At the end of five or six days the erysipelas disappeared, the fever ceased, but the oedema remained, and the right fore-arm itself became oedematous. The urine diminished in quantity, the morbid cutaneous discharge completely stopped, and the crusts which remained were entirely dried up. At the same time, the pectoral oppression became greater, no expectoration accompanying the cough. The
fever was again kindled: and after a temporary amelioration, obtained by the application of leeches, followed by a blister on the sternum, and two on the inferior extremities, the respiration became more and more embarrassed, oedema attacked the upper extremities, and the patient sank on the 25th of July, after a sojourn of about six weeks in the hospital.

On opening the body, there were found, in the two cavities of the chest, about two pints of a turbid serous fluid. The lungs were sound, but the mucous membrane of the bronchi was red, and the bronchi contained some puriform mucus. The heart was increased in size, and its internal membrane was of a livid red colour. The gall-bladder was distended with a yellow-coloured fluid. The mucous membrane of the stomach presented a greyish and slightly livid tint.

In this case we see an ineffectual effort of nature to establish in an unhealthy subject an external depuratory discharge, in order to dissipate the pre-existing visceral affections, which ended by proving fatal.

V. The agglomeration, the smallness, and the short duration of the pustules of impetigo are sufficient to prevent our confounding them with those of acne or ecthyma. The soft and yellowish crusts which succeed them, may, when they form on the chin, resemble those which sometimes accidentally show themselves in the course of mentagra; but we may, in general, state, that the march of impetigo, and the particular aspect which each of its periods presents, does not permit of our mistaking it.

The variety pompholix diutinus, with rupture of the bullae, which we have above alluded to, presents at first sight a very analogous appearance to that of impetigo. The whole extent of the integuments is in this case affected (which is very rare in impetigo), and here and there may be observed some stains, traces of withered bullae, in the middle of large, red, and squamous places, occupied by the excoriations which have succeeded more recent bullae: these excoriations themselves rapidly dry up. We may satisfy ourselves of the development, in some points, of cuticular bullous elevations, when we observe the patient with much attention: the bed and the clothes are covered with an immense quantity of squamous shreds, which is not the case in individuals affected with impetigo. Lastly, in pompholix, the bullous excoriations, exactly resembling those produced by a blister, do not present those porous surfaces and moist
points which succeed to the excoriations of the pustules of *impetigo*, or the vesicles of *eczema*.

The prognosis varies according to the degree of intensity and extent of the *impetigo*, its seat, its acute or chronic march, its simple or complicated state. In general, however, we may say, that this cutaneous affection is very mild, and has very frequently a short duration. Since in some cases it appears constitutional, or even depuratory, we ought to be cautious, especially in childhood and old age; or, at least, we ought not then to undertake to cure it by active means, without being on our guard against the symptoms which may result from its premature and untimely suppression.

VI. **Treatment.**—It is very like that which we have recommended in *eczema*.

During the inflammatory period, if the disease is of a certain extent, blood-letting and leeches become sometimes necessary. In the following periods, laxative drinks internally, and simple baths externally, form the basis of the treatment. Later, vapour baths, sulphur baths, and topical resolvents, are indicated, at the same time that depurative drinks and sulphureous preparations are exhibited internally.

**Bateman** recommends, in a general manner, in this disease, sulphur combined with one part of soda, nitre, or cream of tartar, as an internal remedy, and tepid lotions externally, as long as the irritation is well marked. At a later period he recommends tonic and depurative draughts, sarsaparilla, bark, with the addition of alkaline and antimonial substances, and calomel and *Plummer's* pills, as *alternatives*; and externally, desiccatory topical applications, composed of the oxide of zinc, and lead ointment, or the powdered oxide of zinc, or *calamine*, which is sprinkled on the part after the falling off of the crusts. Sea baths may also be useful. Moreover, the English author is of opinion that we ought, in many cases, to avoid friction, and wash the parts with tepid water, bran-water, and milk, or anoint them with cream, almond emulsion, &c. The infusion of digitalis, and the decoction of poppy-heads, are indicated when the parts are very painful.

**M. Biett** recommends our having recourse to *Pearson's* arsenical solution in rebellious chronic *impetigo*. Twice he has succeeded by this means in dispersing the disease, which had existed on the face from birth, in two young
persons who had been unsuccessfully treated by various methods.

A young girl, eight years of age, had the top of her head covered with the remains of crusts of a deep greenish-yellow colour, caused by an *impetigo sparsa*, which had equally invaded the neck. The following is the treatment which was prescribed for her at the Hôpital St. Louis:

1st, to take every morning, before breakfast, a spoonful of the following mixture:

- Syrup of wild Pansy - - 3xii.
- Sub-carbonate of Soda - - 3ij. M.

2nd. Every evening to cover the crusts (having previously cut or shaved the hairs) with a linseed poultice, to which was added, at the moment of applying it, 3j. of sublimated sulphur.

An adult patient, who had traces of a chronic *impetigo* on the eye-brows and lids, was recommended to anoint the affected parts every evening with the following ointment:

- Suphuret of Mercury - - 3ss.
- Camphor - - - gr. x.
- Simple Cerate - - - 3j. M.

Many times, in a slightly extended impetigo, I have seen M. Biett prescribe the subjoined treatment:

1st. For an habitual drink, for some days, a pint of veal broth, to which was added 3ij. of the sulphate of soda.

2nd. Every morning to take a dose of the following powder:

- Sublimated Sulphur - - 3j.
- Tartrate of Potash - - 3ss. M.

To be divided into 18 pills.

3rd. An infusion of hops, with the addition of 3ij. of the carbonate of soda to the pint, (when the laxative effect of the first drink has been sufficient).

4th. To take three vapour baths a week.

The following plan was also a very favourite one with this distinguished physician:

1st. To take every day three cups of a decoction of dulcamara.

2nd. Every morning, before breakfast, a dose of the following powder in a wafer:

- Sublimated Sulphur - - 3ij.
- Sub-carbonate of Soda - - 3ss. M.

To be divided into 16 pills.
3rd. To wash the affected parts with bran-water.
4th. To take three alkaline baths a week.
These examples I think will be sufficient to guide young physicians in the treatment of impetigo.

Tinea.

I. The word *tinea* is a barbarous term introduced into the science by the writers of the middle ages: it is thought to be derived from the words *sahafati* and *alvathim* of the Arabians. Under these names Avicenna described an ulcerating and crustaceous disease of the hairy scalp, of which he admitted two species: the one moist (*pustinea*), and the other dry (*favus* of the moderns). From the Arabian words above alluded to, the commentators and Latin translators, have, by abbreviation and corruption, been able to forge the terms, *thim*, *thineum*, and *tineam*; such, at least, is the opinion embraced by Lorry. Perhaps also we may believe, with Mercurialis, that the name of *tinea* has been given to the malady in consequence of the ravages which it makes on the hairy scalp, similar to those which the insect bearing the same appellation, *tinea* (= moth,) produces in clothes. However that may be, the authors who wrote after the Arabians, especially Gordon, Nicolas Florentin, Arnauld of Villeneuve, and Gui de Chauliac, adopted this word, and employed it to designate the special diseases of the hairy scalp peculiar to infancy and childhood.

Gui de Chauliac admitted five species of *tinea*; Ambrose Paré reduced them to three; and since then nearly all authors have described a variable number, according to the particular ideas which they entertained of the disease. Lorry has even gone so far as to say that we should only recognize a single species of *tinea*, properly so called, *tinea lupinosa* of Gui de Chauliac; it is the same affection which M. Alibert has described, perhaps incorrectly, under the name of *teigne favuse*.

Already, as Lorry himself was careful to remark, Fust. Radius, in reproducing the doctrine of Avenzoar and Avicenna, had established that we ought only to apply the term *tinea* to the dry and crustaceous affection of the hairy scalp, which the latter author regarded as the product of a melancholic humour.

This opinion, which establishes a clear and well-marked
distinction between *tinea* and the pseudo-*tinea*, appears to us, in the present day, the only one admissible.

The Greeks alluded, under the names of *ἀχώρες* and *κηρία*, to some pustules and ulcerations of the hairy scalp: the Latins translated the latter as *favus*; still preserving, however, for the former the term *achtses*. Bateman maintains that this elementary form of *tinea*, which he incorrectly designates by the term *porrigo*, (this word corresponding to that of *παθυπαρος* of the Greeks, is commonly employed only to indicate a dry and furfuraceous or squamous affection, and not a pustular and crustaceous form,) consists in an eruption of *pustules* called *favi* and *achtses*; which he thinks belong to two different species of *tinea*. But, if we refer to the description of *Aretæus*, these words, and especially that of *favus*, rather designated the pustules of *impetigo* than those of what we call in the present day the true *tinea*, or *tinea favosa*: thus depriving the word *favus* of the acceptation which it had with the Latins.

Most modern physicians, terrified at the confusion of language by authors, relative to this disease, have ended by uniting, under the title of *tinea*, all the affections of the hairy scalp peculiar to infancy, in the same way that they blended together most chronic diseases of the integuments of the rest of the body under that of *dartres*. M. Alibert has endeavoured to confine this denomination to some well-marked species, although we still see in the description of them which he has given, that he has been unable to forbear ranking under the names *furfuraceous* and *amiantaceous* *tineas*, many diseases, which, properly speaking, do not come under this genus, and which present the same characters as those which he has elsewhere described as *furfuraceous* or *squamous dartres*.

The same error exists in the new classification of this author. In fact, he has placed on the third branch of the *tree of dermatoses*, the group of dermatoses *teigneuses*; in this group he has distinguished the genera, *acht*, *porrigo*, and *favus*: but the latter, properly speaking, alone belongs to the *tinea*. *Achor*, divided into *achor lactuminosus*, and *achor muciflus*, ought to refer,—the first variety, to *pithyrias capitis* of infants at the breast (order of *squamae*); and, the second, to *impetigo* (*larvalis*), as we have previously seen. *Porrigo* presents three species: *porrigo granulata*; it is the *granulated tinea* which we have above alluded to, and which is only a particular form
of chronic impetigo of the hairy scalp: porrigo asbestina (furfuraceous tinea), characterized by furfuraceous desquamations of the scalp, usually consequent on chronic eczema of this region. There merely remains, then, the genus favus (tinea lupinosa of Gui de Chauliac), which M. Alibert has justly divided into two varieties, shades of an affection fundamentally the same; which, as Lorry had already so judiciously remarked, constituted, at the end of the last century, the only tinea properly so called.

Bateman has admitted five species of tinea: porrigo lupinosa, and porrigo scutulata, which answer to the two varieties of favus of M. Alibert, (favus squarrosus, and favus urceolaris; teigne faveuse raboteuse, or irregular; and teigne faveuse alecvoaire, or regular); and which alone ought to form part of the genus tinea. The three last varieties (porrigo favosa, furfurans, and decalvans) do not present the characters of tinea properly so called; the porrigo favosa resembles impetigo, and the two others appear rather to belong to pithyriasis (order of squamæ), than the genus tinea (order of pustules).

Referring then the description of the pseudo-tineæ to the principal affections of which they are a part, and which are ranged in the order of vesicles, as eczema; in that of squamæ, as pithyriasis; or even in that of pustules, as impetigo, we ought, according to the opinion of Lorry, only here to occupy ourselves with the veritable tinea, or genus favus of M. Alibert, to which perhaps it will be more suitable still to apply the old name of tinea lupinosa which had been given it by Gui de Chauliac.

"There exists a special and contagious alopecia, made clear by the microscopic researches of Dr. Gruby, which I have many times had occasion to observe, and which should, in my opinion, be referred to the porrigo decalvans of Bateman. It shows itself under the appearance of places deprived of the hairs, as though they had been removed by the razor: it is contagious. The microscope discovers a parasitical vegetable product, (sporules), which alters and destroys the hair. In the true tinea (porrigo lupinosa of Bateman, teigne faveuse of Alibert, and of most French physicians), the regularly formed crusts which show themselves on the hairy scalp are also the product of a sort of parasitical vegetable moss, which at first consists in a closed capsule, that afterwards bursts and discloses numerous sporules attached by small legs. Numerous examples of both these species of tinea, the second of which is much more severe than the first, have demonstrated to me their contagious nature."—Manuscript letter from M. Gibert.
The word *favus*, in fact, does not appear to have been employed by the Latin authors to designate the *pustules* of the true *tinea*, as M. Biett seems to think; but rather, moist crustaceous pustules, analogous to those of *impetigo*, or *ecthyma*. As to the word *porrigo*, which has the same signification as that of *furfur* (bran, flour), it is clear that is the most inappropriate of all, since it is nothing but the translation of the Greek word *πιθυρίας*, or *pithyriasis*, which Bateman himself has applied to a *furfuraceous* affliction ranged in the order of *squamae*.

In classing, however, with the English authors, *favus* or *tinea* in the order of *pustules*, we cannot but acknowledge that the favous elementary principle is not, properly speaking, a purulent elevation, but, even from the beginning, a dry crust, which itself appears to be the product of an alteration of secretion of a hair-follicle. The particular form of this crustaceous concretion is due to the structure of the follicle itself, as M. Baudelocque, physician to the Hôpital des Enfants, appears to have recently demonstrated. But we have thought that we ought to notice the analogous appearance which this favous element presents with veritable pustules.

In short, we designate by the name of *favus*, a special malady of the hairy scalp, generally peculiar to infancy, susceptible of transmission by *contagion*, appearing to have its seat in the hair-follicles, frequently involving loss of the hair, and particularly characterized by dry crusts, deeply fixed in the tissue of the skin, (to which they are intimately adherent,) of a foul and pale yellow colour, presenting a central depression, more or less regular, which gives the crustaceous product some resemblance to the cells of a honeycomb (from whence the name of *favus*); or to the seeds of the lupin (from whence the term *tinea lupinosa*).

II. The contagion of tinea is recognized by nearly all pathologists; and Bateman does not hesitate to attribute its propagation, in many rich families, to the frequenting schools, colleges, and universities, in which many healthy children are frequently in contact with unhealthy ones, and often make use of the same linen, the same combs, and the same hats and caps. Many times we have observed in the

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*Vide Vol. IV. of the Revue Médicale, (an. 1831).*
wards of the Hôpital St. Louis, or as out-patients of the same establishment, individuals (children for the most part) who appeared to have contracted a favus under precisely the same circumstances as those just alluded to. Once or twice, in the wards of M. Biett, familiar intercourse, and kissing, have been seen to propagate the disease, in young persons, which then manifested itself on the chin, and in the neighbourhood of the mouth. In a patient even who had worn a wig belonging to an individual tainted with favus, the disease showed itself on the arms and legs. This singular circumstance is explained by the fact that this man, in retiring to bed every night, was in the habit of removing his wig, and nearly every morning he found it in contact with his arms or legs. Some years since, M. Guesnet saw favus manifest itself for the first time in a pension, and successively attack a dozen children in the space of some weeks, or months, after the clandestine introduction into the establishment of a subject affected with this disease.

The contagion of favous tinea appears then a well-established fact, although M. Alibert, who admitted it in his first works, afterwards wished to call it in question. Nevertheless, for this contagion to take place, there should exist certain conditions of age and temperament, particular vitality of the integuments, special communication, &c.; and as many facts collected by M. Alibert, and the experience of M. Gallot, cited by the same author, prove, transmission of the disease is very far from being certain in all the cases in which it appeared natural that the contagion should have been effected. If, then, prudence forbids allowing repeated and intimate communications between sound children, and those affected with tineae, reason, and experience also, combine to remove exaggerated fears, unfounded alarm, and trifling and ridiculous precaution.

This disease is moreover spontaneously developed. It is in general peculiar to infancy. The pseudo-tineæ themselves are particularly frequent at this age; thus impetigo larvalis or teigne muqueuse, is especially observed in the three or four first years of existence; and impetigo granulata, or teigne granulée, is met with from four to ten years of age. It happens, however, that the veritable tinea shows itself in young persons, adults, and even old people. Nevertheless, we remark, that even in this case, it is the
recurrence of a tinea in subjects who had formerly experienced this disease in their infancy.

A lymphatic and lymphatico-sanguineous temperament, debility, wretchedness, want of cleanliness, bad nourishment, and a moist and unhealthy habitation, favour the development of this affection. According to M. Alibert favus is especially remarked in fair, ruddy, and lymphatic subjects, and impetigo granulata rather in children with brown and tawny skins; whilst impetigo larvalis is frequently noticed in lymphatico-sanguineous individuals, with fine skins, and fresh-coloured faces (especially during the period of dentition).

The same author is disposed to believe that the disposition to tineous eruptions may be hereditary. He even relates a case which would appear to prove that a tinea (or what is more, a pseudo-tinea) may happen in an infant, in consequence of an alteration in the mother’s milk, caused by moral emotions, or excesses of a different nature.

III. Favus, with the exception of a few cases which we have alluded to in speaking of its mode of propagation by contagion, commonly shows itself on the hairy scalp; it may, nevertheless, be also developed on other points of the surface of the body, whether it extends there from the head (which is generally the case), or, the latter remaining untouched, it is primarily manifested in some other part. In general it affects the places where the tissue of the skin is dense and compact, and where there is but little substance, as the temples, the forehead, the back, the loins, the elbows, the knees, and the external and lower parts of the limbs; but it may also be met with in other regions. The eruption commences by very small yellowish points, slightly, or not at all elevated above the level of the skin, which from the beginning present a small crust, with a cup-like depression, produced by the concretion of the fluid which they contain. This crust (frequently crossed by a hair) increases by degrees, and acquires a variable size, according as it remains isolated, or is attached by its edges to neighbouring crusts: it is dry and strongly adherent, and as though deeply rooted in the cutaneous tissue; if any force is employed in raising it, pain and bleeding are caused, and underneath it is red and excoriated; these excoriations, when the disease is prolonged and aggravated, may extend for a considerable depth. The hair-bulbs inflame and become excoriated; the hairs alter, become
thin, discoloured, and woolly, and fall off, and incurable baldness frequently results therefrom, the surface of the skin remaining glossy and shining where it is deprived of these appendages. In children some insects occasionally spring up under the crusts, as an addition to the intense itching which gives rise to the disease. The concreted fluid gives out an unpleasant smell, sui generis, something like that observed in certain individuals suffering from severe fever, which has justly been called odeur de souris (mouse-smell). Often, when the cutaneous inflammation is intense, the occipital and mastoid group of lymphatics swell, and form small abscesses in the subcutaneous cellular tissues; even ophthalmia and coryza may be caused by the extension of the irritation; all these complications may occasion, too, a transitory febrile disturbance.

The favous crusts remain adherent to the skin for a very long time; and in order to recognize the characteristic form of the disease and see the favous principle reproduced, it is sometimes necessary to provoke the falling off of the crusts by the application of emollient cataplasms. As they get older, these crusts dry up more and more, and resolve themselves into a sort of powder of a dirty yellowish white, at their centre and circumference. When they fall off, either naturally or otherwise, the skin beneath them is deprived of epidermis, red, excoriated, and shining, with the reticular tissue inflamed.

This disease has commonly a very long duration, and sometimes it resists the best directed treatment. When it is disappearing, the crusts are detached, and not again renewed; the skin, at first shining, red, and inflamed, by degrees regains its natural colour; but the hairs which have fallen off, if their bulbs have been destroyed, do not grow again.

IV. We have said that favus presents two principal varieties: favus urceolaris and favus squarrosus. In the first we very frequently see the whole hairy scalp covered with a sort of cap, of a dirty yellowish white, pitted with a number of cells or cups, like a honey-comb (from whence the name favus), or the central depression of the yellow lupin seed (from whence the name tinea lupinosa).

In the second variety the disease is rarely as general: in many cases it is confined to the summit of the head, or it forms a dry crustaceous plate without any regular de-
pressions. The circumscribed and rounded form of these plates has caused the name of teigne nummulaire, or porrigo scutulata, in England, to be given to this variety. The irregularity and uneven appearance of the crusts have led M. Alibert to designate it by the name of favus squarrosus. It is generally less severe than the preceding, and causes the hair to fall off less frequently; in a word, it appears to consist in a less severe and profound alteration of the hair-follicles. Moreover, as we have already said, these varieties are merely two shades of the same affection.

As to the porrigo decalvans of Bateman, it is neither a pustular nor a crustaceous eruption, so that, in a strict sense, it would be an error of classification to place it side by side with these varieties. Nevertheless, we are bound to say that we have really seen in some subjects a baldness quite analogous to that caused by the progress of tinea, properly so called, produced by an affection of the hair-follicles, which only shows itself externally by the falling off of the hair, consecutive of a particular desquamation of the hairy scalp; some small scales of a brownish grey existed at the base of the hairs; like the crusts of favus, they were doubtless the product of an alteration in the secretion of the hair-follicles. We shall return to this variety, in our description of pithyriasis in the order of squamae.

V. The age of the subjects, the contagion, the special seat of the disease on the hairy scalp, the elementary favous eruption, the particular form and appearance of the crusts, the consecutive baldness,—these are the united characters which may always enable us to recognize favus, and to distinguish it from those pseudo-tinea relating to eczema, impetigo, or pithyriasis, with which it has been so often confounded. In a difficult and doubtful case we may still make a certain diagnosis, by causing the head to be shaved, provoking the falling off of the crusts by emollient applications, and by afterwards noting whether the favous elementary principle represents the characteristic form of the disease.

Tinea (as also the pseudo-tineæ) very frequently disappears towards the period of puberty. It is generally believed by unprofessional persons that the affections of this genus are salutary and depurative, and that they may prevent in childhood the development of more severe maladies,
so that they insure the lives of those in whom they are manifested. Some physicians, too, partake in this opinion (which is only really applicable to the pseudo-tineae, and the one called teigne muqueuse or impetigo larvalis, in particular), and believe that in the greatest number of cases we ought to respect these eruptions, or, at least, only combat them with slowness and precaution. Others, on the contrary, think, with more reason, that this affection ought to be treated, as all others, by appropriate means, and that it only requires this discretion when, having lasted a certain time, it constitutes a sort of morbid habit of the general economy. We must not, however, forget that very numerous facts show the disappearance of pseudo-tineae to be coincident with the development of severe symptoms of the chest, the head, or other important visera.

There are even practitioners, who, to get rid of symptoms of this kind, have successfully had recourse to means calculated to reproduce the cutaneous disease, or to cause the development of this affection in subjects who have presented no previous indications of it. M. Lhomme (cited by Alibert) succeeded in this manner in combating a serious case of chronic enteritis, by causing, by inoculation, a disease of the hairy scalp and forehead, in a subject who was labouring under this dangerous malady.

M. Alibert has related the case of a young girl, treated at the Hôpital St. Louis for a furfuraceous affection of the hairy scalp, which, being cured under the influence of sulphur applications, was succeeded by a pruriginous eruption on the genitals, the urine being loaded with a very thick sediment.

The same author relates the case of another young person, fourteen years of age, who was seized with pains in the stomach, and uterine catarrh, in consequence of the checking, or driving inwards, of a tinea. A woman who had some favous elevations on her forehead, became blind, owing to the application of repercussive remedies. Hippocrates has stated that children who have ulcerations form on the head or in the neighbourhood of the ears, are free from epilepsy (lib. De Sacro Morbo): and, more recently, Avicenna has advanced the same opinion. Moreover, Nature herself is on her guard against the driving inwards of tinea; and in the greater number of cases it is only with difficulty, and by patience and perseverance, that the cure
of favus, and even of some of the pseudo-tineæ, can be effected.

This disease can scarcely give rise to a fatal termination unless by its complications, or by the extension of the external irritation of the head internally, so that we may witness the development of meningitis, encephalitis, or hydrocephalus, succeeding the affection of the hairy scalp. We then find, on opening the body, traces of acute or chronic visceral inflammation, which have caused the patient's death; frequently, too, these subjects present vestiges of a scrofulous diathesis, pulmonary and mesenteric tubercles.

The local mischief consequent on tinea itself, consists in an injection of the reticular tissue of the skin, superficial excoriations, inflammation or destruction of the hair-bulbs; in some very rare cases, inflammation of the pericranium and the bones themselves, which in a few subjects have been found hypertrophied.

M. Alibert has made some chemical researches on the crustaceous concretions of the tineæ, and he has come to the conclusion, that the teigne faveuse (porrigo favosa) is more albuminous than gelatinous; the teigne furfuracea (porrigo furfuracea), more gelatinous than albuminous; and the teigne granulée (impetigo granulata), entirely gelatinous (the two latter, as we have already said, are only pseudo-tineæ).

Generally speaking, favus is a very tenacious affection, and one very difficult to cure; when it is dependant on a general diathesis, it requires much time, care, and perseverance to get rid of it. Very frequently we boast of pretended cures rapidly effected, which ought to be considered those of pseudo-tineæ, and not favus, properly so called.

Sometimes, too, we see subjects who have been cured of this disease in their infancy, by appropriate means, experience recurrences of it in adult, and even in old, age, when debilitating causes, bad diet, wretchedness, and filth, have deteriorated their constitutions.

In many persons suffering from these affections, the development of the body, and the epoch of puberty, are singularly retarded; we have seen individuals, twenty years of age, and upwards, present no sign of puberty: in these cases it is evident, that a radical cure is not to be obtained solely by local means.
VI. Treatment.—According to Lorry, there are two principal indications to fulfil in the treatment of tinea: 1st. to modify the fluids and solids of the animal economy by a general treatment; 2nd. to rigorously attack the local disease by topical applications capable of destroying the crusts; to cause a deep suppuration of the affected skin, and substitute a solid cicatrix in place of the morbid ulceration of the hairy scalp—("Unde a tinea bene curatæ semper sequitur calvities").

Ambrose Paré recommends a different treatment of tinea, till the period of infancy is passed, and the constitution is become strengthened. Up till then he used to confine himself to the application of beet or cabbage leaves to the head: this method is still adopted by many practitioners in the present day (especially in the pseudotineae). Gui de Chauliac, Forestus, and Ambrose Paré were of opinion that the treatment should commence with blood-letting. Eustachius Rudius preferred the application of leeches. Avicenna had for some time previous recommended this practice, and advised the application of leeches in the neighbourhood of the affected part. The same author prescribed in similar cases, opening the veins of the head, and especially the frontal. Most writers afterwards advocate the use of depurative drinks (chicory, dandelion, sebaceous, fumitory, &c.), and purgatives, more or less frequently. Galen prescribed, as an evacuant in these cases, pills composed of aloes, scammony, and colcynth, enveloped in a powder of the bark and root of the black hellebore. If the patient is a very young and unweaned infant, Rhazes recommends the medicines to be exhibited through the system of the nurse.

But it is more particularly the external or local treatment of tinea, which calls for the sagacity of practitioners. The annals of our art present a host of formulæ, recipes, and various compositions, applicable to the topical treatment of this disease. Galen justly remarks, that when the achores are inflamed and painful, we ought to confine ourselves to emollient applications, and he recommends cataplasms made with bran-flower and honey, wheat or barley-flower, mixed with some detersive decoction.

The Arabians have been remarkably prolific in their introduction of topical remedies, and since them they have been diversified in a thousand ways. Thus have been recommended lotions with detersive plants, walnut leaves,
fumitory, white lily, bryony root, pillwort, willow, plantain, myrtle, red roses, alkaline water, lime-water, wine-lees, chalybeate-waters, vinegar, &c.; sprinkling the hairy scalp with various powders, and principally metallic ones, nitre, sulphur, charcoal, chalk, &c.; anointing the head with liniments and ointments, containing sulphur, metallic oxides, litharge, lime, the oxides and salts of mercury, copper, lead, zinc, &c.

It has been always regarded necessary, in tenacious and rebellious tinea, to act deeply upon the scalp, and produce the destruction of the hair-bulbs, when they have appeared severely implicated. Galen employed, in these cases, as epilatories, preparations which he designated by the name of psilothra, having entering into their composition corrosive and caustic substances, as orpiment, arsenic, and quick-lime. The barbarous method of the calotte, which consists in the application to the head (the hairs of which have been previously cut) of adhesive plaisters, which, on being raised, tear up with them portions of the epidermis, and the hair-bulbs, has been generally abandoned in Paris. In place of this cruel process, by which the skin is excoriated, and immense pain produced, the epilatory method of the two Mahons, which has proved extremely successful, has been, in the present day, substituted in the hospitals. This plan consists, first, in cutting the hair within two inches of the scalp; afterwards the falling off of the crusts is provoked by emollient applications, then the skin is cleaned by soap and water. After the employment of these preliminary means, every point affected with the disease is anointed, every other day, with a pommade composed of lard, and an epilatory powder, which is not exactly known, but which, after an analysis made by M. Chevallier, appears to owe its activity to the lime and sub-carbonate of potash which it contains. In fact, this chemist has found in it slack, and nearly carbonated, lime; silica, alumina, and the oxide of iron (probably arising from the lime); some sub-carbonate of potash, and some charcoal. The active ingredients vary in proportion, in the various powders, numbered 1, 2, 3, as the Mahons successively employ them. Besides these ointions, a pinch of epilatory powder should occasionally (once a week, for instance) be sprinkled on the hairy scalp, and on the intermediate days the affected parts should be combed gently with a fine well-oiled comb.
Tinea.

The mean duration of the treatment by this method, is, at least, many months; it has succeeded in some cases, where all the other plans, and even the application of the calotte, had failed. It causes no pain, is attended with no danger, when properly applied, and does not alter the organization of the hairy scalp; and it does not prevent the hairs from growing again, if it is resorted to before any great change has taken place in their bulbs. In other respects it is evident, that it is not more infallible than the other methods, and that occasionally it is unsuccessful.

In short, in the treatment of tinea, as in that of other diseases of the skin, we must first attend to regimen, and inculcate cleanliness; in some cases, a mild and sober regimen, proper attention to hygienic precautions, constant cleansing of the hairy scalp by the comb, and by saponaceous and detersive lotions (after the hair has been cut, and the crusts have fallen off under the influence of emollient applications), suffice, after a more or less lengthened period, to effect a cure, especially of *pseudo-tinea*, which is every day confounded with the true and veritable tinea.

Blood-letting, and leeches, should be resorted to when the local symptoms, or the general constitution, indicate irritation and plethora, which scarcely is the case, except in the former affection. Depurative drinks, and purgatives, as calculated to give rise to a salutary revulsion, and to modify, in a useful manner, the composition of the fluids, are frequently advantageous. In some cases of *favus*, and of *pseudo-tinea* likewise, it may be proper to place an issue in the arm. This means has the double advantage of effecting a powerful derivation, and of furnishing a channel of supplementary discharge, to obviate the symptoms which might result from the suppression of the morbid evacuation from the hairy scalp.

Lastly, we may resort to the employment of active topical remedies, such as sulphur, united with lard, cerate, or the rose ointment. The *iodurets* of sulphur, ammonia and mercury—from a scruple to a drachm in an ounce of some greasy vehicle; afterwards *epilatories* analogous to those used by the two Mahons, or more anciently by Galen, may cause a radical cure.

The formulary of Cadet mentions the following preparations as *epilatories*:
1st.—Epilatory of Plenck.

Quick-lime - - - - 3xii.
Starch - - - - 3x.
Yellow Sulphuret of Arsenic - - 3j.

Mix to a fine powder, which is to be reduced to a thin paste with as much water as is necessary.

This paste is applied on the parts deprived of hair, and as soon as it is dry it should be washed off with water. This application is very active, and ought only to be employed with caution.

2nd.—“Rusma” of the Eastern Nations.

Quick-lime - - - - 3ij.
Sulphuret of Arsenic - - 3iv.
Alkaline Lye - - - - 3hj.

To mix and boil till the liquid is so active that a quill dipped into it and withdrawn, shall be thus deprived of its feathers.

This preparation is applied cold on the part which we wish to deprive of hairs. It is very caustic, and requires still more management and caution than the preceding.

3rd.—Pommaide of the Two Mahons.

Soda of Commerce - - - - 3iij.
Slack-lime - - - - 3ij.
Lard - - - - 3ij.

Much more easy to manage than the epilatories above mentioned, this pommaide is also much less energetic, and for that reason the Mahons employed with it their epilatory powder.

4th.—Pommaide of M. Alibert.

Soda of Alicante, well powdered
Sulphuret of Potash, in powder - 3iij.
Lard - - - - 3iij.

Mix accurately.

After having cut the hair very short, and caused the crusts to fall off by lotions and cataplasms, this resolvent and detersive pommaide is rubbed in upon the head every day, after which it is covered with blotting-paper.

We forbear entering into extensive therapeutic detail, which would necessitate the appreciation of the innumerable quantity of vegetable and mineral substances which have been used alternately in the treatment of tinea. Let it suffice for us to say, that all the medicaments employed in the various diseases of the skin, of which we have given a short enumeration in the general considera-
tions at the head of this work, have been extravagantly extolled in this affection.

As to the pseudo-tineas, on which still rests in the present day a great portion of the success of the most vaunted methods in the treatment of tinea; they generally yield to continued cleanliness and the employment of some topical resolvents, combined with a general suitable medication.

In a case of chronic eczema (porrigo furfuracea) of the hairy scalp, I have seen M. Biett prescribe the following treatment:—

1st. To drink every day, two (afterwards, progressively, three, four, five, and six) spoonfuls of the following mixture:

- Infusion of Scabious - - - ⅛j.
- Nitric Acid - - - ⅓j.
- Syrup of Marsh-Mallow - - - ⅜ij. M.

2nd. To wash the hairy scalp (after having cut or shaved the hair) two or three times a day with the following lotion:

- Sulphuret of Soda - - - ⅜ij.
- Spanish Soap - - - ⅘ss.
- Alcohol - - - ⅝ij.
- Lime-water - - - ⅛j. M.

A young girl, nine years of age, wearing the night-cap of a child affected with favus, was attacked with the same disease, which was thus superadded to a chronic impetigo of the hairy scalp, with which she was previously tainted. She came to seek the advice of the physicians of the Hôpital St. Louis. There was discovered in the occipital region of the right side, near the neck, a circular patch, of the size of a thirty-sous piece, formed by the assemblage of small, dry, yellowish crusts of favus urceolaris; they were strongly adherent, and depressed in little cups, in their centres. The following directions were given:—

1st. To detach the crusts by the repeated application of cataplasm of potatoes;

2nd. To wash the head with bran-water, adding two drachms of the sub-carbonate of potash to every pound;

3rd. To rub the affected part with the following ointment:

- Deuto-ioduret of Mercury - gr. xvij.
- Camphor - - - gr. xij.
- Lard - - - ⅜j. M.

When the favus is accidental or recent, and the subject
is not debilitated, the cure is sometimes very quick and easy to obtain. Thus we have seen a robust adult, whose upper extremities were covered with thickened crusts of this disease, cured in the space of six weeks, by means of alkaline baths and a proper regimen. This subject had been previously affected with it in infancy, and she had remaining on the scalp many bald patches, which attested its former ravages.

But, under opposite circumstances, it is not uncommon to see the most energetic topical applications, such as the ammoniacal ointment of Gendret, the powders and pommandes of the Mahons, the iodide of mercury, the hydriodate of ammonia, the chlorate of sulphur, &c., fail. And it is only when favourable hygienic influences, a general rational treatment, the development of the constitution, and time, are called in to aid the action of specific, that favus, temporarily modified by local remedies, ceases to reproduce itself.

Pustular Syphilide.

There exist two principal species of syphilitic pustules which correspond to the two forms which we have alluded to under the names of phlyzacious and psydracious pustules. The former resemble the pustules of ecthyma, or even those of variola; the latter are much more like those of acne.

Twice we have seen physicians well versed in the study of skin diseases mistake (at the first glance, it is true) the marks of variola for traces of syphilitic pustules, or even more, regard as the commencement of a syphilitic ecthyma the elevations of variola in their primary stage. We must not then think that a superficial glance can suffice to enable even the most practised person to discern in all cases the characters of any eruption. Festina lente is the motto of a wise man. Not always, even the taking together all the information that the patient can furnish, and the attentive examination of all the morbid phenomena which are presented, can satisfy a sound judgment as to the nature of a cutaneous affection, especially when the question to be

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\*\* We have already alluded to the error in diction which gave the name of pustules to all venereal affections of the skin, whether tubercular, papular, or even simply exanthematic: it is useless then here to re-state, that we only designate by the name of pustules, the syphilitic eruptions which have really an elementary pustular form, that is, which are characterized by purulent elevations.\*\*
decided is, whether or not it is venereal, and what is its elementary form. I well know that able practitioners, misled by too much haste and precipitation, have acknowledged their error when a more attentive examination had rectified the opinion pronounced at first. But we have already alluded too much to the vulgar detractors, who find it more advantageous to rail against dermatologists, than to imitate the zeal, the patience, and the assiduity, which the latter bring to the study of one of the most interesting branches of pathology.

In the month of June, 1829, we observed at the Hôpital St. Louis, in the wards of Biett, a well characterized example of the second species of syphilitic pustules, which we have stated to be very analogous to those of the genus acne. The patient was a man 30 years of age and more, who had formerly been frequently attacked with blenorragia, but had never had any other primary symptom; besides he had never undergone mercurial treatment. The first attack experienced by this person was in 1821; it lasted thirteen months: the second was in 1826; it lasted eight months, and was followed by an eruption like the one which had now induced him to enter the hospital. Lastly, the third and most recent one began nine months back, and was accompanied by the syphilitic eruption. This eruption was confined to the inferior extremities; it was composed of small, very numerous, and closely approximated pustules, imperfectly matured, leaving behind them small, copper-coloured, or greyish stains, and sometimes even round cicatrices, white and depressed, very different from the little prominences which sometimes succeed the pustules of acne indurata.

The seat of this eruption should have alone sufficed for its recognition: in fact, as the English physicians have so justly remarked, the eruptions of the genus acne are nearly all exclusively confined to the upper parts of the body. The exceptions which we have pointed out to this general rule could not apply to the example which we have related; for it is unheard of that acne disseminata itself should appear on the legs, and especially when the pustules are numerous, without our meeting with it in the superior regions of the body also.

The following are the distinctive characters of the pustular syphilide, whether it shows itself in the form of phlyzacious pustules (syphilitic ecthyma), or those called psy-
**PUSTULÆ.**

*dracious*, and which present some analogy to the small, pointed, and isolated pustules of the genus *acne*.

In the first case, the pustules, generally more voluminous than those of *ecthyma vulgare*, are frequently situated on the face, sometimes on the limbs, sometimes also on the trunk; they slowly and imperfectly mature, are covered with thickened brownish crusts, under which ulcerations often form, which leave behind them round, white, and depressed cicatrices. This variety of pustular syphilide is very rare, if it is not quite among the newly created ones.

In the second case, which is much more common, the pustules are numerous and approximated, very frequently extending over the whole tegumentary surface (except the face and the forehead, where they are extremely rare), sometimes confined to the trunk or limbs; they ripen imperfectly, quickly dry up without leaving any sensible crust, leaving behind them livid, copper-coloured, or greyish marks, which last a very long time; or even small superficial cicatrices, round, and of a whitish colour.

These two forms are recognized by the slow progress of the eruption, its persistence, the *coppery* discoloration which accompanies and follows it, by the accompanying phenomena, attesting the presence of the syphilitic virus, such as pains in the bones, iritis, ulcerations of the velum palati, tubercles of the anus, &c. The *phlyzacious* eruption is generally indicative of a greater and longer-standing deterioration of the economy; the *psydracious* one may coincide with robust health and a recent syphilis. Nevertheless, both ought to be reckoned in the number of consecutive symptoms. As we have already said, it is an error that primary syphilis may assume the *vesicular* or *pustular* form; even more, this latter, after the *vesicular syphilide*, is the least common of the cutaneous syphilitic eruptions. It was then wrong to seize upon the word *pustules* as the generic term of the *syphilides*. The pustular syphilide, however, *with large pustules*, is not very uncommon in children who are born with the infection, but it is then very evident that it is the indication of a constitutional affection (vide my *Manuel des Maladies Vénériennes*).

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1 The inoculation of the venereal virus by the lancet is followed by the development of a pustule generally of a large size, which ought to be attributed to this species. To the pustule itself succeeds a round ulcer which has all the characters of a venereal chancre.
ORDER V.

Papulae. (2. Prurigo, Lichen.)

This order only comprises two diseases, *prurigo* and *lichen*; the genus *strophulus* a, described separately by Bateman, ought evidently to be regarded as a particular variety of lichen.

**Prurigo.**

I. *Mercurialis*, a writer of the sixteenth century, justly remarked, before entering upon the history of *pruritus* or *prurigo*, that itching (*pruritus*) is a phenomenon which accompanies many cutaneous affections, especially the *scabies* of the Latins, and the *lichen* and *ψόρα* of the Greeks; but he adds that *pruritus*, properly so called, *κνυσμός* or *κυσμός* of the Greeks, *ξυσμός* of Hippocrates, constitutes a distinct affection, and which differs from the other cutaneous diseases, accompanied by itching, in that in the latter there always exists some prominence on the surface of the integuments, some tumour or excoriation, whilst in pruritus this is never met with. The skin preserves nearly its natural colour; at most it appears invested with slight asperities, without even swelling, excoriation, or exhalation; for he still says, as *Avicenna* has remarked, in *pruritus* there is nothing detached from the skin, except perhaps some small furfuraceous particles scratched off by the nails. *Avenzoar*, who, in that, had imitated *Paulus*

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*a* "I have established the genus *Strophulus* of Bateman in the order of Papules. It is characterized by small pruriginous elevations, which seem to constitute a sort of eruption intermediate between Exanthemata and Papulæ, and to participate at times of the characters of *Urticaria*, and those of *Lichen*, or *Prurigo*. This malady, almost as common in the children of the higher orders as prurigo in those of the poorer, is nearly always remittent or intermittent in its march, and lasts in some lymphatic or lymphatico-sanguineous infants from the period of suckling or weaning till the age of nine or ten."—*Manuscript Letter from M. Gibert.*
Ægineta and Galen, is of the same opinion as Avicenna, and says that scabies (which he also designates by the name of vesiculee, so that we might suspect this author of having recognized the vesicular elementary form of the itch) is produced by a thickened and viscous fluid, whilst pruritus is due to a much thinner fluid. Avicenna (copied by all the Arabian authors) also distinguishes pruritus from scabies, and has been careful in noting that in the former there are no vesicular or pustular elevations as in the latter.

This passage from Mercurialis seems to prove that prurigo was known to the ancients. Nevertheless, up to the close of the last century, there existed so much obscurity and confusion in the classification and nomenclature of diseases of the skin, that prurigo was not always properly distinguished from other eruptions with which it might present some analogy, such as lichen, scabies, &c.

Willan, who has given to pruritus of the ancients the name of prurigo, under which this disease is generally known in the present day, has completely done away with this confusion, by giving precision to the elementary form and particular characters of this affection. M. Alibert, in France, had already applied himself to distinguishing it from the itch, with which it was generally confounded at the commencement of this century (notwithstanding the distinctions previously established by authors), and with which even many physicians, little versed in the practical knowledge of cutaneous maladies, still frequently confounded it in the present day.

To avoid a similar error, it is sufficient to give a definition of prurigo which comprises its elementary form and principal characters, very different from those of the itch. It is a cutaneous non-contagious disease, characterized by small papules, (a little larger, however, than those of lichen), without changing the colour of the skin, most frequently confined to the dorsal aspect of the limbs and trunk (side of extension), and which are accompanied by a, frequently, intolerable itching, so that we may add to the other characters of the disease, one purely accidental, but which is nearly always present—small dark crusts of concreted blood formed on the summit of the papules, excoriated by the patient's nails. M. Alibert has ranged this eruption in the group of Dermatoses scabieuses: which comprises two genera, the psoride papuleuse or prurigo, and the psoride vésiculeuse or scabies.
II. Hippocrates has very justly remarked that it is in the two extremes of life, infancy and old age, that pruritus is especially observed. Paulus Ægineta and Avicenna regarded this affection as incurable in old people, and thought that at this age it was not susceptible of palliatives. Galen remarked, with reason, that a bad regimen has frequently an influence in its production.

Although it has been remarked, as regards prurigo, as well as most other cutaneous affections, that wretchedness, want of cleanliness, bad nourishment, stimulating regimen, &c., generally favour the development of the disease, nevertheless it is not uncommon to meet with it under circumstances where no evident cause can be attributed. It has been frequently seen to develop itself under the influence of a moral emotion; it is, as we have said, more frequent in infancy and old age than at any other period of life; in the lower than in the better classes of society; in women who have arrived at the critical period, than in those of a less advanced age; it more particularly breaks out during hot and variable seasons; but it may exist at all ages, in both sexes, in any season, and in every condition of life. It is not contagious.

III. Small pruriginous pupules, with little or no change in the colour of the skin, prominent on the surface of the body, and appreciable to sight and touch, manifest themselves on the shoulders, the external and dorsal aspect of the superior extremities, the neck, &c. In some cases, when the disease is inveterate, they spread over nearly the whole extent of the integuments. These papules, discrete and isolated, at one time small and slightly prominent, accompanied by moderate itching; at another, larger, more prominent (but always of a flattened form), with most intolerable itching, especially towards evening and night, and which compels some people to rub themselves with hard brushes, to scratch themselves with their nails, and to tear the skin with combs, so as to cover it with blood, frequently present, as we have said, a small, darkish, sanguineous concretion on their summit, when they have been excoriated in the manner above alluded to. When the disease is mild and accidental, it may terminate in two or three weeks; the papules become effaced without leaving any traces of their

o That is to say, small, dry, and solid elevations.
existence, at most being accompanied in their resolution by a very slight furfuraceous desquamation. But in many cases, when the disease is very intense, it is most inveterate, and is prolonged for many months, years, and even for an indefinite period. Then the papules are hard, large, prominent, and accompanied by a marked thickening of the skin; from time to time fresh ones show themselves, and exacerbations, more or less intense, take place; it is in these cases especially, that we may see the eruptions of eczema, impetigo, and ecthyma, accidentally supervene, and even furuncles and abscesses in the sub-cutaneous cellular tissue, complications which are caused by the intensity of the irritation of which the integuments are the seat.

IV. Varieties.—Bateman describes many varieties of prurigo, which present, in fact, some particularities to notice. The principal are prurigo mitis, prurigo formicans, prurigo senilis and pedicularis, and partial prurigo.

1st. Prurigo mitis is characterized by small, discrete, and slightly prominent papules, accompanied by an itching more or less troublesome, but in general moderate and temporary. It shows itself, particularly in the spring and summer, in young subjects with fine and delicate skins, and may then constitute merely a slight and transient affection.

2nd. Prurigo formicans, on the contrary, thus named on account of the pricking or stinging sensation which accompanies it, usually attacks adults and old people, and manifests itself by larger and more prominent papules, which excite an intense, and sometimes intolerable, itching. It is this variety especially which is very liable to recur or to perpetuate itself, and which generally presents a tenacity not observed in the preceding one.

3rd. Prurigo senilis frequently puts on this form, and then it embitters the rest of existence. It is accompanied in many old persons by the presence of insects, commonly of the genus pediculus, which are multiplied and reproduced with extreme facility; in this state it is frequently incurable, and it always constitutes an affection very difficult to treat.

Probably it is not impossible that in some cases prurigo pedicularis has been mistaken for the itch, and the insect of the former eruption described under the name of acarus scabiei. Dr. J. N. Pellieux of Beaugency, more versed than myself in the researches of
In the *Gazette Médicale* of May 12, 1838, we read the following:—

"Morbus Pedicularis.—At the sitting of January 15, Mr. Bryant related to the Medico-Chirurgical Society of London a remarkable case of the pedicular disease, which was then in Guy’s Hospital. The subject of this terrible malady is a woman 30 years of age, formerly a governess. The whole surface of her body is constantly covered with lice; the irritation which she experiences from them is so great that she tears up her skin by the force with which she scratches herself, and many parts are consequently covered with crusts, as in prurigo. On her admission into the hospital she was stripped of all her clothes, and placed in a hot bath; every precaution was taken to completely cleanse her of the insects, but two hours afterwards her body was again completely covered with them, notwithstanding she had been placed in a perfectly clean bed; useless attempts were made to cleanse her afresh, the vermin reappeared in a few minutes after; every remedy employed has been to no effect. We have not been able to discover any nidus on the surface of the body containing the eggs of these insects.

This communication gave rise to some observations on the part of other members of the Society.—Mr. Whiting had never heard that insects could be born and matured in the space of two hours, as had been stated in the preceding case. He was of opinion that there was something very obscure about this subject; for he had never met with an example of insects covering the human body which could not be completely destroyed by means of fomentations, with a mixture of turpentine and tobacco infusion, in proper proportions. Moreover, Mr. Whiting regarded the generation of the insects in question as depending, in a great measure, on a particular state of the constitution; at least, this has been proved in animals; for it is really the poor and lean who are generally infected with them, the fat and healthy being exempt. Mr. Dendy considered the disease to be a most formidable one. He reminded them that one of the kings

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natural history, and in microscopic observations, has recently informed me that he has met all the characters assigned by M. H. Cloquet to the *acarus scabiei* (*Dict. de Méd.* in 21 vols., 1st edit.) in insects collected from the integuments of a subject evidently affected with *prurigo pedicularis*, and who presented no indication of the itch.
of England fell a victim to it, as also one of the late royal duchesses. Every means had been essayed, and without success, in the latter case. Many remedies were alluded to by various members, as calculated to destroy the insects which might frequently be found on the pubes. Mr. Bryant remembered the case of a young man who was destroyed by washing himself in a strong decoction of tobacco which had been made him for that purpose. Mr. Linacre assured them that lotions with a strong solution of soda had been with him perfectly successful, without the least danger to the patient."

4th. Partial prurigo, confounded by some authors with intertrigo and other papular or vesicular eruptions, has its seat on the genitals of one or other sex; but although related to prurigo, these pruriginous affections do not always present the papules which constitute the elementary and characteristic form of the disease; in some cases there is no other apparent symptom than itching and the accidental consequences which it involves; it is only by analogy (in other respects well grounded) that these affections have been blended together under the names of prurigo podicis, pudendi muliebris, scroti, prepuiti. As M. Rayer has justly remarked, the learned Lorry has given a very graphic picture of the torture which the pruriginous affections of the genitals give rise to, which he has incorrectly attributed to intertrigo. This latter disease, as we have before said, is merely a variety of erythema, and can scarcely cause the symptoms mentioned by Lorry.

The following is the translation of a Latin passage which we extract from his Tractatus de Morbis Cutaneis, in 4to. p. 49:

"This affection particularly attacks adults and those who have passed the age of puberty, individuals who, endowed with a very decided venereal appetite, live in continence and chastity. Women are also sometimes afflicted with it, but at a more advanced age. At first the disease presents itself under a very mild aspect, and merely causes a slight itching; but afterwards, both in males and females, there arises a most incredible desire for venereal pleasures. It is in vain that morality and shame resist this desire; the hand is involuntarily carried towards the irritated parts, rubbing is added to the itching,—et animus ipse in partem operis venit cum artuum tremore et palpitatione. There are some hours of remission, during which the patients enjoy
slight tranquillity, but the torture recurs by fits, which especially manifest themselves towards night. The familiar intercourse which exists between persons of a different sex contributes greatly to keep up these paroxysms. Wine, spices, coffee, and spirits, increase the symptoms so much, that I have even known men who only suffered from them after the provocation of a cause of this nature: thus instructed by experience, they carefully avoided the use of stimulants. As the malady progresses the parts where it is situated become covered with yellowish spots; the scrotum thickens and has a roughness; it undergoes a remarkable retraction during the paroxysm; nearly the same takes place with the labia pudendi in women. The frequency of the erections reacts sur le moral, exciting passionate images. The parts do not present precisely the lichenoid eruption, but the epidermis is rough, and there is an odoriferous oozing which does not stain the linen, nor adhere to the fingers, but renders the skin unctuous to the touch. As the malady increases the itching becomes more and more insupportable, the paroxysms are redoubled in force and frequency, so much so that the patient, losing all restraint, could not help scratching himself, even in the presence of a king! Frequently, even in the interval of the paroxysms, the skin is the seat of painful lancinations, as though it were traversed by hot needles, and this dreadful sensation calls forth the patient's cries. It is cracked, shrivelled, and fissured; it is galled by the patient's nails; the least rubbing causes the exhalation of an odoriferous fluid, and the venereal excitability continues."

Prurigo podicis usually attacks sedentary persons, old people, and women who have passed the critical period; it frequently extends, in the male, to the scrotum; is exasperated under the influence of a stimulating regimen, and gives rise to intolerable itching; in many cases it is very rebellious and obstinate.

It is the same with prurigo scroti, in which the skin of that part sometimes becomes thickened, brownish, and rough, and causing in certain cases so violent an itching that quiet and sleep are impossible.

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M. Biett saw an elderly dame affected with prurigo pudendi who was seized with a sort of hysterical attack every time a young man approached her.
Prurigo of the vulva is very frequently accompanied by leucorrhœa, and sometimes even a chronic inflammation of the genitals; it often becomes a cause of onanism, and even nymphomania. "M. Biett witnessed it in a woman 60 years of age; he examined the genitals with a lens, but never discovered anything. This woman, however, was frequently addicted to self-pollution; the disease at first commenced with itching; this increased and assumed the character of nymphomania: the patient fainted away at the sight of young men."—(Cazenave and Schedel).

Prurigo of the genitals, in both sexes, very frequently co-exists with prurigo podicis; and is met with under the same circumstances as the latter. It may be accidentally produced by the rubbing caused by walking, or by woollen clothes, and is commonly then of only short duration. When it is spontaneous it is always a very difficult affection to cure.

V. We shall speak further on of the differences which exist between another papular eruption (lichen). Two of the vesicular affections may present some marks of a strong resemblance to prurigo—these are eczema and scabies. The first can scarcely present any analogy, except in cases where the prurigo is partial, and occupies the anus and organs of generation: besides the violence of the itching, the absence of vesicles, a much less marked desquamation, &c., ought to be sufficient, in most cases, to establish a diagnosis. But it is more particularly scabies that it is important to distinguish with care, and by means of decided characters, from prurigo, since, as we have already said, these two diseases have been frequently confounded together by practitioners.

The principal differences consist in the elementary vesicular form of the one and the papular of the other, the special seat of the former on the wrists, between the fingers, in the articular folds, and on the internal surface of the limbs; that of the latter on the shoulders, the neck, and the dorsal and external surface of the limbs; the existence of numerous, small, dark points, formed by the concretion of blood on the papules excoriated by the nails; the contagious and accidental nature of the itch, the non-contagious and frequently constitutional nature of prurigo.

Prurigo is often a serious disease, from the torture which it causes, and the obstinate resistance which it opposes to curative means; the facility with which it is
reproduced—especially the forms *formicans*, *senilis*, and partial, make both the patient and physician to despair. It does not involve any direct danger to the general health, but it has often driven the individual afflicted with it to suicide.

VI. TREATMENT.—The basis of the treatment rests upon the following considerations, which direct the physician in the choice of the very various remedies, which have been recommended by various authors in this—sometimes so frightful—disease: the age and state of the subject, the state of the skin, the phenomena of the malady, the form under which it presents itself, and the situation which it occupies.

Thus, when the constitution is good, the skin fine or irritable, so that the disease presents a certain acuteness, we at once have recourse to antiphlogistic treatment; general blood-letting, local, when the affection is partial (and especially when it is situated in the vulva), diluent, relaxing, and slightly acidulated drinks, warm baths, lotions, or cold applications, &c., are extremely applicable at the commencement of the treatment.

When the disease resists these primary means; when the subject is of a more advanced age, less irritable, enfeebled by wretchedness or bad diet; when the skin is thickened and rough, and there is no inflammation about it,—then we have recourse to internal derivatives, tonics, depuratives, and to more or less active topical applications.

Thus, purgatives, calomel, sulphur combined with magnesia, drinks acidulated by the addition of muriatic acid, or rendered alkaline by that of the sub-carbonates of soda and potash, or laxative by neutral or acidulated salts; bitter mixtures—the hop, the dock, gentian, even the antiscorbutic wine, ferruginous waters; and externally, alkaline baths, pure or tempered by the addition of gelatine, saponaceous lotions, unctions with pommades, containing certain special excitants which enjoy a well-ascertained efficacy in pruriginous affections (as, for example, those where camphor and laudanum are combined with a recipient which has incorporated with it sulphur, sub-carbonate of potash, lime, &c.), are employed with advantage.

But, between these two well-marked cases, there are numberless degrees, varieties, forms, and even idiosyncracies, which necessitate modifications in the treatment, which an experienced practitioner promptly seizes, but
which require a certain feeling about, as it were, on the part of the novice: moreover, these modifications could not be very easily detailed in a theoretical treatise. We will confine ourselves, then, to briefly pointing out the therapeutic means recommended by various authors in the principal varieties of prurigo.

1st. Prurigo mitis.—Bateman: Warm baths, lotions with hot water; afterwards, internally, sulphur combined with soda or nitre; later still, the mineral acids; constant cleanliness.

2d. Prurigo formicans.—Bateman: A regimen adapted to the state of the digestive organs, to the constitution of the subject, to the habits which have appeared to cause, or appear to keep up, the prurigo; milk and whey. Internally, sulphur, with the carbonate of soda (when the constitution is enfeebled), decoction of sarsaparilla, and bark. Sometimes chlorine in drachm doses, increased up to three, in a suitable vehicle, has caused the eruption and the itching to disappear. The same author recommends abstinence from violent and repeated purgatives, antimonial and mercurial preparations, as also from active sudorifics. Externally, lotions of hot water, sulphur baths, sea baths, lotions with diluted liquor ammoniae acetatis, are the means which he recommends; he has but little confidence in ointments made with sulphur, hellebore, mercury, zinc, and lime-water.

(P. mitis et formicans.)—Rayer: Blood-letting, warm, alkaline, and alkalo-gelatinous baths, diluent drinks, milk, and a mild regimen. The author has no faith in any other means.—Cazenave and Schedel: In the most simple cases, barley-water to drink, with two drachms of sub-carbonate of potash to a pint; warm baths. Afterwards sulphur, with one-fourth of sub-carbonate of soda or potash. In the more severe cases, drinks acidulated with nitric or sulphuric acid (3j. to a pint). A succulent or fruity regimen when the constitution is deteriorated; when the digestive organs are impaired, a milk diet. No stimulant applications, if the skin is fine and irritable: if, on the contrary, it is coarse and dry, saline and alkaline lotions, alkaline and vapour baths alternately, and sea baths; towards the decline of the malady, lotions, with a pint of water, containing 5ij. of the sulphuret of potash, and 5j. of the sub-carbonate. Opiates internally in violent exacerbations. To children, sublimed sulphur, and calcined magnesia,
3iv. to 8 powders; simple or emollient baths, afterwards rendered alkaline by the addition of one, two, three, and four ounces of the sub-carbonate of potash. These authors think there is little efficacy in blood-letting, recommended by Rayer.

3rd. Prurigo senilis et pedicularis.—Bateman: A hot bath (it produces an efficacious, but temporary relief). Sulphureous waters, externally and internally; a hot sea-water bath; sometimes corrosive sublimate lotions, and those of the liquor ammoniae acetatis; unctions, with the oil of turpentine, diluted in the oil of almonds, to destroy the insects, when the skin is not excoriated; or lotions, with corrosive sublimate, two grains to an ounce, in an aqueous or weak spirituous solution; but it is generally necessary to begin with a much smaller proportion.—Cazenave and Schedel: Sulphur baths, cinnabar fumigations. Internally, eau de Passy, bitter wines, succulent dishes, cleanliness.

4th. Partial prurigo.—Bateman: Hot or cold lotions, with the preparations of lead, zinc, and lime-water (they are generally of but little efficacy); lotions with vinegar, or the acetate of ammonia (they afford temporary relief); unctions with mercurial ointments, and especially with the diluted nitrate of mercury (they prove very useful). Internally, small doses of calomel; vegetable and mineral tonics in old and enfeebled persons. Temperance; for, in the case of prurigo podicis, a stimulating kind of life always aggravates the disease. In prurigo pudendi muliebris, saturnine and saline lotions, lime-water alone or with calomel, vinegar, oily liniments, with soda or potash, and especially a solution of corrosive sublimate in lime-water (two grains to the ounce); always after the irritation and excoriations have been sufficiently palliated.

Rayer (Prurigo podicis). Emollient cataplasms fresh or cold, suppositories of cocoa-nut butter, opiate lavements. Gelatino-sulphureous douches, unctions with the weak nitrate of mercury ointment, lotions with diluted acetic acid.—(Prurigo scroti). Idem.—(Prurigo pudendi). Bleeding from the feet, leeches to the vulva; lavements and douches, with fresh water, charged with emollient and narcotic juices; afterwards with gelatino-sulphureous douches. In the nocturnal exacerbations, linen, soaked in very cold water, to the genitals.

Cazenave and Schedel.—Leeches to the neighbour-
PAPULÆ.

hood, emollient lotions at first, afterwards cold, frequently alkaline, sometimes opiate; cold local baths; alkaline or sulphureous baths. Sulphur fumigations, partial cinnabar fumigations. (These latter are administered at the Hôpital St. Louis, in a particular apparatus, which is very convenient.)

We will terminate this therapeutic extract by publishing some of the formulæ which we have employed with the external patients at the Hôpital St. Louis:

A. For a child.
1st. To take, every day, six sulphur lozenges.
2nd. To rub the affected parts with the following pommade:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
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<tr>
<td>Slack-lime</td>
<td>3ij.</td>
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<tr>
<td>Sub-carbonate of Soda</td>
<td>3ss.</td>
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<tr>
<td>Laudanum</td>
<td>3ss.</td>
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<tr>
<td>Lard</td>
<td>3j. M.</td>
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</table>

3rd. To take three alkaline baths a week.

B. For an adult woman.
1st. To drink, every day, three glasses of the sulphureous waters of Enghien.
2nd. To take the following purge once a week:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Castor Oil</td>
<td>3j.</td>
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<tr>
<td>Rhubarb Syrup</td>
<td>3j. M.</td>
</tr>
</tbody>
</table>

3rd. To rub the affected parts with the alkaline opiate pommade of the Hôpital St. Louis. (See further on.)

4th. Three alkaline baths a week.

5th. To consume plenty of aqueous vegetables—such as spinnage, succory, lettuce, &c.

C. Topical applications used in prurigo.
1st. The anti-pruriginous pommade of M. Alibert.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lard</td>
<td>3ij.</td>
</tr>
<tr>
<td>Flowers of Zinc</td>
<td>3j.</td>
</tr>
<tr>
<td>Sulphur Flowers</td>
<td>3ss.</td>
</tr>
<tr>
<td>Laudanum</td>
<td>3ss.</td>
</tr>
<tr>
<td>Oil of Sweet Almonds</td>
<td>3j. M.</td>
</tr>
</tbody>
</table>

2nd. Pommade for a rebellious prurigo of the hand. (M. Biett.)

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinnabar</td>
<td>3ij.</td>
</tr>
<tr>
<td>Sublimed Sulphur</td>
<td>3ss.</td>
</tr>
<tr>
<td>Laudanum</td>
<td>3ij.</td>
</tr>
<tr>
<td>Lard</td>
<td>3v. M.</td>
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</tbody>
</table>

3rd. Another topical medication.
A. To wash every morning, in water well charged with soap.

B. Unctions every evening, with the following pomade:

- Root of white powdered Hellebore - 3ss.
- Hydrochlorate of Ammonia - 3ij.
- Lard - 3ijj. M.

4th. A common pommade in pruriginous affections of the genitals, in the female:

- Lard - - - -
- Jubarb juice - - - áá partes equales.
- Oil of St. John's-wort - - -
- Lime-water - - - M.

Most of these astringent, resolvent, and narcotic ointments may be employed in many other cases than prurigo: thus, in lichen, eczema, and even pityriasis, we may have recourse to them with success.

As to prurigo in particular, all these means can have only an ephemeral success, if the affection is constitutional. Thus, for many years, I have been able to present to my class, as an example of general and inveterate prurigo, a young boy, who unsuccessfully used most of the therapeutic means which we have pointed out. He ended by completely renouncing their employment, and his state is only notably ameliorated by the advantageous changes which have been made in his regimen and habits. Now that his constitution, impoverished and reduced by wretchedness, filth, bad diet, and by residing in a locality moist and deprived of the sun's influence, is strengthened under the influence of a totally opposite mode of living, he is evidently in the way of improvement.

A woman, who was under my care for a very long time, and in whom prurigo came on with the approach of the critical periods, only exchanged the inconvenience which the cutaneous malady caused her, for the more troublesome one of a rheumatismal affection, with a particular chronic irritation of the mucous membranes.

In later years, prurigo has been the torment of a great number of celebrated personages, amongst whom Professor Alibert cites Platon, the Emperor Charles V., King Charles IX.; more recently, the Abbé Morellet, &c. This latter, 80 years of age, compelled to leave his bed many times at night to sponge his back and chest with vinegar and water,
wrote to M. Alibert: "Je suis sur le gril de Saint Laurent;" whilst a soldier, affected with the same disease, borrowing a simile wherewith to describe his sufferings, more in harmony with his warlike habits, said to the same author: "Il me semble que je suis sans cesse piqué par des hallebardes."

**Lichen.**

1. "Vulgatum est apud antiquos lichenum nomen. Λειχήν dicitur από τοῦ λειχω λαμβο, quod cete mem exteriorem quasi lambat atque lingat, intacti interiori ejusdem substantiâ, sed lichenum qui arboribus innascuntur more, cortici insident; unde etiam lichen apud rei agrarie scriptores habetur pro morbo in ficius et oleis arboribus maxime notabili." (Lorry.)

"Barbari multi appellârunt hunc morbum serpiginem. Sunt lichenes asperitates quoedam cutis, et veluti tumores cùm pruritu multi, ex quibus materia emanat. (Galen, Lib. De Dejin. Medic.) The Greeks and Arabians have established two kinds—the one mild, benignum et mite; the other fierce, ferum, αγριαν." (Mercurialis.)

"The original acceptation of the word lichen is not distinctly ascertained from the writings of Hippocrates, and therefore it has been variously interpreted by succeeding writers. The majority have deemed it synonymous with the impetigo of the Latins; but, as Foes, De Gorter, and other able commentators, have remarked, the impetigo described by the highest Roman authority, Celsus, is a very different disease, whilst the pimple (papula) of the same author seems to accord more accurately with the lichen of Hippocrates. This is why Dr. Willan determined to give

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* Hippocrates classes the λειχήνες with prurigo, psora, lepra, and alphos, without particularising their characteristic forms. Vide his Προμήθικον, lib. ii.; and his work, Περί Πάθων; in which he considers them as blemishes, rather than diseases. It would seem, indeed, that the Greek writers, after him, looked upon the prurigo, lichen, psora, and lepra, as progressive degrees of the same affection: the first being a simple itching; the second, itching combined with roughness of the skin; the third, itching combined with branny exfoliations; and the fourth, itching with actual scales. (Bateman.)

* Vide Fœs. Οἰκον. Hipp.; De Gorter, Medicina Hipp., Aph. xx., lib. iii. The latter makes the following remark relative to this aphorism: "In hoc loco, Hippocrates per leichenas intelligit talēm cutis fœdationem, in quâ summa cutis pustulis siccis admodum prurientibus
the name of lichen to a *papular* affection (accompanied by particular characters)." (Bateman.)

Lorry, on the contrary, who has devoted a particular chapter to *papules* (where may be found, as in that on the diseases called *scabious*, the principal features of our *lichen*, *prurigo*, and even some of the *exanthematic* affections)—Lorry, I say, regarded the word lichen as synonymous with the vulgar term *dartre farineuse*; and thus he made it a furfuraceous or *squamous* affection.

But Willan, in giving precision to the elementary and characteristic form of the disease designated by the name of *lichen*, and thus attaching to this word a rigorous sense, gave a very imperfect definition of the malady. To M. Biett we are indebted for having simplified and cleared up its history.

We must henceforth apply the name of *lichen* to a cutaneous affection, sometimes acute, but much more frequently chronic, non-contagious, characterized by small, full, and solid elevations (*papules*), but little different from the natural colour of the skin, slightly red, nearly always agglomerated, accompanied by itching, giving rise, at a certain period, to a slight desquamation, or even, in one of the forms of the disease (*lichen agrivus* of the ancients, a sort of *dartre squameuse* of M. Alibert), to inflamed erosions, which become covered with slight concretions, in some way intermediate between squamae and crusts.

II. *Lichen* recognizes nearly the same causes as the other special diseases of the skin, and shows itself in many cases where we know not to what circumstance to attribute its origin; it may attack all ages, and both sexes. Bateman says that it sometimes appears in individuals subject to violent headaches and pains in the stomach: he adds that, in cases of this kind, the eruption generally forms a sort of crisis, which immediately affords relief to the persons suffering from these inconveniences. The same author says that lichen simplex is liable to reproduce itself every summer, in some individuals of an irritable constitution. But it is not uncommon to see the contrary take

exasperatur. Sed quia humor totus ferè volatilis est, non relinquit squamas ut lepra, neque furfures ut psora, sed siceam et asperam pustulosam cutem." We must notice that the word *pustula* then signified any elevation of the cuticle; and, therefore, *pustulæ siccae*, are *papulae*. (Bateman.)
place; that is to say, the affection reproduced or exasperated in winter. Certain external and local circumstances very frequently give rise to the development of this papular eruption in certain parts. It is thus that the mason's, grocer's, and bootmaker's itch, in certain subjects with fine and delicate skins, from the use of sulphur baths, may cause an eruption which has the lichenoid form, and which is the consequence of irritating frictions made in some individuals, the papules of lichen succeeding to the vesicles of scabies.

III. The English authors have regarded as a very common circumstance, that the eruption of lichen was preceded by a febrile disturbance, and accompanied by an internal derangement; most frequently, on the contrary, lichen, as the other special diseases of the skin, is exempt from all indication of disturbance of the general health; M. Biett also objects to that part of Willan's definition, which ranks among the distinctive characters of the malady, an internal morbid state.

This affection manifests itself by an eruption of very small rose-coloured papules, in acute lichen; red and inflamed in lichen agrius; often but little different from the colour of the skin in ordinary lichen. These papules show themselves on the face, the neck, the limbs, and especially the superior extremities, in the direction of extension, or on their posterior surfaces. Very frequently they are confined to the hands, in the occupations where those parts are exposed to the daily action of stimulating causes (in shoemakers, grocers, blacksmiths, &c.); in general, they occupy only very limited regions of the skin. These small papules, agglomerated and not distinct and isolated as those of prurigo, may spread themselves over the whole body, so that in the acute state, for example, the eruption may, in a few days, attack the whole integuments; but, much more frequently, especially in the chronic state, there is only one part affected, as the dorsal aspect of the hands, the superior extremities, the face, the neck, the insteps, &c. When the disease assumes the acute form, and especially when it accidentally happens in an individual who is not subject to it, the papules are resolved, and disappear in one or two weeks (and sometimes in a much shorter time); they give rise to a slight furfuraceous desquamation, which is established in proportion as the discolouration of the skin is effaced. A smarting or an itching, more or less incon-
venient, accompanies the eruption. But a succession of eruptions may prolong it for many weeks, and when it is chronic the papules last a very long time; the skin remains uneven, with small prominences; exacerbations and fresh eruptions take place from time to time, so that the disease may thus prolong itself for months and years. In some cases, the papules then inflame and excoriate, and exhale a viscid fluid, which is concreted in small, very adherent, crustaceous squamae. In general, when a part of the skin has been for a long time the seat of a chronic lichen, the integuments become thickened, coarse, and rough, present an exfoliating surface, and a consecutive characteristic alteration, which is not the case after eczema, with which unpractised persons might, in some cases, at first sight, confound lichen *agrius*. But, to give a more precise idea of this disease, it is important to mention its principal varieties, which are three in number: lichen *simplex*, lichen *agrius*, lichen *strophulus*; to which we may also add the varieties which relate to the form, the aspect, and seat of the eruption.

Thus, when the papules develope themselves on the points of the skin, traversed by the hairs (a circumstance which renders the prognosis less favourable, inasmuch as the disease then appears more tenacious, and the hair-bulb itself is sometimes affected), this variety receives the name of lichen *pilaris*. When the papules are disposed in circumscribed and isolated groups, of an irregularly circular form (a variety which is especially observed on the dorsal aspect of the hand, on the fore-arm, and on the hams), the lichen is called *circumscriptus*. Willan has given the name of lichen *lividus*, to a variety characterized by an obscure, red, or livid colour of the papules, which, in this case, are especially situated on the inferior extremities. M. Biett, after having first professed that in creating this variety the English author was thinking of the papular syphilide, which, in fact, very frequently presents a livid tint, has since recognized, that the lichen *lividus* was a real well-marked form. We ourselves saw a very remarkable case of it in the year 1835. The eruption—a thing well worthy of notice—was situated on the superior extremities. The subject was an adult, and presented on the dorsal aspect of the hands and wrists, numerous and very large papules, of a livid and darkish colour, analogous to that of spots of purpura. These papules were only very
slightly pruriginous. They were intermixed with some vesicles having also a darkish tint.

In some subjects, and particularly in children and young men (especially during the hottest months of the year), we may observe on the face, the neck, and sometimes the limbs, the variety called *lichen urticatus*, because the papules, large, prominent, white, or surrounded by a small rose-coloured areola, very much resemble the elevations of *urticaria*, and are sometimes, like them, fugaceous. This analogy is sufficiently great to explain how Lorry thought that he ought to comprise in the chapter which he has devoted to Papulæ, the species of accidental urticaria which is caused in certain subjects by the ingestion of muscles; the erythematous elevations of the same kind caused in certain individuals with fine and delicate skins by the bites or pricks of a number of insects; and lastly, urticaria, properly so called, described by us in the order of exanthemata.

*Lichen agrius* (*acypos, ferus*), is the most severe form of this disease; it is characterized by groups of red and inflamed papules, blended in a great number, accompanied by an intense itching, frequently torn by the patient’s nails, or which become excoriated at their summit, and exhale a fluid, which dries up in small crustaceous concretions, from whence it has sometimes an appearance analogous to that of *impetigo*, or *eczema*, passed into the squamous state.

*Lichen agrius* may have an acute march, and then, at the end of from one to two weeks (sometimes much less), the excoriations dry up, the discharge ceases, a simple furfuraceous desquamation is established, the redness is effaced, and the skin more or less speedily resumes its natural state. But frequently it is prolonged for many weeks, or has even quite a chronic march; the skin remains rough and uneven, with small pointed papules: it becomes thickened, it exfoliates, and thus presents traces of the disease for many months, which, moreover, is liable to recur.

We have many times had occasion to observe this variety in individuals exercising some of the manual trades which we have above alluded to, in which a daily stimulation keeps up and aggravates the cutaneous malady. We then see, on the back of the hand or fingers, on the dorsal aspect of the wrist, and on the fore-arms, one
or many groups of inflamed and weeping papules, with redness, hardness, and a cracked state of the skin. These groups have sometimes a regular form (as in the variety called lichen circumscriptus) and a variable extent, from the size of a franc to a five-franc piece; generally, then, they are few in number, sometimes only one is to be seen. At other times this lichen agrius occupies the face; we saw it thus form, for whole years, a sort of red mask, excoriated in some points, slightly squamous in others, rough and uneven in other places, in a pharmaceutical pupil, who many times came to seek relief at the Hôpital St. Louis.

In other subjects, and very often in robust, sanguineous, or lymphatico-sanguineous individuals, this disease specially affects the inferior extremities, and forms bands of papules of three or four fingers' breadth, which extend the length of the internal surface of the thigh and leg.

Lastly, there are some individuals in whom the eruption ends by becoming general; numerous groups spread themselves on the face, the neck, and the superior and inferior extremities. Eight years ago we presented to our class an unhappy boy, a grocer, who was thus afflicted with a lichen agrius, occupying nearly the whole extent of the integuments. The treatment which had been employed had only had the effect of palliating the evil for a time, which soon reappeared when the patient again resumed his occupation.

Lichen simplex, much less formidable than the preceding species, is characterized by small papules, slightly or not at all inflamed, which undergo resolution in a few days, with a slight furfuraceous desquamation. This eruption has sometimes an acute march; the consecutive eruptions of scabies are commonly of this kind.

Lichen strophulus, which Bateman has made a distinct and separate disease, ought only to be regarded as a variety of the papular affection which we are now considering. In fact, the peculiarities which it presents appear especially due to the age at which it attacks; it is principally observed in infants at the breast. It is often situated on the face, and connected with dentition. *Ita multi sunt infantes (says Lorry) quibus ad singulas dentitiones periodos irritatio exterius producit*, p. 245. The groups of small inflamed papules which characterize strophulus, have commonly a rapid march. Sometimes the papules are
white, or only surrounded by a slight inflammatory areola. At other times they are intermingled with erythematous spots, from whence result the various appearances designated by the English author under the denominations (which it will suffice for us to enumerate) of *strophulus*, *intertinctus*, *confertus*, *albidus*, *volaticus*, &c. It is rare for this affection to last more than three or four weeks.

As to lichen *tropicus*, we will merely allude to this painful form, peculiar to tropical climates, and known by the name of the prickly heat in the West Indies. Doctor *Johnson*, who himself experienced it, during the first weeks after his arrival in India, complained of pricking and itching, which rendered him the subject of it. Frequently compelled to leave his bed to wash himself with cold water, he had the forehead, the neck, the chest, and the limbs covered with papules of a bright red, of the size of a pin’s head. In a work published in London, in 1821, on the influence of the tropical climates upon Europeans, he describes the variety which we have just alluded to. *Bon-tius*, who made mention of it in his *Medicine of India*, found nothing better to allay the itching which accompanies this eruption, than the application of cloths soaked in cold water, acidulated with vinegar or lemon-juice.

Elementary lesions of various kinds may be added to the papules of lichen *agrius*, in consequence of the intense inflammation of which the skin is the seat; thus, some vesicular eruptions of eczema, pustular vesicles of *eczema impetiginodes*, and crusts arising from the concretion of the fluid of these pustules, may be observed in regions occupied by lichen, and thereby render the diagnosis more difficult. In the same way we sometimes see papular eruptions succeed to *eczema*, and to scabies treated by irritating frictions; but these are merely accidental complications, and not veritable transformations of disease. Moreover, they explain how *lichen agrius* has been confounded with *eczema*, as has been done by M. *Alibert*; or with *impetigo*, as the English physicians also do every day; how it has been possible to think that scabies might pass into lichen, and

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*“— Alterum est (*genus papularum*),” says *Celsus*, “quod Greci ἀγριον ἔδιξεν, in quâ cutis magis exasperatur exulceraturque, ac vehementius et roditur, et rubet, et interdum etiam pilos remittit. Quae minus rotunda est, difficilius sanescit; nisi sublata est, in *impetiginem transit*.”*
lichen into impetigo, or lepra;—but we will return to this important point when psoriasis or lepra shall have brought us to the order of squamae.

The situation, the appearance of the papules, the period at which they are observed, and the irritation, more or less intense, which accompanies them, may then occasionally cause us to confound lichen with some affections of a different elementary form; we will briefly allude to the cases where mistakes of this kind might be committed by practitioners not yet very familiar with the study of the fundamental characters of cutaneous affections.

When lichen simplex occupies the face, and the papules are coloured, we might at first sight believe it to be acne rosacea: the characters of which, however, are very different: this error, moreover, would be productive of no serious inconvenience. When the papular eruption is confined to the hands, it sometimes presents a strong resemblance to a neglected or badly treated itch, and it is owing to this resemblance that certain papular affections of this genus have received, in England, the vulgar name of the grocer’s itch.

In general, the diseases most likely to be confounded with lichen, are prurigo, scabies, eczema, and impetigo.

In prurigo the papules are larger and more flattened; they are of the same colour as the skin, and commonly present small sanguineous concretions on their summit, which form an accidental characteristic not to be overlooked. Besides, they are isolated, and not grouped and blended together, as those of lichen; they do not assume, as certain varieties of this latter disease, a very decided squamous appearance.

The elementary form of scabies is vesicular, and not papular, and the characters which we have already mentioned as enabling us to distinguish it from prurigo, will serve equally to distinguish it from lichen. Eczema may more easily be confounded, in some cases, with lichen, especially when the latter puts on the form of lichen agrius. In fact, it is not always easy to prove the vesicular form of eczema, and there are many cases where this lichen agrius presents an appearance very much resembling the state described under the name of dartre squameuse humide (herpes squamosus madidans). Nevertheless, the existence of papules, and the thickening of the skin, which sometimes presents a sort of squamous state
very analogous to that which characterizes a slight *ichthyosis*, are still sufficient to establish the diagnosis. Chronic eczema, in fact, never gives rise to this peculiar rough thickening of the skin; on the contrary, it rather causes an attenuation of the integuments, at least, as we occasionally find, when it does not assume in some points a secondary papular eruption; besides, eczema is very often general, lichen is nearly always partial. It is not uncommon to see veritable *pustules* supervene in the most inflamed points of that part of the skin occupied by lichen *agrius*, and without doubt, it is this complication which causes the English practitioners so frequently to confound this eruption with impetigo.

Lichen *circumscriptus*, and especially lichen *agrius*, when passed into the chronic state, are frequently very obstinate, and subject to recur. Lichen *pilaris* also shows itself to be very rebellious. We presented to our class, in 1833, a patient affected with a *lichen pilaris* of the neck, in which, after many useless remedies, we decided to have recourse to cauterization (after vesication) by means of the acid nitrate of mercury. An intense inflammation succeeded, and the patient was made worse by it. A year afterwards—in the month of August, 1834, I again saw this patient, who had a patch on the neck, about the size of the palm of the hand, of red and indurated cutaneous swellings, and of large papules become really tubercular. Some unctions with the soot pomade, cataplasms, and vapour douches, perseveringly employed, caused an improvement, but resolution was slow and difficult. I had another opportunity of seeing this individual in the spring of 1837; he was at last cured of his disease. This fact is a proof of the usual observation, that escharotics, and, in general, stimulating medications, are more frequently hurtful than useful in lichen.

IV. Treatment.—A soothing regimen more or less strict, diluent, acidulated, and laxative drinks, warm baths, and cleanliness;—such is the simple treatment to which this malady, when it is not very intense nor inveterate, yields. The mineral acids, and especially the sulphuric, preparations of iron (when the individual is debilitated), the arsenical solutions of Fowler and Pearson: externally, sulphur baths, unctions with resolvent ointments, caustics, or even a blister, if the lichen is circumscribed;—such are the active remedies to which we may
have recourse when the disease is chronic, rebellious, and inveterate. Lichen *agrius* generally requires a soothing treatment during a great part of its course, and we must not hesitate, especially at its commencement, to combat it by general and local bleeding, when the patient is of a constitution which indicates such rigorous measures. In general, slight use is made in this variety of sulphur prepara¬tions internally, and even externally. They are only employed after having sufficiently moderated the symptoms by antiphlogistic treatment. It has been recommended, to allay the intense itching which accompanies lichen *tropicus*, to wash the part with vinegar or lemon-juice, diluted in water, and after a momentary augmentation of pain, a very marked relief is effected by this means.

In chronic lichen of the hands, we may, besides local emollient, gelatinous, alkaline, or sulphureous baths, employ with advantage the following resolvent ointment:

- Yellow Sulphate of Mercury - 3 ij.
- Laudanum - 3 ij.
- Lard - 3 j. M.
- Deuto-oxide of Mercury - 3 ij.
- Camphor - gr. xv.
- Lard - 3 j. M.

In a case of this kind submitted to the inspection of M. Biett, this celebrated practitioner prescribed in my presence the following treatment:

1st. To take every day three spoonfuls of the following mixture:

- Syrup of Violaria - 3 xiv.
- Syrup of *Daphne Mezereum* - 3 ij.
- Sulphate of Soda - 3 ij. M.

2nd. To anoint the patient every evening with the following pommade:

- Proto-nitrate of Mercury - 3 ij.
- Camphor - 3 ij.
- Lard - 3 ss. M.
- Oil of Sweet Almonds - 3 ij.

3rd. To take a bath every day, rendered alkaline and gelatinous by the addition of eight ounces of solution of the sub-carbonate of soda, and four ounces of gelatine melted by boiling water.
4th. To use a mild regimen, ripe fruits, green and fresh vegetables, fowls, &c.

The same physician very frequently recommends, as an internal remedy in *lichen agrius*, the following mixture:

- Infusion of Scabious - - - ℥ij.
- Sulphuric Acid - - - ⁵j.
- Syrup of Marsh-Mallows - - - ³ij. M.

To take a spoonful at a time (from four to six per diem).

A woman affected with *lichen urticatus* came to the Hôpital St. Louis for advice, in the spring of 1829: she had on the palmar surface of the arms, and on the side of the neck and face, very numerous papules of a slightly rose-coloured white, forming small pruriginous elevations very analogous to those of *urticaria*. The following treatment effected a speedy improvement (generally acids and astringents are successful in cutaneous pruriginous affections):

1st. Every day from six to eight spoonfuls of the following mixture:

- Barley-water - - - ℥ij.
- Nitric Acid - - - ⁹j.
- Syrup of Marsh-Mallows - - - ³ij. M.

2nd. Every evening to anoint the affected regions with the following pommade:

- Acid Sulphate of Alumina - - - gr. xviiij.
- Camphor - - - gr. xv.
- Lard - - - ³j. M.

3rd. Three warm baths a week.

A working harness-maker, after an itch which he had contracted, had, developed on his hands, a papular eruption, which for a very long time resisted the employment of emollients. A resolvent pommade, with the proto-nitrate of mercury, was then applied, and resolution of the papules was soon obtained.

A young man presented on various points of the integuments, and especially on the back and limbs, papular groups of *lichen circumscripitus*, and *lichen pilaris*, the appearance of which had been caused by the external and internal use of mercurial preparations administered for blenhorrhagia. The assiduous and alternative employment of alkaline baths and sulphur fumigations effected a cure.

*Lichen agrius* showed itself singularly intractable in
a sailor who was many times a patient in the wards of the Hôpital St. Louis. It had its seat on the face. Combated the first time by purgatives, it reappeared after a certain time, and was then attacked by sulphur baths and fumigations externally, and sulphur preparations (particularly the water of Enghien) internally. Nevertheless, care was taken to first insist for a sufficient time on the employment of antiphlogistics. Resorted to too soon, and while there are any indications of inflammation, sulphur will only exasperate the evil. This time, too, the cure, which appeared permanent, was only temporary. It was then resolved to make use of a more energetic treatment. Preparatory means (regimen, diluent drinks, laxatives, &c.) having been first prescribed for a long period, a solution of the arsenite of soda was administered in doses of the one-sixteenth of a grain daily. Some slight symptoms of gastro-intestinal irritation, which showed themselves in the course of the treatment, merely occasioned its temporary suspension. The patient was cured, and, in order to satisfy ourselves of its permanency, he was kept in the wards for three months. Nevertheless, the disease is now again reproduced, without doubt under the influence of the irregular habits of the subject.

Papular Syphilide.

This form of cutaneous syphilis is very common. It presents itself under two varieties, which have some tendency to be confounded; sometimes there are slightly voluminous papules (nevertheless always more considerable than those of non-syphilitic lichen), whilst their copper-coloured or livid discolouration, their slow progress, their great number, the greyish or coppery spots which they leave behind them, the absence of itching, &c., are sufficient to distinguish them from the preceding papular eruptions which we have described: at another time these prominences are larger, whilst they become flattened and covered with small squamae, and bear a singular resemblance to the squamous syphilide, properly so called, which we will discuss at the end of the order of squamae. These two varieties, which may succeed each other in the same subject, constitute, as most of the syphilitic eruptions, a part of the cortège of consecutive phenomena; sometimes, however, they are seen to happen in subjects who have only, as yet, primary phenomena, such as a blenorragia,
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chancres, &c.; but then, too, we ought to consider them as indications of a constitutional syphilis, for they commonly only show themselves after a very long time (some weeks or months for example) has elapsed since the appearance of the first venereal symptoms. The eruption commonly proves general, and especially covers the shoulders, the back, and the upper extremities. We never see, as in the ordinary lichen, merely a region of slight extent remain affected, or very marked intervals separate the papules, as in prurigo; but, on the contrary, the skin is dry, coppery, violet-coloured, sprinkled with prominent papules, or marked with small, greyish, or livid spots, so that we can scarcely find here and there—on the back, for example, or on both surfaces of the arms—any points where the integuments have preserved their colour and their integrity. The face alone is very often untouched; still the forehead is nearly always affected. The papules, after having lasted some time, terminate by resolution, and are replaced by others, which are renewed, and keep up the eruption for weeks, months, and even years.

This form of the syphilitic eruptions, very common in the adult, is never observed in infancy. At least, we have never met with it at this age. On the contrary, as we have already had occasion to remark, the pustular syphilides (with large pustules), and the tubercular (with flat tubercles), are common in this latter period.

Although less severe than the two forms which we have just mentioned (since it does not involve ulceration), the papular syphilide frequently is of a long duration, and offers an obstinate resistance to remedial measures.
ORDER VI.

Squame. (3. Icthyosis, Pithyriasis, Lepra.)

Three sub-divisions enter into this order, to which are attached a like number of diseases.

The first is characterized by scales, which cover the integuments, without presenting any other appreciable elementary change. The second comprises furfuraceous desquamations; the third squamous plates. Icthyosis is ranged in the first category; pithyriasis in the second; the genus lepra (to which we have added psoriasis) in the third.

Icthyosis.

We will merely allude here to this affection, which, to speak truly, is rather a deformity than a disease. The name by which it has been designated (derived from ψευς, fish) indicates the coarse appearance of the scales of the fish, which forms a tegumentary covering to the individuals who are tainted with it. Icthyosis is commonly congenital, and frequently hereditary; it may, however, accidentally happen in some circumstances, and then it presents chances of cure, although in general the state of the skin is only susceptible of a temporary amelioration under the influence of alkaline baths, vapour baths, and pitch pills—the means which are most in familiar usage in the treatment of this affection.

M. Alibert describes two principal varieties of icthyosis—icthyose nacrée cyprine, and icthyose nacrée serpentine. In both, the dry, rough, earthy, and impermeable skin is covered with a thick and fissured cuticle, which forms hard scales of a greyish white, more or less analogous to those which envelope carp, or serpents; sometimes thin and delicate, at others, of a very great hardness and thickness, commonly very adherent to the skin. We frequently see these scales detached spontaneously at certain periods of the year: they are raised by rubbing, by the use of baths, &c.; but after their desquamation, the skin does not recover its natural state; it remains dry, earthy, and greyish, and the scales are soon reproduced.
This affection, usually general, but modified by the various states of the integuments in different parts of the body, is most often but little or not at all marked on the face, in the neighbourhood of the genitals, &c.; sometimes it is even partial, and only shows itself on the superior or inferior extremities; this is especially the case in accidental ichthyosis.

It may always be distinguished from the exfoliation of the epidermis consequent of certain cutaneous diseases, and particularly from that which succeeds chronic lichen, by the dryness, hardness, thickness, and the greyish tint of the skin, which, besides, commonly presents no other appreciable alteration than this scaly state of the epidermis, although it may be evident that the state itself is dependant on a particular modification of the living textures of the skin.

We have recently observed at the Hôpital St. Louis a patient affected with pompholix diutinus, in whom the neighbourhood of the folds of the elbow and instep presented thickened and greyish scales, which quite resembled those of ichthyosis, but which, instead of being hard and dry, were moist and soft. M. Biett also once met with the appearance of the squamae of ichthyosis in a young subject whose skin transuded under the scales, and was also the seat of a sort of eliminatory discharge. Commonly, subjects affected with ichthyosis have the skin so dry, and so lifeless, that it does not seem susceptible of any apparent discharge or eruption.

In an adult whom we have had under treatment for many months, and who affirmed that the general ichthyosis with which he was tainted, far from being congenital, happened suddenly four years previously, in consequence of a fever occasioned by intense moral emotions, we witnessed alkaline baths, vapour baths, sudorifics, and especially pitch-pills internally, fail. In other subjects we have seen these means produce the falling off of the scales, and a temporary improvement in the state of the integuments.

The Pellagra of Lombardy, to judge from the description of authors who have observed it in countries where it

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*I have made trial, conjointly with Dr. Wertheim, of hydrotherapy in the treatment of Ichthyosis and Psoriasis. We have obtained very satisfactory results, but not a complete and lasting cure."—Manuscript Letter from M. Gihert.*
appears to be endemic, appears to be merely an ichthyosis dependant on a chronic affection of the digestive organs. At Paris, on the contrary, in nearly all the individuals affected with ichthyosis, we have found the health unimpaired, and all the functions free and regular.

Pithyriasis.

(Dartre furfuracee volante et Ephélides hépatiques, of M. Alibert.)


This chapter from Mercurialis may give rise to many important remarks; first, we clearly see from it that pithyriasis of the Greeks (derived from πυρυς, bran, because of the furfuraceous (branny) desquamation which characterizes this affection), and porrigo of the Latins, are one and the same disease, and that, consequently, it is incorrect in the English authors (imitating the fault committed by Celsus) to make this latter name serve to designate a pustular affection (tinea), whilst they have preserved the former to denominate a furfuraceous affection, in conformity with the real etymology of the word. Next, we easily recognize that the same diagnostic errors to which
the various diseases of the hairy scalp, which may be followed by desquamation, as pithyriasis, eczema, psoriasis, tinea, have given rise in the present day, had already been committed by many ancient authors; from whence the confusion which has been introduced in the description of the disease, of which some writers have wrongly admitted, for example, a moist variety, and a variety with excoriation or ulcerations; these pretended varieties evidently agree with other affections, and particularly with eczema of the hairy scalp. Lorry has judiciously established this distinction in his chapter De Porrigine. In fact, the dry variety he regards as belonging to the species lichen (which is his dartre furfuracée or our pithyriasis), and the moist variety to the family of dartres (herpetes), in which may be found comprised, in his book, our genus eczema.

The following is the Latin passage which concludes the chapter which we have just alluded to: "Igitur in operosd horumce malorum curatione non insudabimus, cum ea quae de herpetibus dicta sunt ad porriginem referantur humidam, et ea quae de lichenibus prolata sunt alibi pertineant ad siccam."

We will confine, with the English authors, the name of Pithyriasis to a superficial cutaneous affection, sometimes accompanied by a slight rosy discolouration of the skin, or even a discolouration of another kind, but always exempt from those alterations of tissue which have been observed in the other elementary forms which we have described, and which scarcely presents any other characteristic phenomenon than a desquamation of the epidermis: this latter is detached in small whitish lamellae, or falls off in a fine, and, as it is called (from its analogy with wheaten flour, or bran, furfur), furfuraceous, or branzy powder.

This disease may confine itself to certain regions, to the hairy scalp, for example; but it may also attack the whole extent of the integuments, or at least a very large part of them.

II. It is only the pithyriasis versicolor (éphélides hépatiques), which may be regarded, in some cases, as depending on an internal morbid disposition, on some lesion of the liver or digestive passages; that, too, is much more rare, and much less certain than has been supposed. The influence of a hot climate has sometimes appeared to excite the development of this variety, which usually
PITHYRIASIS.

resembles the ordinary éphélides (prickles); thus Bateman makes mention of a young gentleman who was affected with it after a year's residence in the Greek islands; and the same author adds, that for this same reason it is not uncommon in the English soldiers and sailors. It may be much better understood that the use of alcoholic drinks appears also to have some influence on the development of hepatic freckles. Bateman says, that the most extensive eruption of this species which he has witnessed, manifested itself in a custom-house officer, after he had drunk, during a day of fasting, an abundance of spirituous liquors. M. Alibert says, that the éphélide hépatique, which he calls persistante, principally attacks men who are confined very much, who lead a very close and sedentary life, whilst the éphélide hépatique, which he calls fugitive, shows itself especially in women. The same author cites the case of a young and very beautiful woman, with an extremely white skin, who, every time she experienced the slightest crosses, had developed upon both breasts, and upon the abdominal region, small circumscribed isolated spots of the size of a ten-sous piece; after some hours they disappeared. M. Alibert cites another much more terrible example of the influence of the moral affections on the production of pithyriasis. A servant had the whole of his body covered with a furfuraceous pruriginous desquamation, in consequence of the intense emotion with which he was seized on seeing his old master dragged to the guillotine during the Reign of Terror.

This dartre furfuracée volante persisted; and a very long time after this event, M. Alibert observed the patient, then 53 years of age, with the epidermis slightly exfoliating and presenting the appearance of very white flour, which principally covered the forehead, the chin, the temples, the occiput, the posterior part of the neck, the external aspect of both arms, the chest, abdomen, and thighs: this desquamation was accompanied by the most intense itching.

We have seen at the Hôpital St. Louis an old man tainted with a general pithyriasis, in whom the eruption was suddenly manifested after violent grief, which he had experienced in seeing his wife unexpectedly carried off by an acute disease.

Like most cutaneous maladies, pithyriasis especially shows itself in children, in women, and in individuals with
fine and delicate skins: but it is also observed in other subjects.

III. The elementary change which gives rise to the desquamation of the epidermis, which forms the most apparent, and sometimes the only, phenomenon of *pithyriasis*, is not well understood. The skin is occasionally slightly rose-coloured, and superficially injected in the affected part; commonly it is rather dry and rough; small whitish squamae may be observed covering a surface of more or less extent; they become detached upon the slightest rubbing, sometimes even on the least motion, in the form of a fine powder, analogous to flour; the skin is dry, and there is no transpiration in the part affected; it is commonly the seat of a more or less marked itching. This slight affection may be confined to certain regions of the body, and in this case it is very often circumscribed in places where the hairs are abundant, as the hairy scalp, (*pithyriasis capitis,*), which is particularly seen in young children, and in those who neglect to keep the head clean; on the eye-brows and chin; in the latter case the *pithyriasis* may be accidentally caused by the action of the razor.

IV. The principal varieties of this disease are four in number: *pithyriasis simplex*, rubra, versicolor, and nigra. *Pithyriasis simplex* (herpes furfuraceus volitans of M. Alibert—group of Dermatoses dartreuses) is that in which the skin, nearly preserving its natural colour, presents here and there on the hairy scalp, the eye-brows, the chin, or other parts of the body, regions more or less extensive, in which may be observed a dryness, accompanied by slight induration and roughness, with furfuraceous desquamation of the epidermis, which is detached in fine white dust, or in small lamellae. In *pithyriasis rubra* there is more of a rosy or even red discolouration of the affected points. I have seen a young man of a lymphatic constitution, in whom were regularly reproduced every winter, on the hairy scalp and the eyebrows, small red spots of the size of a lentil, which were covered with small whitish lamellae, which the least rubbing detached.

A second very notable variety of *pithyriasis rubra* is characterized by a foliaceous and lamellated desquamation, which is commonly seen to attack the whole extent of the integuments. In this kind of affection the entire skin is of a red colour similar to that which the cure of a vesication leaves after it. Delicate, white, and foliaceous scales, are
PITHYRIASIS.

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detached in fragments of a variable size (many, for instance, as large as the nail), which are raised, and remain at first adherent by one of their edges, and afterwards fall off by rubbing. In the subject who served as a type for this description it had existed for many months, and was developed without any known cause.

*Pithyriasis versicolor*, formerly ranged in the éphélides by M. Alibert, is now described by the same author under the name of *pannus hepaticus*, in the group of *Dermatoses dischromateuses*; it is distinguished by the greyish, yellowish, or saffron colour, which gave to this affection the name of *taches hépatiques* (hepatic spots). In this variety we see appear on the surface of the integuments, and particularly in front of the chest, on the neck and shoulders, spots of variable form and extent, very generally round, as large as a five-franc piece, and even larger, more or less approximated, sometimes confluent, but commonly separated in many points by intervals where the skin presents its natural whiteness; this gives rise to a very remarkable variegated appearance, since the spots, being blended together over a large surface, only leave between them more or less narrow white places. There may even result from this disposition an appearance such as at first sight may be attributed to a white discolouration happening in a brown skin, and by which we may regard as altered precisely those points of the integuments which have remained untouched. It is thus that in many subjects in whom *pithyriasis versicolor* had coloured nearly the whole surface of the trunk, we have observed on the anterior part of the chest a white patch about the size of the palm of the hand, and which, due to a circumscribed portion of the integuments remaining sound, appeared so distinct on the yellow, grey, and brownish discolouration of the rest of the trunk, that it was difficult at first sight to dissipate the illusion which made us credit the existence of a partial discolouration of the skin, where it had, on the contrary, preserved its natural tint.

The colour of the spots in *pithyriasis versicolor*, is of a more or less decided yellow, which, according to M. Alibert, may be compared to that of rhubarb, or saffron. “Sometimes,” adds the same author, “it is a very pale yellow, as in the dead leaves of certain trees.” “In general,” says he, “the éphélides hépatiques have shades of colour, which vary according to the natural colour of the integuments and
the parts which are affected. This discolouration, more or less superficial, and more or less deep, may occasionally approach a black tint (pithyriasis nigra, W. épérid. scorbutig. Alibert). At the very time we are now writing this, there exists in the Hospital St. Louis an individual in whom nearly the whole extent of the integuments was thus coloured of a darkish brown, by a pithyriasis (accompanied, moreover, by itching and a furfuraceous desquamation), which appeared to be developed in consequence of a gastroenteritis. In this subject the hairs were black, the complexion brown; besides, his occupation strongly exposed him to being tanned by the sun. Willan held that the colour of pithyriasis versicolor penetrates the whole thickness of the skin; and that when the epidermis has been abraded from any of the patches, the same colour still remains as before in the skin, or rete mucosum. Bateman, however, remarks that this is not universal, and that he has seen (in pithyriasis versicolor, as in P. rubra) several instances of the eruption, in which the discoloured cuticle peeled off at intervals, in a thickened state, and a new cuticle was found underneath, of a red hue, as is usual under large exfoliations.

The hepatic spots are not sensibly prominent on the surface of the integuments; they are slightly rough in consequence of the dryness of the skin, which does not here transpire (whilst, according to M. Alibert, transpiration is increased in the portions remaining sound), and owing to the desquamation of the epidermis which usually takes place on the surface of the spots.

Frequently, says M. Alibert, the épérides are transient and fugitive: I have observed (he adds) that they remain only half a day on the integuments. This character of mobility (continues our author) is especially proper to skins which are white and of a very fine tissue. There are some women who are only affected with them on the approach of menstruation; and some men who only have them before the appearance of haemorrhoids.

M. Alibert is of opinion that épéridé hépatique is frequently accompanied by a serious alteration in the functions of the liver; he even adds that in this case the progress of the disease may be very dangerous.

Bateman, on the contrary, says (and, it appears to me, with reason), that pithyriasis versicolor is usually of little moment; for it is rarely accompanied by any internal
disorder. At the most it may happen that the itching attending it may deprive the patient of sleep. But this eruption is very subject to recur, and there are some persons who are habitually affected with it on growing warm.

*Pithyrisis nigra* is much more rare than the preceding species; it was observed in the course of the epidemic at Paris, which we have mentioned in our description of *erythema*. Then it often became general: the skin of the whole body, and especially of the trunk and limbs, was coloured of a darkish brown, and was the seat of a lamellated and furfuraceous desquamation (accompanied by itching), which sometimes prolonged itself for many weeks, and even months.

M. Alibert has described in his small work in two volumes an example of *pithyrisis nigra*, of which he has given an account in these terms (under the name of *éphélides scorbutiques*):

> "Honore Grandery, commissaire, entered the Hôpital St. Louis, and presented to us the picture of a disease as uncommon as surprising: it originated in the midst of misery and distress. The patient, of a lymphatic temperament, dwelt in Arras before the revolution. He was employed in this town in very difficult labour during the Reign of Terror. Since that period he has loitered in the streets and crossways, asking alms, or exercising commissions, and sometimes wanting even the necessaries of life. In the month of July, 1806, he experienced most unpleasant itchings in all parts of the body. They were followed by spots at first greyish, afterwards of a coffee-coloured brown, which spread till they occupied a considerable extent. The whole cutaneous surface was marked with these spots; in certain places they were very large; in others they were of small circumference. In the sound parts this skin was of an alabaster white, analogous to that of a corpse. This contrast was surprising: the patient appeared striped like a zebra, or like certain cows of Bretagne; he experienced considerable itching on different parts of the body. His skin also presented furfuraceous scales, which proceeded from the repeated rubbing of the skin to allay the unpleasant sensations. His face was of a livid yellow. He tottered in walking; so that his feebleness was extreme."

V. *Pithyrisis capitis* is that which has most frequently given rise to errors in diagnosis.
New born infants are very subject to it: the hairy scalp is covered with squamae folded over one another, beneath which the skin is slightly red. In adult age, *pithyriasis* shows itself under a different aspect; it is no more a continuous squamous layer which covers the scalp, but a slight and molecular desquamation which takes place at its surface, and which sprinkles the hairs with a sort of powder of bran or flour, called, in consequence, *furfuraceous*. This affection, although very slight in appearance, sometimes offers great resistance to the means of treatment, and is very disagreeable for the individuals who are subject to it. In old men we sometimes see the bald parts become the seat of a furfuraceous desquamation.

Many physicians confound, in infants, *pithyriasis capitis* with *tinea*. It does not even present (according to M. Biett) any analogy with the *porrigo furfurans* of Bateman, a spurious species, and which never appeared to the French dermatologist to be anything but a desquamation of the hairy scalp consecutive of *eczema*. In this case the desquamation is always accompanied by a certain degree of redness and exudation of the skin; whilst in *pithyriasis* the desquamation is always dry. Besides, at all periods of *eczema* may be seen from time to time, forming around the parts covered with squamae, small fresh vesicles which re-

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b We have already said, in our account of the *tineae*, that the variety described by Bateman under the name of *porrigo decalvans*, appeared to us, on the contrary, as though it should be regarded as a particular form of *pithyriasis capitis* peculiar to adults. We must, then, recognize that pithyriasis is not always a superficial affection of the skin. We must see that *pithyriasis nigra* itself may in some cases have a deeper origin than the reticular tissue. It would appear very probable also that *crusta lactea*, or *pithyriasis capitis* of children at the breast, has equally for its origin a change of secretions in the hair-follicles. It is certain that, having had an opportunity of observing the *porrigo decalvans* of Bateman, we have only seen a loss of the hairs, with the formation of small scales of a brownish grey at their roots, which to us have looked like the product of a change in the follicular secretion. We will admit then willingly a *pithyriasis decalvans*, resembling in its sequel the genus *tinea*, and in its aspect the genus *pithyriasis*, as we have been compelled to admit in the order of pustules a variety of *impetigo* (*impet. rodens*), which resembles in its elementary form the pustular affections of this species, and in its sequel the genus *lupus* of the order of *tubercles*. A classification in pathology is always, whatever we may try to make of it, nothing but a picture frame more or less artificial, which must here and there yield before the strict observation of nature.
produce the primary elementary form of the disease. The
greatest physicians, however, are not sheltered from this
kind of error. M. Biett cited a striking example of it in
his clinical lectures of 1830:—A man, thirty years of age,
affected for ten years with a disease of the hairy scalp,
which had made him despair even in this the flower of
his youth, came from the extreme end of the department
of Dordogne to consult M. B.; the detailed account which
he gave proved, in the clearest manner, that the disease had
been vesicular and moist at its commencement; probably
it developed itself after an excess of alcoholic liquors. A
number of physicians, consulted in many large towns of
the south, entirely mistook the eczema, and told this young
man that it was tinea; others, syphilis. Stimulants and
mercurials constantly aggravated the evil. It is probable
that, had the disease been recognized and treated (by emol¬
lients) at first, it would have been speedily cured.

VI. A slight furfuraceous desquamation, then, on a dry
and scarcely inflamed skin, characterizes pithyriasis, whilst
in eczema, large squamæ cover a red, inflamed, and exud¬
ing surface; and, besides, vesicles are reproduced in the
neighbourhood. Psoriasis (as we shall show presently) is
recognized by its prominent and injected plates, covered
with shining squamæ larger than those of pithyriasis.
Pithyriasis rubra is characterized by small rose-coloured
and slightly prominent plates, at first about the size of a
lentil, which afterwards enlarge, approximate, and end by
blending themselves together. When the inflammation is
at all intense, the colour of the affected skin resembles that
of erythema: in the latter, nevertheless, the inflammation
is more extensive, more prominent, and deeper. The old
man whom we have above alluded to, and in whom a vivid
moral impression caused, after some days, the appearance
of the disease of the skin, presented some very large folia-
ceous squamæ, which covered the whole body, but es-
specially the forehead, neck, and shoulders. In this subject,
the inflammation, more intense where the skin was in folds,
and in contact one part with another, also gave rise to
larger squamæ. Besides, the general health of this man
had not been visibly altered; only the mental shock gave
rise to a slight depression.

The cutaneous surface affected with pithyriasis is com-
monly dry and rough to the touch, at other times it is ren-
dered soft and unctuous by a particular secretion from the
skin.
**Pithyriasis versicolor** is an eruption of a deceptive colour, which many persons confound with veritable épélide, which is only a stain without any desquamation. It is first developed of a yellow colour, which often lasts, in part, for a more or less lengthened period after the cure and the cessation of all desquamation. Certain syphilitic stains present a somewhat analogous colour; but, as MM. Cazenave and Schedel justly remark, “the livid or copper-coloured tint, the absence of epidermic exfoliation, and of all itching, the previous circumstances, and often the concomitant symptoms, will always distinguish those discolourations which depend on the venereal principle.”

**Pithyriasis nigra**, according to M. Biett, differs slightly from the other varieties. In the cases which he has witnessed the squamae have appeared to him the product of a particular secretion of the sebaceous follicles. In the epidemic at Paris (1829) another variety presented itself: in this case, at one while the discolouration was confined to the epidermis, and raised itself in squamae; at another time it was deeper, and penetrated the subjacent layers of the skin. This species still requires fresh researches. Moreover it could scarcely give rise to errors in diagnosis: at the most, as we shall see when we come to speak of these diseases, it might present, in the eyes of a superficial observer, some general analogy with *scorbutus* or *purpura*.

**VII. Treatment.**—Pithyriasis capitis of children generally yields to cleanliness, to brushing the head, cutting the hair, and making daily ablutions with soap and water, or with a slightly spirituous lotion\(^c\). In *pithyriasis* of

\(^c\) *Pithyriasis capitis* of adults is much more rebellious, and generally requires, during its intensity, the general means which we have recommended in speaking of the *pseudo-tineae*. Thus, to shave the head, to prescribe spirituous or alkaline lotions, unctions with sulphur pommades, and after these preliminary means, when there is any permanent loss of hair threatened, as in *pithyriasis decalvans*, to anoint the head with greases and ointments, extolled in this latter affection—such is the basis of the treatment under this circumstance.

The medical journals have extravagantly extolled in these later times the following recipe, as calculated to combat the inertness of the hair-bulbs in *alopecia*.

\[
\begin{align*}
\text{B. Marrow of Prepared Beef} & \quad - & \quad 5\text{vj.} \\
\text{Oil of Sweet Almonds} & \quad - & \quad 3\text{fl.} \\
\text{Red Bark} & \quad - & \quad 5\text{j. M.}
\end{align*}
\]

The powdered bark should be rubbed down with a small quantity of the oil, and the rest should afterwards be added. When this mix-
the chin the razor must be used with great precaution, or the beard must even be cut off with scissors. Some laxative drinks, alkaline baths, and vapour douches generally suffice to dissipate darte furfuracée volante. Preparations of sulphur internally, baths of the same nature externally, and vapour baths and douches, have an equal effect in dispersing pithyriasis versicolor, and it is very rarely necessary to resort to the means prescribed by the English physicians, such as chlorine, sudorifics, and antimonials, internally; sea baths, lotions with chlorine (\(\frac{3}{ij}\) to a pound of distilled water), with caustic potash (\(\frac{5ij.}{liquor potassce}\) to a pound of distilled water), lotions or ointments containing borax, alum, and acetate of lead, externally.

Nevertheless, when the disease is rebellious, we may even have recourse to arsenical solutions. When the digestive organs are affected, as may be observed in some cases of pithyriasis versicolor, acidulated drinks, laxatives, and, above all, a proper regimen, are very useful. When the patient is robust, and has inflammatory symptoms, as is sometimes the case in pithyriasis rubra, we must not hesitate to employ antiphlogistics, and especially blood-letting, at the commencement of the treatment.

Lepra.

In the English classification the word lepra has quite another acceptation than that which most physicians assign to it\(^d\). It is no more the severe and hideous malady which inspires horror and disgust, and which too often proves fatal to the unfortunate being who is tainted with it. Described by M. Alibert under the name of lèpre tuberculeuse, it belongs to the next order (tubercles), and will by and bye be considered under its veritable name (elephantiasis of the Greeks). It is an affection which quite resembles the common dartrous diseases, and which has consequently been ranged by the author we have just cited, in the group of Dermatoses dartreuses, with the title

\[\text{ture is effected, the marrow should be melted at a gentle heat, and gradually incorporated with it in a mortar, and stirred till it becomes quite cool.}\]

\(^d\) “In order to avoid all confusion of language, I now prefer using only the word Psoriasis, to designate the two varieties of squamous disease mentioned by Bateman under the two names of Lepra and Psoriasis.”—Manuscript Letter from M. Gibert.
of *dartre furfuracée arrondie* (herpes furfuraceus cirenicatus).

But before giving the precise definition of our genus *lepra*, it may not be useless to recall the words of some ancient and modern authors, which will much assist us in making the subject clear.

Galen gives the following definition of lepra (Latin translation):—"Lepra est transmutatio cutis ad contrarium naturae habitum, cum asperitate, dolore, atque pruritu, et squamarum resolutione, et quandoque plures corporis partes despascitur."

In the Latin version of the Greek text of Paulus Ægineta (an author of the seventh century), we find the following passage in the chapter entitled *De Leprâ et Psora*:

"Lepra pariter et psora communis quædam summæ cutis scabredo est, cui sanè prurigo lentaque corporis absintio accedere consuevit, ex atra bile utraque originem trahens. Sed lepra profundius circularibusque erosionibus corporis cuticulam despascit, et squamorum piscium instar squamulas ex se remittit. Psora verò superficie tenus summam corporis cutem variâ erosione despascit, furfurosaque magis quam squamosa ex se corpuscula edit." In this passage it appears to us that Paulus Ægineta has comprised three species of the order of *squame*: *pithyriasis*, *psoriasis*, and the genus *lepra*.

Mercurialis translates the word *ψωπα* of the Greeks by the word *scabies* of the Latins, and he says in chapter v. *De Leprâ*, "Congeneus scabiei est alius affectus, qui lepra communiter dicitur, cujus materiam camdem esse cum materiâ scabiei, non modò Galenus, verum etiam Oribasius, Paulus, et omnes testati sunt."—Actuarius, siding in the opinion of all the other Greeks, says, *lepram vocari ato τῶν λεπιδῶν, hoc est a squamis. Another has wished to derive this word ato τῶν λεπρυνετον, quod significat scabrum fieri et albecere.

Lorry (Tract. de Morb. Úût. in 4to. p. 233) expresses himself in these terms in the chapter *De Psorâ et Scabie*: "Hippocrates videtur nomine (De Affect. Apō., s. 5. Præn. et alibi) *ψωπας* non cam tantum quam nos observare aggregdimur affectionem intellexisse, sed cætera omnia malorum prurientium genera. Cujus si voces ad accuratum loquendi distinctionem ponderare velis, tria tantum morborum cutaneorum genera agnovit, psoras, lepras, lichenes. Quas etiam in lib. *De Affectionibus* in curandi methodo non sejungit. Galenus etiam et alii ferè omnes auctores Græci
lepram vix a psorâ nisi gradu distinxerê (lib. v. c. 29); itâ ut Celsus primus sit, qui distincte de scabie tanquam morbo peculiari scripserit. Fernelius psoram Græcorum longè a scabie differe pronunciat (lib. vii. c. 5 De Ect. Corp. Aft.); quod si verum fuerit, ignotam veteribus Græcis fuisse scabiem dicendam foret."—Further on the same author says in the chapter De Leprâ Græcorum, p. 365,—“Hæc satis fuerint ut intelligamus lepram Græcorum non itâ rarò apud nos occurrere, nec sævitic semper adeò metuendam, sed, ut aiunt antiqui, lepram esse ad morbos psoricos alegandam.”

The following note accompanies the article lepra in Bateman’s Practical Synopsis:—“The confusion which has everywhere prevailed in the use of the terms Lepra and Leprosy, seems to have originated principally with the translators of the Arabian writers after the revival of learning. The Greeks agreed in appropriating the appellation of λεπρα to a scaly eruption (as its etymology dictated); most of them deemed it the highest degree of scaliness, exceeding in this respect the Lichenes, Psora, and Alphos; and those who were most minute in their description, stated that ‘it affects the skin deeply, in circular patches, at the same time throwing off scales like those of large fishes.’ (Vide Paul. ΑΕγιν. De Re Med. lib. iv. c. 2; Actarius, De Meth. Med. lib. ii. c. 2; ΑΕtius, Tetrab. iv. Σerm. i. c. 134; and Galen, Isagogæ). This was sufficiently clear: but those who translated the works of the Arabians into Latin, fell into the extraordinary mistake of applying the Greek term to a tubercular disease, which had been actually described by the Greeks under the appellation of elephan­tiasis; and they applied the barbarous term Morphcea, together with Scabies and Impetigo, to the scaly diseases of the Greeks above enumerated. Whence their followers, who detected the error, spoke of the Lepra Arabum, as well as the Lepra Græcorum; while the less accurate confounded every foul cutaneous disease under the term Leprosy. The Arabians themselves do not employ the word Lepra; but have described these different diseases under appropriate appella­tions.”

We have given these various passages in order to establish, 1st, that the words Psoriasis and Lepra ought to be

* Ψωρα, scabies, asperitas cutis: quasi à ψυρω, frico; quià fricari solet: or, perhaps à ψωχω, in frustra comminuo, quasi à ψαω, minuo; or better still, from ψω, contr. ex ψαω, deterso, comminuo, because of the small scales which are detached from the integuments.
applied to cutaneous affections of the same nature, and which only differ from each other in form, so that they may well constitute only two varieties of one and the same disease; 2nd, that the name of lepra ought to be exclusively confined to a *scaley* disease, as the English authors, in whose traces we are following, have remarked, and as we shall again say in speaking of *elephantiasis* or *lepra tuberculosa*.

*M. Plumbe* has also employed himself in establishing the identical nature of lepra and *psoriasis*, in a very recent work.

Nevertheless it appears very evident that the *lepra of the Greeks*, the only one which we have given the history of in this chapter is not the ancient lepra of the Israelites, described by Moses in Leviticus; our signs and tokens of this latter are but very uncertain. *Lorry* thought it right to admit four different species of it, of which the one, according to the description given in the 13th and 14th chapters of Leviticus, bears a strong resemblance to the *Alphos* of the Greeks, or *vitiligo* of the Latins, but the other, which gives rise to ulceration of the skin, is very different to it. Moreover, he recognizes that these four species are perhaps only degrees of the same malady, so that in short the lepra of the Israelites may be regarded as an affection unknown in the present day.

This is almost the opinion of *Phil. Ouseel*, author of a Latin dissertation on the Lepra of the Israelites, of which *J. D. Hahn* published at Leyden, in 1777, an edition added to two dissertations of his countryman *Schilling*. The learned *Ouseel* also recognized many species or degrees in the ancient lepra described by the Jewish authors, and only finds one which resembles the *leuce* of the Greeks, or *vitiligo* of the Latins. Moreover, he does not think that any analogy can be established between this disease and *elephantiasis* or lepra of the moderns; lastly, he denies the contagious character of this affection, which appears to him to have been a lepra peculiar to the Jews, believing, with others, the words of a celebrated rabbi, who aptly says that strangers are not subject to it: *"Omnes pollutur lepra, exceptis peregrinis et inquilinis."*

*Schilling*, on the contrary, allows that the lepra of the Israelites may be a disease of the same nature as the *leuce* of the Greeks, *vitiligo* of the Latins, and *elephantiasis* of the Greeks and Arabsians: so that, in his opinion, lepra tuberculosa (which he witnessed at Surinam) is as old as the Bible. He remarks that, previously, of old, the historian *Josephus* had had to combat the prejudice which attributed the Israelitish lepra as an evil peculiar to the Jewish people. The moderns have alternately adopted these various opinions, of which, we are bound to say it, none is established on an entirely unobjectionable foundation. (Vide further on the history of *Elephantiasis*.)

*M. Alibert*, who (in the group of *Dermatoses lepreuses*) reproduces the ancient lepra under the name of *lèpre écailleuse* (scaly lepra) or *lèpre blanche* (*leuce* of the Greeks), says that it must not be confounded with *alphos* or *vitiligo*, which belong to the group of *Derma-
Consequently, blending together *psoriasis* and *lepra* (separated by Bateman), we shall give the following signs as characteristic of the scaly disease, of which they constitute the two varieties:

\[ \text{toses dischromatiques}, \text{and which only consists in a discolouration of the integuments.} \]

M. Biett, for his part, thinks that Moses meant the *vitiligo* of the Latins, in the passage relative to lepra, where it is said: "If a man present white spots on his head, he shall be suspected, and submitted to a careful examination; if, at the end of seven days, the spots, instead of spreading, have disappeared, he shall be looked upon as clean, and he shall be dismissed; but, if, on the contrary, the spots have spread, and the hair turned white, he shall be pronounced unclean." According to M. Biett, the individual of whom the sacred writer speaks had merely, in the first case, a *pityriasis capitis*; in the second he was tainted with *vitiligo*. This affection, very rare in the present day, consists in a discolouration of the integuments, with a diminution or deprivation of feeling (*vitiligo*, from *vitulus*, veal). As to the *Alphos* and *Leuce* of the Greeks, regarded by most authors as two degrees of one and the same affection, the following is the description which Celsus, who confounds them with *vitiligo*, has given of them (Lib. v. cap. 28): "Vitiligo, quamvis per se nullum periculum afferat, tamen et foeda est, et ex pravo corporis habitu fit. Ejus tres species sunt: \( \Delta \alpha \phi os \) vocatur (\( \alpha \tau o \nu \Delta \alpha \phi a i v e i v, \mu a t a e \)), ubi color albus est, ferè subasper et non continuus, ut quædam quasi guttæ disperse esse videantur. Interdum etiam latius et cum quibusdam intermissionibus serpit. \( \\)Melas colore ab hoc differt, quia niger est et umbrae similis, cetera eadem sunt. \( \lambda e u k \eta \) habet quidam simile \( \Delta \alpha \phi o s \), sed magis albida est, et altius descendit, in eaque albi pili sunt et lanugini similis. Omnia haec serpunt, sed in albis celeriùs, in albis tardius. \( \Delta \alpha \phi o s \) et \( \)Melas in quibusdam variis temporibus orientur et desinunt: \( \lambda e u k \eta \) quem occupavit non facile demittit."

If we compare, on the one hand, this description with that of the *leprous sore*, given in the sacred writings, and, on the other, with that of the *spots* designated by Schilling as forming the commencement of *lepra tuberculosa*, or elephantiasis, we must establish, as this last author has done, some similitude between lepra of the moderns, and that of the sacred writings. In both cases, in fact, there are insensible spots, with depression and alteration of the colour of the skin and of the hairs (at one time white, at another reddish and blackish), which constitute the commencement, and the primary characteristic of the malady.

In short, we may observe, that the name of *lepra* has been given to various diseases of different date and origin:

1st. To the affection described by Moses in the Book of Leviticus, and which M. Biett thinks bears a resemblance to the *Vitiligo* of the Latins; M. Alibert to the *Leuce* of the Greek authors; but which we are rather inclined to regard, with Ouseel and Lorry, as a disease
Rose-coloured and slightly-elevated plates, covered with delicate scales of a silvery mother-of-pearly white, of a round form, and disposed in circles, in *lepra vulgaris*; of a variable and irregular form in *psoriasis*.

II. In most cases, neither in the patient's constitution, nor in the external circumstances by which he has been influenced, can anything be found to explain the development of the disease. Nevertheless, certain influences have been remarked, which have, in some cases, provoked it; and we ought to allude to these causes, the action of which the English author Bateman explains by *idiosyncrasy*, by a particular disposition which favours the development of the cutaneous affection under the power of such and such circumstances.

Thus, *psoriasis* generally attacks adult age and the male sex; the influence of a cold and moist atmosphere; the occupations in which the skin is in contact with more or less irritating particles; wretchedness and filth; the use of salt provisions, of sea fish, of spirituous beverages; and intense moral emotions, have in many cases been the cause of *lepra* and *psoriasis*.

peculiar to the Jews, and unknown in the present day; whilst Schilling is of opinion that it was a combination of *Vitiligo* and *Elephantiasis*.

2nd. To the scaly affection alluded to by Hippocrates and his successors, and which we still describe in the present day under the name of *lepra vulgaris* (from the word *lernis*, a scale or squama).

3rd. To the tubercular disease, unknown to Hippocrates, and only described by cotemporaneous authors of the Christian era, under the name which it still preserves—*elephantiasis Graecorum*.

4th and lastly. To the exotic affection first described by Rhazes, an Arabian author of the tenth century, and which we now know by the name of *elephantiasis Arabica*.

Bateman, who has but little faith in the influence of regimen on the production of *lepra*, relates, however, two cases, where it appears to him that this influence might be admitted: "I have met," says he, "with one gentleman in whom spices or alcohol speedily produce it. The original attack in him occurred after eating some hot soup, containing spice, the first spoonful of which excited a violent tingling over the whole head, which was followed by the leprous eruption, which soon extended to the limbs. In another case, in a young gentleman of nineteen, the disease commenced after taking copious draughts of cream; and vinegar, oatmeal, and other species of food, to which it has been ascribed, have probably given rise to it occasionally: but these are all anomalies, and are only referable to peculiar idiosyncracy." The same author appended to this passage the following note: "Some poisonous substances taken into the stomach
It appears very certain that this disease is not contagious, but it has often been noticed as an hereditary transmission.

III. Psoriasis.—The scaly plates of psoriasis may show themselves on all parts of the body, but they are especially observed on the articulations of the limbs (in the sense of extension), as on the elbow and knee, on the external and posterior surface of the limbs, on the back, &c. Sometimes the disease attacks the whole, or nearly the whole, surface of the body; at other times it is confined to certain regions, and it is thus that many varieties, denominated according to their situation, have been admitted, as we shall show a little further on.

These patches, the eruption of which may in some cases be preceded by general phenomena, such as uneasiness, shivering, febrile disturbance, cephalalgia, disorder of the digestive functions, but which in the greater number co-exist with a sound state of general health, appear under the form of small red or rose-coloured points, accompanied sometimes by a feeling of itching or smarting, more or less unpleasant; a slight scale may be perceived in their centre; these points extend, grow round, and become lenticular. These lenticular patches may thus remain isolated and scattered upon the surface of the body, as we should sprinkle drops of a fluid upon the integuments: this form has received the name of psoriasis guttata. The white and delicate scales which cover the surface of the patches are commonly more or less adherent; after their desquamation they leave behind a red and prominent, but constantly dry, surface.

In another form of psoriasis, the skin is covered with much more extensive patches, of an irregular form, which present, by the union of small red elevations, which are confounded together in spreading, red or rose-coloured surfaces, more or less large, sometimes occupying nearly the whole extent of a limb (the anterior part of the leg, the posterior and external aspect of the fore-arm, for example), covered with white scales of variable thickness and tenacity: these have produced an eruption of lepra. The poison of copper is stated to have speedily excited it in several persons at the same time, in one of whom it continued for a month, but disappeared in the others in about ten days.”—Vide Med. Facts and Obs., vol. iii. p. 61.
patches bear great resemblance, in some cases, by their colour and their fissured appearance, to the bark of certain trees; M. Alibert also appears to have designated this species of *psoriasis* by the name of *dartre squameuse lichénoidé*; the English authors, with more exactitude and precision, under that of *psoriasis diffusa*. When this psoriasis passes into the chronic state, and becomes aggravated from the concurrence of certain circumstances, such as wretchedness, filth, excess, old age, &c., it receives the name of *psoriasis inveterata*. Then, a great extent of skin is thickened, red, covered with squamae, sometimes nearly crustaceous, fissured, detaching themselves in furfuraceous scales in the folds of the skin. In some cases, however, the squamae are not reproduced, and the integuments remain red, rough, thickened, and cracked. At other times, on the contrary, the limbs are inclosed in thick and continuous squamae, which form a sort of case, and the nails themselves are altered. When this happens, the internal organs may also be affected, particularly in old men and unhealthy subjects; it is then especially that the mucous membrane of the digestive passages presents indications of inflammation.

We may, perhaps, mention another variety, described under the name of *psoriasis orbicularis*, by MM. Cazenave and Schedel, which appears to have been treated of by M. Alibert, as *dartre squameuse orbiculare*. This species is characterized by large, round, and flattened patches of a rose-colour, covered with fine and delicate squamae, which commonly show themselves scantily on the trunk, arms, &c.

The English authors have also mentioned, under the name of *psoriasis gyrata*, a form which is very rarely observed, and in which the scaly patches are disposed in spiral lines, more or less narrow, which are figured out on the trunk or limbs; these species of garlands are most frequently only the remains of the rings of *lepra*.

The seat of partial psoriasis, as we have already said, has been taken into consideration by pathologists, and has served to establish many varieties denominated after the region affected: we will briefly run over them. M. Alibert has described, under the name of *dartre squameuse centrifuge*, psoriasis confined to the palm of the hand, and designated, in consequence of its situation, *psoriasis palmaria*. An analogous variety may show itself on the sole of the foot (*psoriasis plantaria*), but it is more
 rare than the preceding. The palm of the hand grows red, and becomes prominent; this elevation, sometimes accompanied by heat and smarting, is covered with a large white and dry scale, which detaches itself, and is successively replaced by others more eccentric, till the central portion of the palm resumes its ordinary appearance. The skin is thickened and fissured; it cracks, and is covered with hard, and usually very adherent, scales. The dorsal surface of the hand may also be the seat of partial psoriasis, as is particularly observed, according to Bateman, in bakers; but it may be met with in other occupations in which the hands are frequently exposed to causes of excitation, as in washer-women, grocers, &c. We then see whitish, dry, thickened, and adherent scales, separated by cracks and fissures, more or less deep, which cover the dorsal aspect of the metacarpo-phalangeal articulations.

The genitals of both sexes may also be affected with partial psoriasis. In the male, the prepuce may be seen thickened, cracked, constricted, bleeding on endeavouring to draw it back, and covered with small delicate scales (psoriasis praeputii). The skin of the scrotum becomes also, in some cases, dry, rough, fissured, and scaly (psoriasis scrotalis), and may thus present an appearance somewhat analogous to the squamous state consequent on chronic eczema. Moreover, this latter affection is much more frequent than psoriasis, in this situation. The labia pudendi in women may also present a similar alteration. Lastly, mention has been made, under the name of psoriasis labialis and psoriasis ophthalmica, of a partial eruption which surrounds the mouth in a scaly ring, or which gives rise to the formation of squamae, accompanied by a state of dryness and rigidity, with painful cracks, of the lips or the angles of the eye, with occasionally very intense itching. In this, commonly very rebellious, variety, the irritation often extends to the conjunctiva, in the latter case, and the mucous membrane of the mouth in the former. Perhaps we should also allude to psoriasis capitis, on account of its analogy to pityriasis and eczema, although it may truly be said that the hairy scalp is scarcely ever the exclusive seat of psoriasis.

IV. Lepra vulgaris.—In this species, described more particularly by M. Alibert, under the name of dartre furfuracée arrondie, the squamous patches have always a round
form; they are disposed in circles, or rings, which commonly circumscribe a central space where the skin preserves its integrity: so that the cutaneous surface is thus covered with rings, the scaly circle of which is formed by small rose-coloured patches, raised at the edges and depressed in the middle; the fine and delicate squamae are of a silvery or pearly white, and commonly very adherent. The small scales, the union of which forms these circles, have the greatest resemblance to those which characterize *psoriasis guttata*; these latter only differ from the preceding ones in being isolated and irregularly dispersed on the surface of the skin, without presenting a central depression.

But lepra, always preserving the characteristic circular form of the species, may present another mode of development; thus we see the red points, which constitute by their union the scales of psoriasis, extend and become confounded together, so as to form large orbicular patches, the centre of which is sunk and healthy, whilst the edges remain elevated and squamous. Sometimes, even the rosy or red patches are deprived of scales, and thus remain bare; lastly, in some extremely rare cases, there are no scales formed, and it is only by the circular form, and the central depression, that we can recognise the patches, in other respects always dry, and more or less hard, of the genus psoriasis.

Lepra nearly always commences by small scaly patches, which show themselves on the elbows and knees, and which, in these parts, are agglomerated and confounded together, so as to form irregular circles. The disease afterwards extends to the external and posterior surface of the limbs, to the trunk, the hairy scalp, and even the face, although the latter is but very rarely, and in all cases but very slightly, affected.

These patches are commonly indolent, or do not become the seat of any unpleasant sensation, except under circumstances which accelerate the circulation. Sometimes, however, there is a slight feeling of itching or smarting.

The *squamæ*, after being adherent for a variable period, are detached and renewed, and afterwards cease forming; the remaining dry and red patches shrink up and become pale, and then disappear, the skin resuming its natural state. In some cases, and particularly when the disease is combated by active internal remedies, as arsenical prepara-
tions, for instance, resolution is preceded by a much more vivid colouring, and other indications of inflammation in the cutaneous patches.

Lepra vulgaris nearly always co-exists with an unimpaired state of the general health; it is never accompanied by those nodosities, ulcerations, and alterations of feeling, which are observed in *elephantiasis* of the Greeks, or lepra tuberculosa: so that, in most cases, it is rather an affection unpleasant from the deformity which it causes, than from any pain or danger which it may involve. Nevertheless, there are certain severe cases, where we notice local, and sometimes even general, symptoms, analogous to those which we have alluded to in *psoriasis inveterata*.

V. The absence of *pustules* and *vesicles*, and the want of an exhalation, make a striking difference between the scales of the genus *psoriasis*, and the epidemic desquama-tions which succeed to *impetigo* or *eczema*: besides, this latter is very rarely separated in isolated groups as psoriasis. When situated on the hairy scalp, psoriasis might give rise to some mistakes; they may be avoided by remarking that the head is never the exclusive seat of it, and that it is generally propagated there by extension, from other parts of the body. The vascular development subjacent to the squamae, and the prominence of the patches, serve to distinguish it from *pityriasis*: so that, as a general rule, we may say, that the genus *psoriasis* is one of those which, with some few exceptions, is the most easy to recognise and distinguish from the cutaneous maladies which may present an apparent resemblance to it, at some period of their duration.

Nevertheless, the syphilitic virus frequently gives rise to eruptions which present, at first sight, a very analogous appearance to that of *psoriasis* and *lepra*; but then, there are still special characters to enable us to recognise the nature of venereal eruptions, such as the copper-coloured, blueish, sometimes even blackish (*lepra nigricans*) tint, the absence of the shining and pearly squamae of psoriasis, and, in some cases, the presence of isolated scales, often lenticular, in the scaly syphilide, with a small white edging, on the existence of which M. Biett has laid particular stress.

There is only a simple difference of form between *lepra vulgaris* and *psoriasis* properly so called, which is by no means sufficient to separate the two diseases, evidently of the same nature. The sub-variety, described under the
name of *psoriasis guttata*, even much more resembles, in appearance certain eruptions of *lepra vulgaris*, always recognisable, however, by the circular disposition, and the central depression of the patches, which also are not so small as those of *psoriasis guttata*. We may lastly add, that it is not uncommon to see different varieties of these scaly eruptions succeed each other in the same subject; for instance, *psoriasis guttata* pass into *psoriasis diffusa*, the circles of *lepra*, as they are about to disappear, transformed into *psoriasis gyrata*, or *guttata*, &c.

As to the conversion of *lichen* into *psoriasis* or *lepra*, admitted by Willan and denied by M. Biett, this deserves some explanation. It is true that there has been occasionally observed a cutaneous affection, which appears intermediate between the *papular* and *scaly* eruptions, but in my opinion it ought to be ranged among the latter: it occupies the same regions as *psoriasis*, is covered like it with white and shining, but much smaller, scales, and the patches are less in size, and more resemble papules in form and prominency. This eruption, which M. Biett regards as a particular species of *lichen*, is very probably that which the English author had in view when alluding to the conversion of that disease into *psoriasis* or *lepra*. The syphilitic eruptions too, very frequently present papules, which enlarge, become flat, and assume the appearance of lenticular patches of the *scaly syphilide*, after having first had that of the *papular*. *Lepra* and *psoriasis* sometimes disappear in summer, more frequently in winter. Accidental diseases, erysipelas, rubeola, and the access of intermittent fever, occasionally cause its resolution. They often co-exist with a state of perfect health, but generally offer a resistance to treatment, and a tendency to reproduce themselves: *partial psoriasis* is the most rebellious of all.

VI. Treatment.—Modern authors who have made two distinct species of *psoriasis* and *lepra*, are, nevertheless, agreed in acknowledging that the treatment of these diseases was almost the same. Ancient authors also recommend the same therapeutic agents in the affections alluded to, under the names of *ψόπα* and *lepra*. We think with Bateman, that it is of little importance to detail the series of medicaments recommended by the ancients for the cure of *lepra*,—not that like him we think they were for the most part useless; for here, as in a great many other circumstances, the basis of treatment still remains the same;
but, because it is our duty to insist on the special means, and on those extravagantly extolled by the moderns, as being more efficacious and in greater repute in the disease which we have now under consideration.

Nevertheless, we will state in a general manner, that the chief Greek, Latin, and Arabian physicians, and the authors who wrote after the revival of literature (Hippocrates, Galen, Paulus Aegineta, Avicenna, Fernel, Rivière, Mercurialis, &c.), advised, as ourselves, an appropriate regimen, blood-letting at the commencement, and, in cases where the state of the individual indicated it, depurative drinks, alteratives, purgatives, lotions, emollient and dermoeutetic topical applications, or even vesicants or caustics, according as the disease presented such and such characters.

"In fact," as Bateman justly says, "it is necessary to premise, that there is no one remedy, nor any invariable plan of treatment, which will succeed in lepra, under all the circumstances of its appearance in different instances; and that great errors are committed by prescribing for the name of the disease. The circumstances to which I allude more particularly, are the different degrees of cutaneous excitement, or inflammatory action, which accompany the disease in different habits; and which, if carefully attended to, afford an important guide to the most successful application of remedies."

It is not uncommon to see, as we have before said, lepra or psoriasis spontaneously, or even accidentally, disappear, by the effect of a modification in the vitality of the integuments: thus, M. Alibert saw a child subject to lepra vulgaris, completely cured of this malady, which was very intractable, and caused great alarm to its parents, by the development of small-pox. The same author relates the much more extraordinary case of a woman who, being struck by a thunderbolt, was radically cured of a psoriasis inveterata which she had been troubled with for a long time; probably the resolution was the result of the vivid emotion which the patient experienced upon this terrible accident. We have seen many patients in the wards of M. Biett cured by an attack of fever, erysipelas, &c.

In some cases also very simple external remedies, but employed with perseverance, have of themselves sufficed to effect a cure of diseases of the same species, although old and rebellious. Thus, according to M. Alibert, a person, sixty years of age, cured himself of lepra vulgaris by
assiduously plunging himself in a decoction of emollient plants. A man, fifty-two years of age, of a bilious temperament, suffering from psoriasis inveterata, (so intense that in his native place he was called the leper); after having consulted the most experienced physicians; after having employed, without the least success, an enormous quantity of baths; made use, every spring, of the juices of the fumitory, the buck-bean, and the dulcamara, and even had recourse to antivenereals,—was at last cured by the regular and continued employment of baths and douches, with artificial sulphur water (at the temperature of from 28° to 30° R.), prescribed by M. Alibert. This celebrated physician certainly used some other remedies conjointly with it, but he appears to have attached little importance to them, since he has made no mention of them in his report of the case. I have myself seen in the wards of M. Biett, at the Hôpital St. Louis, some patients very speedily cured by the use of unctions made with a pommade containing the ioduret of sulphur. More recently still, since I have been in the Hospital service, I have witnessed in some patients, who had been under treatment for a long period, the falling off of the scales, and the resolution of the patches, rapidly take place under the influence of a resolvent pommade, containing the ioduret of ammonia (a drachm to an ounce).

But most commonly lepra and psoriasis are diseases which have a tendency to prolongation and recurrence, which resist for a long time the means of treatment, both external and internal; and it is not very uncommon to see the squamous patches obstinately reproduce themselves, or even habitually persist, in the parts most frequently affected with this kind of lesion, such as the knee, the elbow, the external and dorsal surface of the fore-arms, &c.

Let us hasten then to speak of the heroic remedies which practitioners have judged most calculated to combat these often so rebellious affections.

Among the substances derived from the vegetable kingdom, we find, besides the ordinary depuratives and draughts commonly employed in diseases of the skin,—we find, I say, many very active vegetables, beyond measure extolled by certain practitioners, and particularly by the English physicians, and which are not without some efficacy:— The rhus radicans, the daphne mezereum, the orma pyramidalis, and especially the dulcamara, which, of a
truth, has not had, in France, the success, which it is said to have obtained in England.

Purgatives, and especially aloes, jalap, gamboge, or what is better, calomel, and the laxative mineral salts, are very often useful in the treatment of lepra; they even constitute a special method of treatment, says Hamilton, although nothing can be more ancient nor more common than the repeated use of purgatives in the treatment of cutaneous diseases in general, and those in which we are now engaged. Cantharides has been extravagantly extolled in England.

Mercurials, very frequently employed externally by the ancients, have been also recommended internally by many physicians: calomel, as a laxative and alterative, and the pills of Bellostes, are in common usage in similar cases: corrosive sublimate itself, and the liquor of Van Swieten, have been very successful, even where there has been no reason to suspect the existence of the syphilitic taint. M. Alibert mentions the case of a young butcher, who was radically cured in three months by the use of the latter remedy, of a lepra vulgaris, which occupied the whole extent of the integuments, and which had resisted many other kinds of treatment.

The preparations of arsenic daily obtain great success in the treatment of lepra and psoriasis. Long since employed by the Indians in leprous affections, singularly extolled by the English in lepra vulgaris, they are in the present day very much employed in France, under similar circumstances.

They are administered in the three principal forms, designated by the name of Asiatic pills, and Fowler’s and Pearson’s solution.

The former contain each about the thirteenth of a grain

---

1 Asiatic pills.

℞ Protoxide of fresh Arsenic - - gr. lv.
Black Pepper - - 3ix.

Pound in a mortar, at intervals, for four days. When this mixture is reduced to an impalpable powder, place it in a marble mortar. Add water by degrees, so as to form a solid mass; make it into 800 pills, which must be preserved in a bottle of sand. We have thought proper here to add the formule most in use for the exhibition of the remedies above alluded to.

Pills of dulcamara and the sulphuret of antimony.

℞ Extract of Dulcamara - - gss.
Sulphuret of Antimony - - 5ij.
Dulcamara Powder, q. s. - - M. and
of protoxide of arsenic, and are made up with black pepper; one is given every day, carefully observing its effects; it is but rarely prudent to raise the dose to two.

*Fowler’s solution* contains about six grains of the arsenite of potash to an ounce of water; it is administered in doses of from two to three drops in a little distilled water, and may be successively augmented after five or six days, till it reaches as many as fifteen or twenty, a dose which should never be exceeded.

*Pearson’s solution*, less active, and consequently less dangerous, than the preceding, contains one grain of the arsenite of soda to an ounce of distilled water; it is given divide into four-grain pills. They only differ from *Kunchel’s pills* in the addition of the dulcamara.

*Note.*—Nearly always the sulphurets of antimony contain arsenic.

**Daphne-mezereum mixture.**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarsaparilla Root</td>
<td>5/ij</td>
</tr>
<tr>
<td>Bark of Mezereum Root</td>
<td>3/ij</td>
</tr>
<tr>
<td>Boil in three litres (about three quarts) of water, till it is reduced one-third; afterwards add—Coriander Seeds</td>
<td>1/aa 3/ij</td>
</tr>
<tr>
<td>Liquorice Root</td>
<td>1/bijss</td>
</tr>
</tbody>
</table>

*Mixture of Orma Pyramidalis.*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bark of Orma Pyramidalis</td>
<td>3/ij</td>
</tr>
<tr>
<td>Water</td>
<td>1/bijss</td>
</tr>
</tbody>
</table>

Reduce to 1/bij by boiling.

*Fowler’s solution (French Codex).*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arsenious Acid</td>
<td>3/ij and gr. xviiij.</td>
</tr>
<tr>
<td>Carbonate of Potash</td>
<td>3/ij and gr. xviiij.</td>
</tr>
<tr>
<td>Distilled Water</td>
<td>1/ij</td>
</tr>
<tr>
<td>Melissa Spirit</td>
<td>3/ss</td>
</tr>
</tbody>
</table>

Reduce the arsenious acid to a powder, mix it with the carbonate of potash, and boil it in a glass vessel till the arsenious acid is completely dissolved. When it is become cool add the melissa spirit; filter, and add a sufficient quantity of water to make the whole one pound; thus a fluid will be obtained containing a hundredth part in weight of arsenious acid; and which is, in our opinion, very considerable.

*Pearson’s solution.*

It may be administered in the following formula:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arsenite of Crystallised Soda</td>
<td>gr. ij</td>
</tr>
<tr>
<td>Distilled Water</td>
<td>3/ij</td>
</tr>
</tbody>
</table>

*Tincture of Cantharides.*

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cantharides, roughly bruised</td>
<td>100 parts.</td>
</tr>
<tr>
<td>Alcohol (from 12°—22°)</td>
<td>800 parts.</td>
</tr>
</tbody>
</table>

Digest for four days, afterwards strain, and preserve it for use.
in doses of a scruple or half a drachm, till it reaches one
drachm, in some inert vehicle.

M. Biett has also made some successful attempts with
the arsenite of ammonia (from the sixteenth to the
eighteenth of a grain, or more, in solution).

Howsoever dangerous, medicines which would be so
easy to convert into poisons (since, from recent experi¬
ments, a quarter of a grain of arsenious acid is sufficient to
cause veritable poisoning), might appear at first sight, it is
certain that, administered with proper prudence, suspended
upon the manifestation of any symptoms of gastric irrita¬
tion, only to be afterwards resumed in doses as small as at
the commencement of the treatment, they have never been
seen to be followed by the serious results regarded as
inevitable by physicians blinded by prejudice. Certainly,
some cures may be attributed to these active remedies.
Nevertheless, it is clear that they are not suitable to all
subjects, nor under all circumstances, and that the state of
excitation or atony of the integuments is often sufficient
to contra-indicate or require their use. Occasionally, in
fact, they cause in the affected parts of the skin a sort of
inflammation, which powerfully contributes to the resolu¬
tion of the patches and the exfoliation of the scales, but
which could not fail to give rise to inconvenience, if there
already existed much irritation. We have already men¬
tioned their irritating action upon the digestive apparatus.
If, on the other hand, dreading its dangerous effects, we
reduce the medicine to the smallest doses, it is probable
that it may become almost inert; so that, for our own part,
we very rarely employ this class of remedies.

Cantharides, already employed for many centuries, as
well externally as internally, by Hippocrates, Galen,
Archigenes, &c., in leprous affections, has been already
extolled afresh by Mead, both in this and, still more, in
elephantiasis. The tincture is employed with great success
in lepra vulgaris; it is administered in two, four, and five-
drop doses, in a morning at breakfast, in some vehicle.
This dose may be progressively increased from three to
four drops every four or five days, till it reaches as high as
twenty or thirty, or even more, carefully watching the
digestive and genito-urinary organs, and suspending it
when any symptoms manifest themselves.

Besides these internal medicaments, recourse is fre¬
quently had to topical applications, which, as we have
already said, have in some cases sufficed to effect a cure.
Those most used in France, are simple baths, vapour baths, sulphur baths, resolvent ointments with the white precipitate, the ioduret of sulphur, mercury, and ammonia (from 5ss. to 3j. to an ounce of lard), and escharotics, applied to the points where the disease is most obstinate. These latter, as well as vesicants, are more rarely applicable in this than in various other cutaneous maladies previously described.

Galen says, that he has cured lepra by copious blood-lettings, warm baths, and the internal exhibition of hellebore.

Paulus Aegineta recommends the internal and external use of hellebore, topical desiccants, and escharotics, containing lime, sulphur, natrum, &c.

Archigenes recommends the following topical application as capable of removing the lepra in five days:

“Æruginis 3ij.—iv.; resinae pini liquidae, 3j.; thuris recentis, 3ij.; arida cum aceto terito, et adjectâ resina liquatâ præfrietis imposito, et alternis solvito, invenies lepram splenio adherentem.”

The same author prescribes another topical remedy more active, and which he calls lepram excorians, composed thus:

“Rad. chamaeleontis nigri partem unam, succi thapsiae paratem unam, ventrium cantharidum, sulphuris, æquales singulorum partes, pice liquida excipe, et loco illine, ubi illum probè confricueris; postquam vero bullae ac pustulae excitatae fuerint lenticulam cum melle jam imponito.”

Mercurialis recommends the following topical remedies in lepra and psoriasis:—

1st. Medicamentum psoricum:—

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<thead>
<tr>
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<tbody>
<tr>
<td>R. Ellebori utriusque</td>
<td></td>
<td></td>
<td>3j.</td>
</tr>
<tr>
<td>Lithargyrii</td>
<td></td>
<td></td>
<td>3iss.</td>
</tr>
<tr>
<td>Olei Rosati</td>
<td></td>
<td></td>
<td>3j.</td>
</tr>
<tr>
<td>Butyri recentis</td>
<td></td>
<td></td>
<td>3ss.</td>
</tr>
<tr>
<td>Farinae Lupinorum</td>
<td></td>
<td></td>
<td>5v.</td>
</tr>
<tr>
<td>M. fiat linimentum.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2nd. Aliud valentiuss:—

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</thead>
<tbody>
<tr>
<td>R. Nitri</td>
<td></td>
<td></td>
<td>3j.</td>
</tr>
<tr>
<td>Sulphuris vivi</td>
<td></td>
<td></td>
<td>3ss.</td>
</tr>
<tr>
<td>Quæ abluantur ter aceto acerimo:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olei Rosati</td>
<td></td>
<td></td>
<td>3ss.</td>
</tr>
<tr>
<td>Vitellos ovorum numero duos:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adipis Gallinæ</td>
<td></td>
<td></td>
<td>3ss.</td>
</tr>
<tr>
<td>M. fiat linimentum.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The English authors prescribed hot sea-baths, lotions of alcohol diluted with the sulphuret of potash, or made with the decoction of *dulcamara*; in some cases, lotions containing one part of *liqour potassae*\(^k\), or muriatic acid; ointments of pitch, or the nitrate of mercury\(^1\): lotions containing a small proportion of *corrosive sublimate*; pitch, internally, in the shape of pills, liquor potassae, tincture of white hellebore, &c.

In the present day, some systematic authors have wished to reduce the treatment of lepra and psoriasis, as that of all other diseases, to antiphlogistics, only permitting, in some cases, and merely externally, the use of but slightly active medicaments.

No doubt antiphlogistics would be useful in many cases at the commencement, and even at all periods, of the disease, in certain subjects, when the integuments are irritated, &c.; but to wish to exaggerate this fact, to draw from it general precepts applicable to nearly all cases, and in nearly every subject, would be to annihilate the treatment of the affections which we are now considering.

It is almost superfluous to speak here of regimen, since it is obvious that the general rules, which we have already many times proposed for various cutaneous diseases, more or less severe, are particularly applicable to lepra. How many times may we not accuse a departure from regimen, excess of wine, the use of stimulants, and of spiced dishes, of reproducing lepra and psoriasis, previously completely dissipated by a suitable and proper treatment!

VII. We may here add some particular cases, which will better show the effects of the treatment of which we have just laid down the basis.


Marguerite Bouchez, a girl, twenty-one years of age, having entered the Hôpital St. Louis, on September 8, 1818, had been subject in her infancy to some cutaneous eruptions, which ceased at the period of puberty. The

\(^k\) *Liquor potassae*:

\[\text{℞} \quad \text{Sub-carbonate of Potash} \quad \text{gr. xxiv.}\]
\[\text{℞} \quad \text{Decoction of Dog-grass} \quad \text{flb.]}\]

It is administered in doses of from five to twenty drops (internally).

\(^1\) *Mercurial pommade*:

\[\text{℞} \quad \text{Nitrate of Mercury} \quad 9j.\]
\[\text{℞} \quad \text{Spermaceti Ointment} \quad 3j.\]
first catamenial period was when she was fifteen, and she had been regular ever since that time.

At seventeen, without any appreciable cause, a dartrous eruption broke out on the face, the limbs, and trunk (without any alteration of the general health), which persisted in spite of the use of simple baths.

Three weeks before her admission into the hospital, gastric symptoms, successfully combated by the exhibition of a purgative and some glysters, manifested themselves. The dartres became more numerous, and there was a slight sensation of itching.

Examined on September 9, the patient had still a loaded tongue, a bitter taste in the mouth, and a feeling of lassitude in the legs. There were seen spread upon the chest, the belly, and especially the limbs, a very great number of small rose-coloured patches, perfectly round in many points, and being then about the size of a bean, larger, and slightly irregular in others, covered with small, white, and shining scales, which were detached, by rubbings, in small furfuraceous particles. These patches formed a slight prominence above the level of the skin—appreciable to sight and touch, especially the latter; they were not the seat of any painful sensation.

For some days she was confined to the use of veal broth, with the addition of sulphate of soda (half an ounce to a pint).

The catamenia appeared; when they were over, she commenced using vapour baths, and she was prescribed a mixture of wild succory, with the addition of 5j. of the carbonate of potash to a cupful.

She afterwards took Fowler's solution, which, in two or three months, effected a complete cure.

2nd. Psoriasis Inveterata, or degenerated lepra vulgaris, cured by the preparations of arsenic.

Naudin, twenty-two years of age, had already been cured, by the use of Fowler's solution, of the cutaneous disease which again induced him to enter the Hôpital St. Louis; but, one year after this cure, the dartrous affection reappeared with the same intensity as the first time, and was not long in invading the whole surface of the body.

In the commencement of March, 1819, the period at which I first saw the patient, the whole surface of the body, with the exception of the face, was covered with round, rose-coloured, and very extensive patches, most of
them but slightly regular, and confounded together in many points of their circumference, covered with small, white, pearly scales, without exhalation or itching. On the anterior part of the chest, and on the belly, the disease was better delineated and not yet changed in its nature, in the form of perfectly circular, isolated patches, of a variable extent.

This patient was soon placed upon a course of arsenical pills, each containing a twelfth of a grain of arsenite of iron, made up with powder of marsh-mallow. At the end of a month, a very decided exasperation happened in the phenomena of the disease: the skin became red and heated, and the scales were detached without being renewed; at the end of the second month the inflammation of the integuments was very well characterized, the patient suffered much, the heat and redness were intense; the arsenical preparations were given up, and warm baths were prescribed. The cutaneous irritation being speedily moderated, alkaline, were substituted for the simple, baths, and from that time the patient rapidly improved.

However, at the beginning of the month of June following, the heat of the atmosphere being very intense, a fresh eruption again covered the whole body, which thus appeared invested with a sort of white lepra. The forehead, too, and various points of the face, presented small, rosy, and furfuraceous patches. Those which covered the other parts of the body became nearly all confluent, so that the skin presented, in nearly its whole extent, a vivid rosy colouring, surmounted with white and pearly scales. At the end of a month the progress of the eruption appearing at last arrested, and, the disease being stationary, the use of the arsenical preparations, which had been previously employed with so much success, was resumed. Fowler's solution was prescribed this time, in progressive doses, from two drops up to sixteen. After some time the therapeutic exacerbation manifested itself as before, but it was slight, and did not necessitate any interruption in the treatment.

The cure was complete on the 20th of August, 1819, after forty days of treatment, six months having elapsed since the patient's admission into the hospital. All the scales were detached, and ceased to reproduce themselves; all the patches were effaced, and there only remained of a leprous affection so intense and so general, slight traces of a pale rosy discolouration, scattered here and there on
the surface of the integuments. In order to perfect the cure, the medicine was continued for some time, by progressively diminishing the doses in an inverse order to that of their augmentation; but nothing could induce the patient to remain, and, judging himself completely cured, he took his departure.

3rd. Psoriasis Labialis, treated by astringents and resolvents.

A woman from the country, aged fifty years, presented herself at the consultation of the Hôpital St. Louis, in the summer of 1826: she was affected with a scaly disease confined to the lower lip. The free border of this lip was cracked, fissured, and covered with thickened, dry, and very adherent squamae, with slight rosy discoloration of the neighbouring skin. She had had it for many months. The following treatment was prescribed:

1st. To drink every day many spoonfuls (two at first, and afterwards four, six, and eight, successively) of the following mixture:

```
R Infusion of Red Roses  -  -  Υj.
Sulphuric Acid  -  -  9j.
Syrup of Marsh-mallow  -  -  3j. M.
```

2nd. Tartarised lemonade, for an habitual drink.

3rd. To apply the following pomade to the lip, every evening:

```
R Yellow Sub-sulphate of Mercury  3ss.
Tincture of Laudanum of Sydenham  9j.
Lard  -  -  -  3j. M.
```

4th. To observe a mild and sober regimen.

Alkaline and sulphur baths, and sulphur, and even cinnabar, fumigations, are daily employed at the Hôpital St. Louis in the treatment of psoriasis. Very frequently when this topical medication is alone employed, merely an amelioration, or a temporary cure, is obtained.

Scaly Syphilide.

This is one of the most common forms of the syphilitic eruptions; the characters which distinguish it from the genus lepra, are the following: the colour of the patches is more obscure, livid, or coppery; they are covered with small greyish scales, very different from the shining and pearly ones of psoriasis; rarely confluent, they are commonly of a lenticular form, which more resembles psoriasis guttata than any other eruption. It sometimes,
however, disposes itself in rings more or less analogous to those of *lepra vulgaris*. M. Biett is even of opinion that the scaly eruption which the English authors have described under the name of *lepra nigricans*, is syphilitic.

When the patches of *psoriasis* are deprived of their squamae, when the chronic march of the disease, the bilious tint of the subject, and the slight habitual colouring of the integuments, tend to obscure their commonly rosy colour, the diagnosis becomes less easy. If, however, we carefully weigh the past and concomitant signs, especially if we seek in the places which it selects (the elbows and knees, in particular), the characteristics, generally more marked than elsewhere, of the eruption, it is very rare that we can mistake for syphilitic, an affection which often deceives the inexperienced and inattentive.

During the time I was "interne" at the Hôpital St. Louis, M. Biett made very numerous experiments with the muriate of gold, in constitutional venereal affections, and especially in those which we are now considering. In general, this salt was successful, but not more so than the mercurial preparations, and *the liquor of Van Swieten* in particular.

We will briefly relate two examples of the scaly sYPHILIDE treated by the muriate of gold.

1st. A working tailor, thirty-four years of age, tainted many times, and formerly treated for primary venereal symptoms, entered the Hôpital St. Louis, on the 15th of February, 1819. He had contracted, two months previously, a venereal chancre, which developed itself on the internal surface of the prepuce after an impure connection. For about ten days he was confined to the use of emollients; but then, two buboes appearing in the groins, the liquor of Van Swieten, and the sudorific draught, were employed. The buboes, upon which emollients were applied, ended in resolution; the chancre cicatrized, broke out again many times, and a slight salivation was established: this treatment was continued for about six weeks. The syphilitic eruption appeared (according to the patient) in the middle of it, first on the forehead and the thorax: he had had it five weeks on his admission to the Hospital. It then occupied the whole surface of the body, with the exception of the legs and feet. The integuments were sprinkled with a number of small prominent patches, hard and dry, flat-
tened, lenticular, of a coppery-red colour, and slightly livid, some isolated and exactly circumscribed, others confluent and confounded at their edges. They here and there presented a slight furfuraceous desquamation on the surface, and were, moreover, solid and not vesicular. The skin of the scrotum was red and excoriated; on the internal surface of the prepuce, at the base of the gland, might be seen the trace of a cicatrized chancre; there was a slight mucous discharge from the urethra; and the internal surface of the anus presented some small syphilitic excrescences. The patient experienced wandering pains in the shoulders and side.

After some days' preparation, treatment by the muriate of gold was prescribed: this salt, in the dose of one-eighteenth of a grain, was rubbed on the tongue in powder, with powdered marsh-mallow, at first once, afterwards twice, a day; it was continued for about three months, only being interrupted some days by the appearance of symptoms of gastric irritation, which were speedily dispersed by the employment of soothing remedies. He had many simple baths during the course of treatment.

The patient, deeming himself cured, wished to leave the hospital on the 19th of June, 1819. Then, in fact, all the venereal phenomena had disappeared, the cutaneous patches were resolved, and there were no other traces of the eruption than small pale and scarcely apparent spots; he had taken twenty grains of the muriate of gold.

2nd. The same means were employed with success in another patient, who, like the preceding, had had many venereal affections; and who, besides the scaly eruption, had a small exostosis on the left tibia (with pains in the periostenum by night), a greyish ulceration on the edge of the penis, and enlargement of the glands in the groin. The skin of the face, trunk, and limbs, was sprinkled with a great number of reddish, coppery, hard, lenticular patches, most of them free from desquamation, varying in extent from the size of a large pin's head to that of a lentil, without any itching or sensation of pain. The external use of vapour baths was associated with the internal remedy towards the end of the treatment, and manifestly hastened the disappearance of the patches. When the patient went out, after having taken only eighteen grains of the muriate, there were only slight and scarcely appreciable spots
remaining. It was, as in the preceding case, suspended for a few days, in consequence of slight symptoms of gastrointestinal irritation.

M. Biett refers also to the scaly syphilide a particular eruption of the palm of the hand, which bears a little resemblance to *psoriasis palmaria*, and to which he has given the name of *syphilide cornée*. Both surfaces of the hand, even the centre of the palm (and very often of only one hand), present small scaly prominences, the centre of which is hard, and analogous to those indurations of the epidermis which are observed in *corns* on the feet. Sometimes the palmar surface of the wrist presents, at the same time, a border of copper-coloured and slightly scaly patches, which circumscribe the palm of the hand, and are of great assistance in establishing a certain diagnosis. In a patient labouring under this kind of affection (which had been often successfully treated by partial *cinnabar fumigations*, unctions with *mercurial ointments*, &c.) the following treatment effected a very rapid cure:

1st. Pills with the *proto-ioduret* of Mercury

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>Powdered Guaiacum</td>
<td>3ss.</td>
</tr>
</tbody>
</table>

To make twenty-four pills, two to be taken every day.

2nd. Unctions every evening with the following pomade:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proto-ioduret of Mercury</td>
<td>3j.</td>
</tr>
<tr>
<td>Lard</td>
<td>3j. M.</td>
</tr>
</tbody>
</table>

The *scaly syphilide* is, with the *papular*, one of the forms most frequently observed at the Hôpital de Lourcine. We have, at this moment, in our wards, a woman tainted with it on the face, which has assumed the *herpetiform* appearance, which we shall presently describe in speaking of the *tubercular* syphilide. Small copper-coloured and slightly squamous circles are observed on the lips, the side of the nose, the chin, and neck. Small greyish scales, resting on a copper-coloured base, exist at the angles of the eyelids and the lips. The patient presents besides, some flat tubercles on the anus, and a *granular erosion* of the neck of the uterus.
ORDER VII.


LUPUS.

I. The ancient authors appear to have known this disease, designated by the Greeks under the name of Νόμη, and Ἔρπης εοθιμένος, and by the Latins under those of lupus, herpes exedens, &c. We think with M. Alibert (who has described it with much care), that it should retain the name of dartre rongeante, given to it by the Greeks, and by Galen*. Willan has preferred that of lupus of the Latins: both, however, express its destructive ravages. Bateman has merely just alluded to this affection in his work.

The dartre rongeante, or lupus, is a chronic disease of the skin, most commonly situated on the face, and characterized by the development of large flattened tubercles, of an obscure red colour, which, after some time, are converted into eating crustaceous ulcerations. These ulcerations extend over a more or less extensive surface, and are of a variable depth; they frequently cause the disfigurement or the falling off of the cartilaginous parts of the nose, and leave in the places which they abandon to spread elsewhere, rough, uneven, and irregular cicatrices, very analogous to those which succeed to burns. Nevertheless, the elementary tubercular form, which generally characterizes the commencement of this disease, and which made us class it, with Bateman, in the order of tubercles, is not always so decided, nor so constant, as to render it well marked in every case. Sometimes the ulceration is established from nearly the commencement, on a red and slightly prominent surface; at others, the disease appears to begin by veritable pustules, &c.: but these cases are exceptions; and, besides, in this affection, it is less to the elementary form that we apply

* In his recent nomenclature M. Alibert has made this malady the fourth genus of the group Dermatoses dartreuses, and has described it under the name of esthiomène, borrowed from Gui de Chauliac.
ourselves to establish the relationship of the different varieties, than to the ulterior progress of the ulcerations which follow it.

II. The *dartre rongeante* is most frequently caused by scrofula; thus, Professor Alibert has given the name of *dartre rongeante scrophuleuse* to the principal variety of this affection. It most commonly happens in youth, and from childhood to adult age, but especially from twelve to twenty or twenty-five years of age, in individuals of a lymphatic temperament, of a figure naturally a little bloated, with the lips and nose thickened and large, who have been subject in infancy to enlargements of the glands, impetigo, chronic ophthalmia, &c. However, it is also occasionally developed in persons who have the appearance of a healthy and robust constitution, and in whom there can be no reason to suspect the scrofulous taint. To this variety M. Alibert has given the name of *dartre rongeante idiopathique*. Syphilis often produces on the face ulcerations more or less analogous at their commencement, and even, to a certain extent, in their after progress, to lupus; and the same author has alluded to this disease under the name of *dartre rongeante vénérienne*. In some rare cases, certain local circumstances, certain external irritating causes, have appeared to provoke the development of lupus, but most frequently they have only accelerated its progress. This disease is not contagious.

III. Although *dartre rongeante* is occasionally observed on the limbs, and even the trunk, it is most commonly on the face that it shows itself with all its peculiar characters, and it usually commences on the lobules or alæ nasi, on the upper lip, or one of the cheeks. In one of these parts the skin becomes, at a certain point, red, patched, and pruriginous; one or more flattened, oval, diffuse, or ill-defined tubercles, render the surface of the integuments prominent; their colour is of a reddish brown, or a livid red. The patient, excited by an unpleasant itching, often scratches himself with his fingers, and thus accelerates the progress of the evil (there are some cases, however, where the disease is completely indolent). These tubercles spread, become confounded together, invade a more or less extensive surface, (the skin being thin, red, and shining), excoriate, ulcerate, and make fresh progress, both in extent and depth. The ulcerations, at first superficial, are covered with greenish and brownish crusts, dry and very adherent;
an acrid discharge, which irritates the neighbouring parts, flows from under them: the neighbouring skin is red, tender, and slightly swollen. At one time the ulcer remains stationary for a very long period, protected by the crusts which cover it, and prevent much pain; at another it cicatrizes in the place where it was first situated, and extends to the neighbouring parts, always remaining superficial, and only corroding the epidermis and reticular tissue of the skin. Again, on the contrary, it is seated on a very small spot, is confined to the region where it appeared at first, but penetrates deeply and successively the whole cutaneous thickness, the sub-cutaneous cellular tissue, the muscles, and the cartilages, only stopping at the bone. Hideous deformities follow the progress of this evil destroyer. The nose, entirely gone, presents in its former situation nothing but a red triangular opening, separated by the septum of the nasal fossa; the eyelids, drawn outwards, and bloodshot, leave their internal surface red and irritated; the lips and cheeks are eaten away, perforated, traversed by deep, uneven, and mamillated furrows (formed by hollow, turgid, and irregular cicatrices, quite analogous to those consequent upon burns); lastly, the face, swollen, engorged, disfigured, red, ulcerated, cicatrized, and deprived of its most prominent features, becomes in these unhappy creatures an object of horror and disgust, which inspires both others and themselves with a sort of intolerable aversion. It is very astonishing that there is but little pain accompanying this often so great disease; sometimes, however, the patients feel a smarting and itching, and a more or less intense burning in the ulcerated regions. Very frequently at the commencement, the formation of the tubercles is accompanied by an unpleasant itching.

But lupus presents a host of shades, degrees, and varieties, intermediate between its lightest and most circumscribed, and its most intense, extensive, and inveterate form; so that one can scarcely believe, on comparing the two extremes together, that they can belong to the same disease.

It is very rare that this affection, whatever may be its progress, seriously taints the general health: in the greatest number of cases the latter remains unimpaired, and none of the important functions are interfered with. The complications and other severe lesions caused by the scrofulous taint may alone cause a fatal termination. Most commonly
we have only local evils to deplore, the difficulties and
derangements of vision, smelling, nasal respiration, taking
nourishment, and mastication; from the eversion of the eye-
lids and the irritation of the eyes, the obliteration of the
nostrils, or the destruction of the nose, the contraction of
the mouth, and the perforation of the lips and cheeks.

M. Biett admits three varieties of lupus: that which
destroys the surface; that which destroys in depth; and
that which is accompanied by hypertrophy. They have a
very different appearance: in the first nothing of the tuber-
cular element can be distinguished; a point in the skin
reddens, becomes thin, and ulcerates; and thus, for ex-
ample, we sometimes see the alae nasi affected in a very
remarkable manner. In the second, the disease sometimes
exhausts all its ravages upon a very circumscribed point,
on the lobule of the nose, for example, the centre of the
cheek, &c.: a complete perforation is thus, in some cases,
very rapidly formed. The third, almost exclusively con-
fined to lymphatic and serofulous subjects, is occasionally
accompanied by a puffiness and an enormous tumefaction
of the lips and cheeks, so as to conceal the eyes, and almost
prevent the mouth from opening.

IV. It is more especially the syphilitic lupus which it is
important to distinguish from the dartre rongeante scrophu-
leuse, in order not to expose ourselves to the employment
of injurious remedies, or the neglect of an efficacious treat-
ment. The coppery tint peculiar to the cutaneous affections
of a venereal nature, the extent, rather in depth than on
the surface, of the consecutive ulceration, the greyish
appearance, the pink and perpendicularly cut edges of the
latter, and the past and concomitant circumstances, are gene-
really sufficient to enable us to recognize the syphilide ron-
geante. We ought, however, to say, that there are cases
where the tubercles of lupus have much analogy to those of
a venereal nature, whether they show themselves on the
face, or on other parts of the body. In general, the colour
of the former is of a livid and violet red, and not dull and
coppery, as the syphilitic ones: we shall return to this
comparative diagnosis in speaking of the tubercular syphi-
ilde. Cancer of the skin differs from lupus in the age of
those whom it attacks, the fungous ulcerations, with everted
edges, which it produces, the often vascular development,
and the lancinating pains which accompany it. The name
of Noli me tangere has been given to a small eating ulcer-
tion, which frequently attacks the nose or the cheek, especially in old men, and appears to be merely a variety of cutaneous cancer. Commonly pruriginous, it is covered with a small, dry, and delicate crust, which scarcely differs from the crustaceous ulceration of lupus, and which, moreover, requires the same treatment. The redness of couperose could scarcely be confounded by an attentive observer, with the reddish prominences of lupus in its commencement; nevertheless, the possibility of such a mistake should be anticipated, the consequences of which would be most serious.

The formidable progress of this disease, when left to itself, the resistance which it offers to therapeutic means, the frequency of its recurrence, and the hideous deformity which it may involve, render the prognosis very serious. When, however, it is attacked in time, and when the subject is endowed with a good constitution, it may frequently be arrested at its very commencement.

In two patients at the Hôpital St. Louis, we have seen an erysipelatous inflammation of the face, the one spontaneous, the other provoked by frictions, with a pommade containing the ioduret of sulphur, cause the resolution of the tubercles, and change, in a most satisfactory manner, the hideous appearance of the affected part.

Besides the scrofulous complication so common, other varieties of cutaneous irritation may happen accidentally in the region attacked by the lupus; thus, in some cases, we see small groups of impetiginous pustules, which give rise to the formation of crusts of dartre crustacee flavescente, manifest themselves on the inflamed skin.

V. Treatment.—Topical remedies have always been resorted to to combat dartre rongeante. Paulus Aegineta made use, in some cases, of cataplasms of lentils boiled with honey, unctions with wine, myrtle oil, wax, the bark of the pomegranate, litharge, white lead, and incense. The ancients employed, according to the case, a number of topical astringents, caustics, and irritants. In the present day, caustics are generally employed to destroy the ulcerated surface and arrest its further progress. The arsenical powder of M. Dupuytren, composed of from ninety-eight to ninety-nine parts of calomel, and from one to two of the white oxide of arsenic; the common arsenical paste, the acid nitrate of mercury, the nitrate of silver, and corrosive sublimate, in a concentrated solution, are employed to this effect. Care must be taken that the action of the caustics
does not extend beyond the surface of the disease, nor penetrate too deeply. In making use of the caustic powder of M. Dupuytren, it is generally sufficient to sprinkle the ulceration with a small pinch, so as to cover it with a layer about half a line in thickness. In employing the acid nitrate of mercury, a pledget of lint, well soaked in the caustic solution, should be drawn along the ulcerated surface. Whatever may be the mode of cauterization resorted to, we must, before using it, moderate the inflammatory symptoms (if they are at all intense) by leeches, warm baths, and emollient applications; cause the desquamation of the crusts by vapour douches, or emollient cataplasms, and render the affected surface moist, and clear of every foreign body. In some cases, it is necessary to excoriate it by the application of a blister, and then cauterization is made upon this surface, which is then extremely painful.

When, after one or more applications of the caustic, we succeed in obtaining a cicatrix which appears solid, we should endeavour to give it suppleness, and to disperse the engorgements which may still persist, by the employment of vapour douches.

Topical resolvents, particularly indicated at the commencement of the affection, are here suitable: at a later period, the iodurets of sulphur and mercury, combined with grease in variable proportions (from eighteen grains to 3j., in an ounce of recipient), have been resorted to.

But as dartre rongeante is nearly always caused by scrofula, it is often indispensable to join to external, internal antiscrofulous remedies; even the latter have, in some cases, succeeded in causing the resolution of tubercles which were not yet ulcerated. At other times the internal remedies having failed, the external ones have been successful. Thus, in a patient at the Hôpital St. Louis, affected with the scrofular form of lupus, the tincture of iodine was exhibited internally for many months, without any benefit, and it was necessary to have recourse to blisters and caustics to limit the progress of the evil. Tonics and bitters, the muriate of lime in solution, even the muriate of barytes, the arsenical preparations of Fowler and Pearson, and the animal oil of Dippel, have been recommended, to fulfil this indication; the enlightened practitioner will make a judicious choice among these means, taking care only to employ with reserve, and in the
most urgent cases, active medicines, which might easily become poisonous in the hands of ignorance and temerity.

Antiphlogistics, and especially local blood-letting, are little adapted to this disease; they can by no means be considered as constituting a curative method; often, even in the time when this physiological doctrine was of weight, I have seen the application of leeches, repeated with the object of curing the inflammation, singularly favour the progress of the disease.

A case of Noli me tangere, treated in this manner during the time that I was "Interne" at the Hôtel Dieu (in the winter of 1820), presents a remarkable example of the serious effect of leeches in certain consuming cutaneous diseases. I extract from the Nouv. Biblioth. Médic. (April number) a memoir on the effects of blood-letting, which I inserted there in 1826.

"A quarry-man, thirty-six years of age, had on the right ala of the nose, near the lobule of that organ, a small fissured and cavernous excavation, and, in addition, a very red and extensive tumefaction, with desquamation of the epidermis. The eyelids of the same side were slightly red and swollen. There was also a very unpleasant sensation of itching, sometimes even shooting pains, in the affected parts.

"The disease commenced two years previously, by a small pruriginous elevation, which, irritated by the dust of the quarry, excoriated, sometimes bleeding, often crustaceous, ended by transforming itself into a veritable eating ulceration.

"This patient sojourned in the Hôtel Dieu about three months; during the two first leeches were applied a great number of times in the neighbourhood of the affection, and afterwards emollient cataplasms.

"The tumefaction, the induration, the obscure redness, and the pains, increased, attacked the whole nose, the neighbouring part of the cheeks, and commenced showing themselves on the eyelids of both sides.

"The treatment, the result of which was manifestly so injurious, was then suspended, and baths, with corrosive sublimate added, were prescribed, and Plummer's pills, internally. The disease made no further progress, but remained stationary. A little time after, the patient left the hospital for that of St. Louis, and I lost sight of him."

It appears certain to me, that if, instead of obstinately persevering in leeches, we had set about destroying it from
its centre, by caustic applications, a sure and speedy cure would have been effected.

We have before said, that nature sometimes comes to the succour of art, in chronic affections of the skin, and that lupus itself, a disease so rebellious and obstinate, occasionally takes on resolution, from the invasion of an acute affection—erysipelas, for example—which rapidly modifies the circulation and nutrition of the affected tissue. M. Biett gave a remarkable instance of it in his clinical lecture of July 8, 1830.

The patient had presented, two years previously, on the nose, pustulo-crustaceous groups of impetigo rodens, to which tubercles of the genus lupus had succeeded. Repressed by resolvent and caustic applications, these tubercles shrunk up, and appeared to die away. A relapse took place, and when this individual came afresh to the Hôpital St. Louis, the nose, cheek, and upper lip, were the seat of many tubercles, some of which were ulcerated; the lip was besides generally swollen and hypertrophied (Lupus with hypertrophy). Recourse was had to slight cauterizations, afterwards to vapour douches, and a compressive bandage, and the ulcerations cicatrized, the lip diminished in size, and the tubercles were resolving, when there happened erysipelas of the face. A little time afterwards resolution was complete, and the places where the disease had been situated merely presented that redness and capillary injection which lasts for a variable period, after most chronic affections of the skin.

We see that in the treatment of lupus we must endeavour, in some manner, to imitate these morbid crises, and strive to modify the tissues by stimulating applications, in the same way as spontaneous inflammations which have proved so successful in their results, under like circumstances.

We have had occasion to observe analogous effects produced by variola; but, unfortunately, they were not always lasting. Thus, in a patient affected with dartre rongeante of the cheek (and who, moreover, presented no

\[b \] In cases of Lupus with hypertrophy, M. Biett has many times derived great advantage from a methodical compression of the face, by means of bandages, compresses, and lint: the eyes were closed, and covered with wadding, and the nostrils kept open by means of the ends of gum-elastic catheters.
indications of scrofula), an eruption of small-pox, which broke out, advantageously modified the tubercles: but this amelioration was only temporary, and soon afterwards, we had the mortification of witnessing the return of the original malady.

It is, we must say, a very common thing, thus to see lupus reproduce itself after having been apparently cured. A patient who was at the Hôpital St. Louis, in the month of May, 1829, presented a sad example of this serious recurrence. He had undergone the Rhino-plastic operation, at Montpellier in 1816, the nose having been destroyed by the progress of a dartre rongeante, which the celebrated Delpech had in vain endeavoured to arrest by caustics. For two years, the patient considered himself cured of the original malady, and of the hideous deformity which it had given rise to,—a deformity which the able surgeon just alluded to, had so happily removed; but in 1828, some fresh tubercles showed themselves on the cheeks, and—a very remarkable thing—on the artificial nose. This subject, of a lymphatic temperament, and affected with scrofula in his infancy (he was then twenty-five years of age), was in circumstances but little favourable to the radical cure of the disease from which he was suffering.

**Elephantiasis Græcorum.**

I. This disease, minutely described by Aretæus, has been frequently confounded with lepra vulgaris or lepra of the Greeks (already considered in the order of squamae), and with the glandular malady of Barbadoes, or elephantiasis Arabica, an affection of which the Greek authors have made no mention; and which, appearing to especially affect the lymphatic system, even invading in its progress the parts subjacent to the skin, ought not to be assimilated to diseases essentially cutaneous.

Elephantiasis, properly so called, was unknown at the time of Hippocrates. It was probably only brought to Greece after the conquests of Alexander the Great, whom history states to have been the first Greek who saw elephants in the wars which he waged in Asia. Pompey the Great brought the disease into Italy after his wars in Asia and Greece, in the century preceding the birth of our Saviour; and it was only in the following one, the first of the Christian era, that Elephantiasis was described in a
complete and precise manner by Aretæus, after having been alluded to by Galen, Celsus, and even, many years previously, by the poet Lucretius, who signalises Egypt and the banks of the Nile as its cradle. Galen says, with reason, that the name of Elephantiasis has been given to this affection (VI. De Causis Accidentium), because those tainted with it have dark skins covered with tuberosities, like the hide of the elephant.

As to Elephantiasis Arabica, its origin is much more recent still, since it has been only clearly mentioned by Rhazes, an Arabian author who lived in the tenth century of our era.

It was especially in the Middle Ages, and after the Crusades, that Tubercular Elephantiasis, and the affections called leprous, spread themselves in Europe. There were reckoned to be in France, in the thirteenth century, as many as 2000 lazarettoes, and it is known that a special order of knights devoted themselves to the treatment of the leprous. Then, and since, from a want of exact obser-

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*c Vide the note placed at the head of the chapter on Elephantiasis Arabica.

*d A long time before the era of the Crusades, properly so called, frequent pilgrimages took place from various points of Christian Europe to the Holy Land. It appears that in the eighth century lepra was already very well known in the West, and especially in the French states; since in the Parliament held at Compiègne, in 757, during the reign of Pépin-le-Bref, this disease was expressly mentioned as a cause of divorce. Moreover, the healthy party was permitted to marry again. (Vide l'Histoire de France, by the Abbé Vély.)

* "There was something sacred in lepra at this period, in the eyes of the Church and the faithful: it was a gift of God, a special distinction, a mark, so to speak, of divine favour. The hand of God,—God, ever just and merciful,—had touched a Christian, had struck him in a way mysterious and inaccessible to human science, and henceforth there was something venerable in his affliction. Solitude, meditation, and devotion to God alone, became necessary for lepers; but the love and the prayers of their brethren followed them in their isolation. The Church had learned to reconcile the most tender solicitude for these unfortunate outcasts from its bosom, with the measures required for the safety of all, to prevent the contagion from extending. Perhaps there is nothing more touching and more solemn in the Liturgy, than the ritual called Separatio Leprosorum, by which those smitten by the Almighty are separated from others, in places where there is no asylum specially devoted to their use. The funeral service was performed in the presence of the leper, and the priest, having pronounced a blessing on each article of domestic
vation, and in consequence of the errors introduced into the language, from the manner in which the translators interpreted the expressions of the Arabian authors, many different diseases, either of the skin, or even of the sub-

convenience provided for his use in the solitude to which he was about to be consigned, collected the alms from those present; then, preceded by the Cross, and accompanied by the faithful, he was conducted to the isolated hut prepared for his future abode. Over the roof of this hut the priest strewed a portion of sacred dust from the cemetery, pronouncing at the same time these words: "Sis mortuus mundo, vivens iterum Deo"—Die to the world but re-awake to God! He then addressed a consolatory discourse to the leper, wherein he painted the joys of Paradise, and dwelt on the spiritual communication, which, through the prayers of the Church, offered especially on his behalf, was henceforth secured to him. A wooden cross was then planted before the door of the hut, and a pouch suspended therefrom for the reception of alms; after which, the priest and his attendants departed, leaving the recluse to his silence and solitude, never to be broken except at Easter, when the leprous were permitted to emerge from their living tomb, as Christ himself had risen from the dead, and to enter the towns and villages, in order to participate in the general rejoicings for the blessings of Christianity.

When a leper died thus isolated, the funeral obsequies were celebrated by non-Episcopal confessors ("Confesseurs non Evêques"—confessors having the right of granting absolution, without the immediate permission of the Bishop).

Nor was the view taken by the Church of the condition of those affected with leprosy, confined to the ecclesiastical order. The people, in general, bestowed on the leprous the most consolatory and endearing epithets, styling them, God's afflicted, God's own cherished poor, the good people, &c. Moreover, crusades and pilgrimages to the Holy Land contributed greatly to the spread of leprosy in Europe, and hence the opinion of its sacred character became confirmed. An order of knighthood—that of St. Lazarus—was established at Jerusalem, and exclusively devoted to the service of the leprous; as was also an order of religious females, attached to the hospice of St. John the Almoner. The Grand Master of the order of St. Lazarus was himself a leper. Among sovereigns and eminent persons, our Elizabeth was not the only one to honour Christ in these successors to Lazarus. Illustrious and powerful princes looked upon this only as one of the privileges of the crown.

Robert of France regularly visited the hospitals for lepers. St. Louis treated them with brotherly affection, visited them during Ember Week, and kissed their sores. Henry III. of England did the same. But it was more especially the saints of the middle ages, who manifested a sublime devotion to the leprous. St. Catherine of Sienna had her hands infected while attending the dying hours of an aged leper, whom she persevered in preparing for the tomb, and interring with her own hands. Having concluded her pious work, she found her hands not only perfectly restored, but as pure and
jacent tissues, have been generally confounded together under the name of *lepra*. Many physicians, according to Bateman, had, however, since the sixteenth century, signalised this fact, and observed, that frequently there were placed in the lazarettoes, individuals who presented no evident signs of *scaly lepra* or *tubercular elephantiasis*, but of cutaneous diseases of a very different nature.

M. Alibert, in applying himself to establishing the differences between Elephantiasis Græcorum and *scaly Lepra*, has, nevertheless, described these two diseases in the order of Lepræ, thus, to a certain extent, conforming to the common nomenclature; and he has even approximated more closely the *tubercular elephantiasis*, and the common one, or *Glandular disease of Barbadoes*, and described this latter as a variety under the name of *Lèpre tuberculuse elephantine*.

In the present day, too, in the group of *Dermatoses lepreuses*, this author admits three species: *la lèpre écaillue* (scaly lepra), *la lèpre crustacée* (crustaceous lepra), and *la lèpre tuberculuse* (tubercular lepra); it is this last which we describe under the name of *Elephantiasis*. (Vide the note at p. 240, to the chapter on *Lepra vulgaris*).

The English authors have been more rigorous in their classification, and it is important to adopt their ideas, to do away with the confusion which exists between some diseases, which it is better to isolate and study as distinct species.

Bateman terminates, by the following summary, his discussion upon this subject:—

"In conclusion, then, it will be seen that the terms Elephantiasis and *Lepra* have been thus confounded. The word *Lepra* (which should be confined to a *scaly* disease) has been erroneously applied to the proper Elephantiasis (a *tubercular* disease). Elephantiasis, again, which is so white as those of a new-born babe, while a soft lambent flame appeared to issue from the parts that had been most severely affected. St. Francis, and his noble companion St. Claire, St. Odilia of Alsace, St. Judith of Poland, St. Edward of Canterbury, and later, St. Francis Xavier, and St. Jane of Cantal, delighted in performing the most humiliating services for the leprous; and not unfrequently did their prayers obtain for them instantaneous relief."—Montalember's *History of St. Elizabeth of Hungary, Duchess of Thuringe.* (1207—1231.) 1 vol. in 4to., 1836, p. 218 et seq.
distinctly described by the Greek writers, has been transferred, by the Latin translators of the Arabian writers, to the local affection of the leg (the elephas of these writers, the Barbadoes leg, and the glandular disease of Dr. Hendy), and is commonly used in that acceptation by practitioners at present. But it has been also misapplied to the white disease of the skin, called by the Greeks, Romans, and Arabians, Leuce, Vitiligo, and Baras (or Beras), respectively; and thence, by an easy step, it has been again transferred, by some unlearned persons, even to the scaly Lepra; while the term Lepra has been often indiscriminately applied to all these affections.”

Lepra tuberculosa (described by Bateman under the name of elephantiasis of the Greek authors) is, then, a cutaneous disease, characterized, in its highest degree of development, by small tumours, or tubercles, which principally show themselves on the face, and ears (and, at a later period, also on the mouth, the limbs, &c.), susceptible of remaining a very long time in a state of induration, or of terminating by ulceration, rarely by resolution. This tubercular induration is accompanied by a profound alteration of the colour and texture of the skin, which becomes thickened, rough, greyish, livid, or brownish, analogous to that of the elephant. The features are deformed and hideous, touch is abolished, the hairs grow white and fall off, and death alone closes the miseries of the leprous. This disease, very rare in our temperate climates, is, on the contrary, very common in hot countries: in Africa, in Syria, in India, and in our American colonies (where it received the name of Lepra). It is scarcely ever observed in France, and especially in Paris, but in individuals who have been sea voyages, and have contracted its germ in some of the places where it commonly prevails. Nevertheless, some hot countries of Europe, as Martigne, in Provence, certain places in Spain and Portugal, present some examples of indigenous Elephantiasis.

Schilling, a Belgian physician who practised, towards the middle of the eighteenth century, in the Dutch colonies of America, and who regarded the ancient Lepra, the Leuce of the Greeks, the Vitiligo of the Latins, the Lepra of the Crusaders, the Elephantiasis of Aretæus, and that of the Arabian authors, as degrees or shades of the same disease, expresses himself nearly in these terms, in the chapter of his first Latin dissertation, entitled, De
frequentia leprae in coloniis Americanis, præsertim meridionalibus, et de causis hujus frequentiæ:

"It is certain that Lepra was endemic of old, and still is so in the present day, among the Arabians and Egyptians. From these countries it gradually spread itself to neighbouring nations, and forthwith infected Abyssinia and Æthiopia, regions in which the sky, air, and soil, present a great analogy with the country which was the cradle of Lepra. There is reason to believe that it passed from this place into America, with the African slaves transported to the colonies.

"In fact, there does not appear to be sufficient reason to regard this disease as endemic in America, although it may be very much spread there in the present day—but only among the inhabitants who have relations with the Æthiopians. Besides, it propagates itself every year, more and more, by means of fresh arrivals of slaves; the most beautiful among whom are, in fact, often tainted with lepra, of which they only present, as yet, slight indications, easily overlooked or mistaken.

"There are many evident reasons for the affection being more common in the colony of Surinam and the neighbouring countries, than in North America."

These reasons are derived from climate, from the kind of nourishment, from the connection of the inhabitants with the negroes, &c. The author thinks, with all the writers who have preceded him, from Moses, Hippocrates, and Galen, to more modern observers, that the use of bad fish, salt provisions, and tainted waters, is the most powerful cause of the malady being developed in the countries where it usually exists. Moreover, he admits that the proximate cause resides in a profound alteration of the lymph and blood. Thus, the evil apparent, however slight it may be, is always indicative of a lurking poison, and no cure can be effected by confining ourselves to the destruction or removal, by external remedies, of the spot which is first symptomatic of the Lepra, even when there only exists a single one on the whole extent of the integuments, and the general health appears unimpaired.

II. Notwithstanding the common opinion, very much spread from of old, even among physicians, it is by no means clearly demonstrated that Lepra tuberculosa may be transmitted by contagion; many facts, on the contrary, tend to prove, that the closest and most frequent communi-
cations, such as those, for instance, between husband and wife, are not sufficient to cause the transmission of the disease. The thing appears almost without doubt, as regards our climate; and, it may be allowable to abstain from pronouncing definitively upon the question of contagion in the tropical climates, and in the hot countries where elephantiasis is endemic. In the colonies, the leprous are generally kept apart; but the separation is not sufficiently strict to be efficacious, if the contagious character of the disease were established. It is much more probable that lepra may be transmitted by way of generation.

M. Valentin relates the general opinion which attributes the existence of leprous diseases at Vitroles, in Provence, to this cause: it is said, that a leper came to settle there from Martigne; he had three daughters, all of whom died of this same disease. M. Alibert saw two women at the Hôpital St. Louis who had inherited Lepra from their parents. Most authors are agreed in acknowledging the hereditary propagation of this malady, from which, nevertheless, according to M. Alibert, children born of such parents may be withdrawn, by being suckled by a healthy nurse, and by change of air and climate; in short, by endeavouring, by a prudent application of hygienic rules, to combat the disposition which they may have received from those who gave them birth. The same author relates, with regard to the development of lepra tuberculosa originating with the mother, a most curious fact, but which does not appear to us sufficient to prove that the child had, in fact, received in its mother's womb the germ of the hideous disease with which it was affected. A young

Schilling pretends that this argument, familiar to physicians who deny the contagion of lepra, rests upon an error of observation. According to him, it is not uncommon to see the disease communicated (at Surinam) from husband to wife, and reciprocally. Without doubt, he adds, it may happen that a woman may live a long time with her husband without appearing tainted, especially if she enjoys good health, and leads a well-regulated life, but it is impossible that she should not be, by little and little, infected, and end, by herself presenting the characteristic indications of the disease. As to its hereditary nature, the same author affirms, that children cannot be protected from the malady with which their parents may be affected, unless, after their birth, they are removed far from the paternal roof, and placed in hygienic conditions calculated to preserve them from lepra. (Vide the Introduction to my Manuel des Maladies Vénériennes.)
woman, observed by M. Alibert, had since her childhood been tainted with *Lepra tuberculosa*. Her mother, who was healthy, was brought to bed of her, in the midst of the revolutionary massacres, and was vividly affected at seeing the head of an unhappy victim to the popular fury carried along the streets; the shock which she experienced was felt also by the child of which she was then pregnant.

The learned observer, whom we have cited above (Schilling), relates in his second Latin dissertation, *De Leprâ*, the curious particulars of a visit which he made at the time of his journey to Turin, to an entire family labouring under *elephantiasis*, in the hospital of a small neighbouring town. We here give a free translation of it:

"In the vestibule, advanced in front of us the father of this unhappy family, who was thought to be healthy and completely exempt from the disease, but whom I suspected, at first sight, to be also infected with lepra. Two years ago, this man had lost his wife and his eldest son, both of whom died of the malady, with which, in its severe form, the two other sons were now afflicted. An only daughter, about ten years of age, and very beautiful in her appearance, passed for cured, after having lost the first phalanx of the index finger of the left hand. Having entered the chamber where were the two patients, I found the elder son confined to his bed, in the most miserable state. The face of this unhappy creature was horrible to look at, full of dark and livid tubercles, the lips being swollen, the nose puffed up and cracked, the voice hoarse, the tongue parched, the chest and belly covered with spots and wrinkles; some, too, were scattered on the back. The abdomen, tense and voluminous, appeared to present to the touch, a feeling of induration and general obstruction of the liver, spleen, and mesenteric glands. Spots, of which I proved the perfect insensibility, in the presence of the celebrated persons who accompanied me, were sprinkled upon the arms. The greater portion of the phalanges of the fingers had fallen off; the wounds resulting from their separation appeared cicatrized, but were not really cured. The inferior extremities were also strewn with spots; the feet presented a number of ulcers, with caries, and loss of sensation; some of the phalanges of the toes had fallen off, and the rest were greatly swollen. The patient, who had had fever for some days, was in a deplorable state of feeble-
ness and suffering, and I did not hesitate, although he was in the very prime of life (thirty), to pronounce him incurable.

"His brother, twenty-five years of age, also bed-ridden, was not suffering under such severe symptoms. There were insensible spots on all parts of the body. There was great tumefaction, without induration; the hands had lost some of their phalanges; there were also ulcers on the feet, but no bad odour or caries. There were ulcers on the abdomen, which did not present any engorgement. The bowels were very sluggish in both brothers; three, four, and even eight days, passing without an evacuation. The elder one could only be abandoned to his unhappy fate, but the younger one might be treated with some hope of success.

"But let us return to the daughter, who, as I have already said, was of a most agreeable nature, and only presented, at first sight, a single indolent spot near the left ala of the nose. Nevertheless, this single spot had been sufficient to arouse my attention, and make me suspect the existence of lepra. But there was still another indication. Having learnt that this young girl had previously lost the first phalanx of the index finger, I examined the hand, and found upon the cicatrix an indolent spot, which announced the persistance of the evil, and presaged a fresh ulceration. She told me that the loss of the finger was effected without any pain, and that many remedies had been fruitlessly tried, and especially mercury, pushed even to salivation, the possibility of venereal infection having been alluded to. But all hope of a cure was renounced after a certain time, and the disease was left to itself.

"Lastly, the father, sixty years of age, regarded by every one as healthy and sound, appeared to me, at first, to be tainted with the same disease which so cruelly scourged his family. The face was coloured, but free from spots; he was endowed with a robust constitution, and supported and waited upon his children, with every attention in his power. I made him strip, and soon discovered upon his body some leprous spots, which were insensible to pricking and cutting. They were very large and numerous on the calf of the leg, smaller and less plentiful on the neck, underneath the hair. There was no spot or node upon any other part of the integuments. However, I did not hesitate to pronounce him tainted with the disease, affirming
that my opinion would soon be amply justified by what would ensue; for, in most cases, it has been observed, that the slower the malady is in its progress at first, the more intense is its after development, when once it has surmounted the conservative resistance of nature.

"The deceased mother ought, in all probability, to be considered as the source of the evil. She had tainted all her children, and even the vigour of her husband had not been able completely to resist the infection. The former fell a victim to the progress of the disease; the elder children, the most severely affected, followed her. The eldest, in fact, died soon after his mother; the second was drawing near his end, and the third was less ill; the daughter appeared only slightly affected, and the father still presented every appearance of health. I endeavoured to ascertain the cause of the original evil, but none of them could furnish me with any information on this subject. I merely learned that in some country towns of part of Piedmont, called the Valley, it was not uncommon to see the inhabitants tainted with this disease from infancy. Moreover, I have succeeded in satisfying myself that lepra is less rare in Italy than in the colder countries of Europe, and not only have I here and there discovered lepers in the Italian hospitals, but I have also met in the streets of certain towns, men bearing decided marks of the disease.

"I cannot forbear mentioning, on this occasion, the horrible stench which issued from the place where the family, whose mournful history I have just related, resided; and yet it was summer, the windows and doors had been open a long time before our arrival, the chamber was spacious, and the hospital itself stood in the open country."

Heat and moisture appear to favour the development of elephantiasis, and it has been especially observed in places where these two conditions co-exist, as at Martigne, in Provence, at the Isle of France, in the isles of Java and Batavia, and in the marshy countries of South America. Want of care and cleanliness, wretchedness, and the causes of insalubrity, which act specially on the integuments, have also an influence on the production of this disease; and, without doubt, the greatest number of cases of elephantiasis, and the other severe cutaneous affections which spread themselves in Europe at the time of the Crusades, must be attributed to circumstances of this nature. Bad nourishment may, in the opinion of most authors, become
a cause of elephantiasis. A serious influence is also exerted by the use of corrupt and salt fish, smoked and salted pork, &c. Probably, moral causes are not quite unconnected with its production; and it may at least be easily imagined, that intense emotions, grief, &c., may give rise to its development in individuals who are disposed to it.

III. The following is the description which Aretæus has given of Elephantiasis, nearly eighteen centuries ago:

"There are many things in common between the disease called Elephantiasis and the animal from whence it derives its name; besides, it has also been called Leontiasis, from the resemblance of the wrinkles and folds on the forehead in those tainted with it, to the menacing aspect of the lion. The name of Satyriasis has also been given it, from the redness of the cheeks, and the intense venereal desire observed in this kind of patients. This awful affection holds the first rank among diseases, from its violence, its deadly power, and its hideous aspect, just as the elephant stands forth the foremost of animals, from his power and his terrific appearance.

"It generally first shows itself on the face; in some

8 This is looked upon as a very active cause by the physicians of the coast of Norway, where elephantiasis, which is designated by the name of Radesyge, or Lepra of the north, is also very prevalent. Dr. Martins (Revue Médicale, Dec. 1838, p. 434), in a voyage to the arctic regions, had occasion to observe it. He is astonished that some authors have entertained the thought of referring this disease, evidently leprous, to syphilis. It is no other, in fact, than elephantiasis of the Greeks*, with gradual and spontaneous separation of the extremities, as is observed in the Antilles, under very different conditions of atmosphere and climate. The physician of Tzomsoe, M. Finch, related to M. Martins a fact well calculated to support the etiology which we have signalised. Lepra was unknown in one part of his district; a whale was thrown upon the shore by a storm; the unfortunate inhabitants fed themselves upon it for many months; a little time afterwards some cases of Radesyge appeared amongst them.

9 I have translated this long passage, thinking that it would probably prove more acceptable to the generality of readers, in English than in Latin.—Trans.

* M. Martins has been led into error. Radesyge, or lepra of the north, is a tuberculo-crustaceous rongeante (eating) disease, very distinct from Elephantiasis, which also exists on the coast of Norway, under the two known forms of Tubercular and Anesthetic Elephantiasis."—Manuscript letter from M. Gibert.
subjects, however, the neck, knees, hands, and feet, are first affected. The patients are dull, sleepy, and quiet; the bowels are costive, and the breath has an unpleasant odour. The urine is light-coloured, thick, and turbid; the venereal appetite is strong. Digestion is easily performed.

“Small tumours (cutaneous) rise near each other, without being confounded together; they are hard, and render the skin rough and unequal, the interstices presenting furrows and cracks like the hide of an elephant. The veins appear enlarged, not from abundance of blood, but from cutaneous thickening.

“Soon the whole body becomes invaded by the progress of the malady! The hairs on the hands, thighs, and legs, die away; and those on the chin and pubes become rare; the hair of the head itself falls off, and a premature baldness ensues: if a few remain here and there, they are rather a deformity than an ornament. The scalp is deeply furrowed with folds and wrinkles; the face is rough, with small hard tumours; in some cases, white at their summits, and greyish at their base. The pulse is small, slow, and dull, as though a muddy fluid slowly circulated in the vessels. The temporal veins are distended, and dark prominences exist under the tongue. This organ is covered with granular asperities. It is even not impossible that the interior of the body is full of analogous tubercles. Do we not find, in fact, in the unhealthy animals which serve for sacrifices, the flesh filled with hard granulations? The cheeks are coloured and slightly swollen; the eyes, dim and cloudy, have a coppery colour; the eyebrows are prominent, hard, and deprived of their hairs: they are contracted and drawn downwards by their own weight, and surmounted by projecting tubercles of a livid or darkish colour. These wrinkles and prominences of the forehead and the eyebrows lowering over the eyes, give the patient's physiognomy some resemblance to that of a lion. The cheek-bones and the nostrils are covered with tubercles; the lips are prominent, swollen, and indurated, with livid edges; the nose is puffed up, and the teeth become blackened; the ears, enlarged, engorged, and of an obscurely red colour, resemble those of the elephant. They are ulcerated at the base, and discharge a thin sanious matter, which is accompanied by considerable itching.

“The whole body is thickly set with wrinkles, which are separated by deep furrows, so that the skin is really
like that of the elephant. The soles of the feet are full of fistulæ. If the disease continues to make progress, the tubercles of the cheeks, chin, fingers, and knees, ulcerate. These ulcerations are fetid and incurable; they cause the falling off of the nose, fingers, feet, genitals, and of the entire hands, so that partial, thus precedes the general, death. Every death from this horrible malady, is a deliverance from a wretched life, and from frightful torments. The duration of the patient is long, as that of the elephant. The appetite still continues, but there is no longer any relish nor pleasure in eating and drinking: everything becomes a source of suffering and disgust. He experiences a sense of lassitude; his limbs, although emaciated, appear to him to drag along, and heavy to support; he has no enjoyment in the pleasures of the bath, nor in those of the table: and, on the other hand, fasting and the abstaining from ablation are not agreeable to him, so that he has no pleasure either in repose or exercise. His disease is repugnant to everything; his sleep is trifling; his wakefulness insupportable, harassed as it is by the cruel picture of his woes. There is difficulty of breathing, and the patient is a prey to suffocating fits, as though he were strangled by a cord. Some patients drop off into a state of drowsiness, from which they wake no more.

"After a picture such as this, who would not shun these unhappy creatures, who become an object of horror and disgust to their parents and relations? The greater the horror of the disease, the less is the fear of contagion: for many fly to the solitude of the mountains, some obtaining provisions to sustain their mournful existence, others preferring death to the hideous disease with which they are afflicted." (Aretæus, Artis Mediciæ Prin¬cipes, t. v. de Elephantiæae).

If we judge from the energetic description of Aretæus, Elephantiasis consists at first in a superficial, afterwards in a more and more deep, alteration of the skin, which is covered with greyish or fawn-coloured brownish stains; afterwards becomes engorged, thickened, indurated, and greyish or bronzed, then rough and uneven, thickly set with tubercles, wrinkles, and hideous swellings: these latter, more decided on the face than elsewhere, render the features coarse and deformed, so that the physiognomy of those affected has been compared to that of satyrs, or of a lion; the induration or tumefaction of the lips, the alæ nasi, the skin of the fore-
head, and the ears, really giving to the face a horrible appearance, and very analogous to that of the fabulous personage of whom the ancients have traced for us the picture, or to the awful face of the king of animals.

Schilling, who, as we have already said, observed lepra tuberculosa at Surinam, in the eighteenth century, the Latin dissertation on which was published under the superintendence of J. D. Hahn, at Leyden, in 1778¹, justly attaches very great importance to the primary characters which indicate the commencement of the disease. According to his own observation, there are two in number, sure and certain:—1st. The change of colour in the skin and hairs of the affected part: this sign, according to him, has been noticed by all observers; 2nd. The insensibility of the affected part, which, for the first time, was mentioned by Aretæus, but which does not appear to have been pointed out as a characteristic existing from the very commencement, and as soon as the first spots were manifest, before the time of Andrew Cleyer. This physician, having met with the case in the isle of Java, and having taken it for a fresh and unknown malady, published it, with a figure, which gave the horrible state of the body covered with lepra, in the Ephémérides Germaniques, in Dec. 1683.

The alteration in the colour of the skin is of two kinds: at one time the spots are reddish, with an inclination towards paleness; at another, there are whitish spots, with an inclination to a red or livid yellow. In the first case, the hairs of the part appear yellow or red; in the second, they look white. In both species the spots are round and very small at first. Insensibility is common in both. It is not lepra unless these two characters co-exist.

The duty of the physician, then, is to attentively examine the suspected individual from head to foot, and especially not to omit the parts with hair upon them; for, as soon as the colour of the skin is altered in these places, the hairs are changed also. In Europeans, white lepra is recognized with more difficulty than in the Æthiopians; and, in the latter, on the contrary, red lepra is less easy to discover. Insensibility of the affected part must, then, be regarded as one of the first pathognomonic signs—so great

¹ Schilling's dissertation on lepra appeared in 1769.
that the skin may be pricked, cut, or burnt, without any feeling of pain. Nevertheless, this sign does not fully exist unless the leprous sore is of extensive depth: in fact, it is only at first declared by superficial spots, which are sometimes not larger than a sous: whence, the necessity of withholding our opinion in some cases, for many days, or even weeks; in short, till the disease has made sufficient progress to be well recognized. We must even be well acquainted with the fact that an entire twelvemonth may sometimes elapse without any increase in the spots; after which it occasionally happens that the malady all at once makes rapid progress.

Although lepra may show itself in various parts of the body, and is even in the habit of spreading itself over all, nevertheless, observation attests that it nowhere appears without affecting at the same time the three following regions: the axilla, the pubes, and principally the fat and fleshy part of the buttocks. (Vide G. G. Schillingii, De Leprado Commentationes. Recensuit, J. D. Hahn, Lugduni Batavorum, &c., 1778.)

In the second dissertation, in reply to the trifling one of Ouseel, the author whom we have just cited relates, in support of his opinion as to the importance which should be attached to the first indications of lepra, however slight they may be, many interesting facts of which we ought to make mention.

"About sixteen years ago," says Schilling, "a young African offered himself as slave to one of my friends; but, perceiving that he had upon the face, near the angle of the left eye, a small red spot, he sent him to me. I examined this spot, and finding it to be insensible, I dissuaded my friend from making the purchase. Nevertheless, he reckoned it of no account; and taking into consideration the good looks, and the apparently healthy state of the subject, who was in the very flower of his youth (fifteen years of age), and who presented no other spot upon the skin, he decided upon striking the bargain. This gave me the opportunity of attentively watching the progress of the fatal spot, which, at first about the size of a sous piece, became four times as large in twelve months: this increase gradually continued, so that no one could possibly doubt the nature of the disease. In the course of a few years it made such great progress, that not only the entire face was invaded by ulcers, and the ears disfigured by hideous
tubercles, but even the phalanges of the fingers were rotting, and the patient, disgusted at his wretched life, ended by hanging himself.

"I have also known an African woman, who still lives, and in whom the commencement of the lepra was as much as sixteen years back. At this period she had on the private parts some red spots, with insensibility of the skin; the rest of the body was almost entirely healthy, so that no one suspected the existence of the disease from which she was suffering; she was zealous and active in her capacity of servant, and was the mother of four children: it was this latter circumstance which betrayed her; for, in fact, all four presented manifest symptoms of lepra; and, it is well worthy of remark, that the malady appeared to develope itself rapidly in them; whilst, hitherto, the mother had experienced no other inconvenience than the propagation and diffusion of the primary spots.

"A Jewish woman, troubled for ten years with ulcers in the legs, came to consult me. These ulcers, which also occupied the feet, discharged a sanguinolent fluid, and were full of granulating and quick flesh, which had no sensation: I recognized this sign of leprous ulcers, and prescribed suitable remedies; the improvement which ensued was so great, that the patient thought herself cured. I strongly advised her before my departure not to abandon the treatment too soon, well knowing the insidious character of the disease, and the facility with which we may be imposed on by deceptive appearances of a cure: nevertheless, my advice was soon neglected, and she had afterwards every reason to repent of it. When I returned to the colony four years afterwards, I found this unfortunate woman horribly disfigured, and reduced to the last extremity. Her ears, nose, and lips, were covered with ulcers; and, for the last six months, she had had a frightful ophthalmia. She died of exhaustion soon afterwards.

"I witnessed the same metamorphosis in a man, who, afflicted in the most intense degree with lepra,—that is to say, elephantiasis, at last resolved to put himself under my

<ref>Schilling thought, and, in fact, endeavoured to prove, displaying considerable erudition (relying even on his knowledge of the Hebrew tongue), that the various cutaneous affections confounded together under the name of lepra, such as the Alphos and Leuce of the Greeks, the Vitiligo of the Latins, the Greek and the Arabian Ele-
care. For some months his scrupulous exactitude gave rise to the most favourable results; but he too soon fancied himself restored to health, and immediately neglected the advice and the remedies of his physician. In a few years the disease returned more severely than ever, and death proved his punishment. He left behind him a son, who, scarcely fifteen years of age, already presented traces of the disease in nearly the same degree, and soon fell a victim to it.

"Even whilst I am now penning these lines, I am visited by a woman, whom I left, before my departure, affected with some slight red and indolent spots, which announced the commencement of the disease, and whom I have now great difficulty in recognizing, so much is she disfigured by its progress, still more frightful than in the Jewish woman above alluded to. She also was the victim of her own negligence.

"A short time before my departure, whilst I was bleeding a man of good constitution, I perceived some red spots which made me suspect the presence of lepra: but as he did not perceive anything in it, he laughed at my fears. I, on the contrary, had them confirmed by an examination of the blood, which presented but little serum, of a greenish colour, and a clot, not red, but of the same colour as the skin of bacon. Alas! the issue too soon justified my conjectures. On my return I found him afflicted in the most intense degree with the malady which I had suspected.

"To all these examples, I may be permitted to add the melancholy case of one of my old friends and comrades. He is even still living, and, now attentive to my advice, is desirous that his example should serve as a lesson to others. Twenty years ago he gave himself up with me to the practice of surgery in the hospital, but he has since exclusively devoted himself to the culture of plants. At this time, about twenty years of age, endowed with great beauty of face and stature, but very much addicted to wine and venereal pleasures, he was in a field, engaged in his

phantiasis, the Lepra of the Crusades, &c., were, in reality, only different degrees of a disease of the same nature, to which he preserved the name of Lepra. This opinion, as we have already seen, was not that of his fellow-countrymen, especially J. D. Hahn, Professor of Medicine in the University of Leyden, and Philip Ouseel, any more than that of the celebrated Lorry, who, a little later, published at Paris a Latin treatise on the diseases of the skin.
usual occupations, when, upon the point of quitting the colony for North America, I went to visit him, and was struck at some spots which I noticed on his uncovered chest. I inquired of him from whence they came; he replied that he felt no inconvenience from them. It appeared to me a most serious thing, and I entreated him to let me make an examination more at leisure. I did not find a spot on any other part of the body, but those which already existed on the chest were completely insensible to pricking; I afterwards exhorted him to take great care; but he misconstrued my advice, and continued to lead that kind of life which was most in accordance with his tastes. The disease, however, by little and little, increased, and finally made such progress, that on my return, after four years' absence, I mistook my friend, who met me on my way. Words could not describe the horrible picture which he presented to my view. Nevertheless, I conjured him, considering that he was still in all the vigour of age, to at last submit himself to treatment. But then he mistrusted the resources of art, and a feeling of shame made him conceal the poverty to which he saw himself reduced. However, when he was without any resources, and abandoned, as generally happens in similar cases, by all those whom he took for friends, he had recourse to me. I could not help giving every attention to him whom the afflictions of body and mind had placed in such distress, and whom the ties of ancient friendship had rendered dear to me. It will scarcely be believed what success I obtained from my method of treatment. It was, nevertheless, perseveringly continued for six months, and now the disease appears almost entirely eradicated; his strength is gradually being re-established, and his figure restored to its former state."

We will point out, further on, the mode of treatment recommended and employed by Schilling.

If it were not repetition, we could not do better than here make use of the notes which we gathered in 1829 at the cliniques of M. Biett. A subject being tainted with elephantiasis, the Professor gave the complete and detailed history of this deplorable affection, become rather more common in this country since the freer and more frequent communications with the colonies.

From a passage in Pliny, we see that elephantiasis had been observed in Italy from the time of Pompey the Great. More recently, Galen, and after him, Aretæus, have given
a very circumstantiate description of it: the former thought that this disease first originated in Egypt. It must be remarked, however, that Strabo and Herodotus, who have written in detail on the geography and history of this ancient country, have made no mention of it, though its common existence could not have failed to fix their attention.

It is known that from the time of the Crusades it became very frequent in Europe, that an order of knighthood (St. Lazarus) was created for the relief of the leprous, and that a great number of establishments were founded for their reception. But from the testimony even of writers of that time, and particularly of the physicians placed at the head of these establishments, we perceive that many different leprous maladies were admitted and treated therein.

Thus, Gregorius Horstius, at Ulm, expressly says that various cutaneous diseases, and especially the psora of the Greeks, were received into the establishment which he directed. The celebrated Forestus made the same remark in Holland, and Bieldinus at Vienna.

But, by consulting the ecclesiastical authors, we see that, long before this period, lepra was known in Europe; since, the bishops of the sixth century published regulations relative to the precautions necessary with regard to lepers. Many travellers have since observed elephantiasis in Africa, Asia, and America, and particularly on the shores of the regions of the Equator, in the Indies, in the American islands near the Equinoctial line, in the southern countries of our temperate climate, at Martigne, in Provence. (Joannis, Louis Valentin, Vidal).

Very often the development of this disease is preceded by some general phenomena, and particularly by a state of moral and physical languor, which sometimes reaches depression and idiotism. Nevertheless, there are many exceptions to this fact, and M. Biett has seen the integrity of the moral faculties preserved in most of the cases which he has witnessed; some have even retained their entire physical activity, although the lepra was already well characterized, and of very long standing.

At the commencement, slight spots, which change the natural colour of the integuments, are perceived on the skin; it is a sort of fawn or bronzed discolouration, sometimes shining, and as though it were varnished: these spots,
sometimes large and irregular, are, at others, small and round, like the plates of *psoriasis guttata*. Commonly, the skin loses its sensibility in the discoloured regions; but, in some cases, this loss of feeling only happens slowly: it may be even preceded by an exalted sensibility, a circumstance particularly noted by M. Biett in a man who had contracted the malady during an eighteen months' sojourn in the island of France⁴.

By little and little, the *tubercular* form, peculiar to *elephantiasis*, becomes defined, and the spots are transformed into regular tubercles, or rather, the tubercles are added to the change in the colour of the integuments. There are two species of these tubercles: some *dermoid*, round, circumscribed, and commonly presenting a central depression, occupied by a sort of horny production which traverses the whole thickness of the tubercle: the others, *sub-cutaneous*, and formed by engorged points in the cellular tissue. The disease has rarely a regular form in its development, such as *Ainslie* has described it. Sometimes it is acute at its commencement, and afterwards continues its progress with a certain rapidity; more frequently its march is very slow. *Thomas Heberden*, an English physician, who observed lepra tuberculosa with much care, in the isle of Madeira, has also described two forms: the one, accompanied at its commencement by a febrile state, which is acute, and in which he considers the cutaneous affection formed by a veritable *fluxion*; and the other, chronic and apyretic, in which it is caused by congestion; an ingenious idea, which is not, perhaps, entirely without foundation.

The face, as we have said above, is the principal seat of *elephantiasis*; and the gradations which it goes through, in consequence of the tubercular swelling of the forehead, eyebrows and lids, cheeks, alæ nasi, and lips, give to the physiognomy that hideous and terrible expression which the ancients designated by the graphic names of *Leontiasis* and *Satyriasis*; for no doubt this latter term was applied much more from the comparison established between the

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¹ M. Alibert alludes to a young woman whose limbs were stiff and benumbed as though they had been bound by ligatures, or tightly compressed in resisting sheaths; when she scratched her skin, it always appeared to her as if a layer of something was interposed between her fingers and the integuments. The latter were, besides, scattered over with *knots* (tubercles), and she fancied that her skin was shooting out into lumps.
figure of a leper and that of a satyr, than from the pretended existence of that *libido inexplebilis* which most writers have admitted in the history of the symptoms of the disease, and to which we shall return immediately. The eyebrows are prominent, the eyes are sunk deep, the nose flattened, and separated from the cheeks by prominent folds, the lips swollen, and the chin disfigured.

The development of the tubercles extends to the mucous membranes; the conjunctiva is swollen and turgid; it becomes pale and greyish: this tumefaction often surrounds the cornea, which afterwards is itself raised and destroyed.

Some also form on the arch of the palate; the mucous follicles swell and ulcerate,—the uvula also, which is sometimes detached by the latter process; the pharynx and larynx are successively attacked; the mucous folds which invest the chordae vocales are tumefied and altered; the voice has that character which has been mentioned by all authors, and even by St. Luke, who, in the 18th chapter of his Gospel, speaking of ten lepers who approached our Saviour, says that they were immediately recognized by the sound of their voice.

At first it becomes hoarse (nasal when the uvula is affected or destroyed); afterwards, towards the very last, it is extinguished, from the ulceration of the chordae vocales.

The mucous membrane of the digestive apparatus is affected in time. Peyer's glands swell and ulcerate, the result of which is colic and intractable diarrhoea.

The organs of the senses are successively destroyed. The sight is lost from the changes which the cornea and even the iris undergo; the sense of smell is extinguished; that of taste becomes blunted; and that of touch is lost: the hairs become scanty, they grow white and fall off. Towards the end fever is kindled; the lymphatic glands in the axilla become swollen, respiration is embarrassed, and this dyspnoea may be partly accounted for by the cessation of the cutaneous functions, as *Ainslie* judiciously remarks; and death at last arrives and terminates the patient's suffering.

But this last period of the disease is perhaps

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*m* It is caused by the progress of the tubercular affection of the skin, which propagates itself externally and internally, and by the profound alteration of the solids and fluids of the animal economy, which gives rise to a sort of *adynamic* state. The tubercles (which vary in size from that of a pea to a large nut) remain for a long
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sometimes so slow, that individuals tainted with lepra for a great number of years arrive at old age, without any particular derangement of the general health. Thus M. Biett saw a subject who had been affected with *elephantiasis* for twenty years, in whom the senses, and the functions of digestion were unimpaired.

In India there is not half so much horror of lepers as in some other countries. A pariah may there even become a member of the higher classes if he pays attention to himself during his disease.

The *libido inexplebilis* mentioned by some authors, and proved by others as a concomitant phenomenon of this malady, has not been observed by M. Biett.

*Aretæus* (as we have seen above) has vaguely alluded to this symptom, not having observed it. The fact cited by *Niebul*, the celebrated traveller, who has journeyed through Arabia, and who has mixed up a little truth and falsehood in his recitals, is scarcely worthy of faith. He states, that a leper in a lazaretto at Bagdad, in order to possess a woman of the town with whom he was smitten, succeeded in making her wear one of his shirts, thus to communicate his malady, for which she was conducted to the same establishment. We now know that the contagion of lepra is a very doubtful point, or at least it rarely takes place, and with great difficulty, if it is true that it has sometimes done so. In describing the *Elephantiasis* of Martigne, in Provence, on the shores of the Mediterranean, *MM. Vidal* and *Joannis* have made mention of a sailor who was tainted with lepra, and who incessantly endeavoured to satisfy the unbridled desires to which he was a prey. But, on the other hand, very respectable authors have never witnessed these symptoms. Even more, *Adams*, who has described the lepra of Madeira, says, that if the disease happens before puberty, the genital organs are arrested in their development, and that

time in a state of induration; sometimes, either from the effect of the means employed, or from some other cause, they become inflamed and red, and afterwards more or less completely resolved. More frequently they ulcerate, or even mortify; the ulcerations extend both superficially and in depth, and are of a foul nature. The phalanges, the whole fingers, and even entire limbs, have often sphacelated, and separated from the body, in hot countries (in our colonies for instance). Many Lepers survive these mutilations, which may in some cases be followed by cicatrization, for a very long time.
if it is manifested after the period of puberty, the testicles and penis commonly become atrophied. Heberdeen, Ainslie, and Robinson, have made analogous remarks. The celebrated Pallas observed in certain Tartar colonies, that when lepra attacked some individuals, they conceived a disgust for women. M. Biett regards this last opinion as the most worthy of confidence.

IV. Anatomical Lesions. — The changes in the integuments which we have before alluded to, the obscure, fawn, and bronzed colour of the skin, and the tubercles, such are the first traces which attract the attention of the observer; sometimes crustaceous ulcerations exist, and deep cavities, the result of the suppuration of the tubercles. Upon cutting into the dermis we commonly find the superficial layers of the skin thin and dry, like parchment; at other times, on the contrary, a very marked thickening is observed, an erectile development, as it were, of the vascular tissue of Heicorn; the sub-cutaneous cellular tissue is thickened and presents marks of engorgement, sometimes points of suppuritation; it is altered and discoloured, or rather it has undergone a change in colour, which more or less resembles that of the skin.

The conjunctiva is turgid, the cornea thin and ulcerated, the iris inflamed, in consequence of which the pupil is sometimes obliterated by adherence of its edges. The arch of the palate presents tubercles united together in groups, which appear to have their principal seat in the mucous follicles; an analogous alteration is perceived in the tongue,

n M. Alibert has related in his work many facts relative to the examination of the bodies of lepers. There are there recorded various visceral changes generally due to chronic inflammations. As to the affection of the integuments themselves, there are no precise details, or any calculated to inform us what is its nature, and where is its special seat. In the memoir of M. Valentin, cited by this author, we read, that on opening the body of a woman who died of lepra tuberculosa, at Vitrolles, no remarkable alteration could be discovered in the thoracic viscera; but, the sub-cutaneous tumours having been carefully examined, were found to be cysts containing a viscid serosity of a reddish colour. It is probable that these tumours may change their nature at various periods of their duration, and that they are at first dependant on a state of infiltration and induration of the cellular tissue which enters into the composition of the skin, probably of the dermis itself; so that it is natural to think that every part constituting the integuments participates more or less in the morbid alteration which constitutes Elephantiasis.
pharynx, and larynx, the mucous folds of which are thickened, discoloured, tubercular, and ulcerated; sometimes the chordae vocales are destroyed. The mucous membrane of the digestive tube is even affected, especially that of the intestines, for the stomach rarely presents traces of the disease; but Peyer's glands are largely developed, tubercular and ulcerated. Occasionally we find intestinal cicatrices, traces of former ulcerations. This circumstance has been noted in the last autopsy made at the Hôpital St. Louis in a leper, who during the latter period of his disease had had many attacks of colic and obstinate diarrhoea, which had, in fact, made us fear their existence. The mesenteric glands are engorged, as M. Lorry has observed in a post-mortem examination of a case of elephantiasis, made with great care.

It is rare for tubercles, properly so called (and in the ordinary acceptation of the word), to exist in the pulmonary parenchyma; at least in five atropsies made under M. Biett's inspection, three subjects (two of whom I saw) in whom the lungs were carefully dissected, did not present the slightest indications of them.

Dr. Ruett, formerly a pupil of the Hôpital St. Louis, has found the bones themselves carious, but it is not certain that this ought to be attributed to Lepra tuberculosa.

V. The diagnosis of Elephantiasis is only difficult at the commencement of the disease, and when there are only the fawn-coloured spots on the integuments, which we have already spoken of. Thus, in a youth born at Guadaloupe, and sent to Bordeaux, afterwards to Paris, to be educated, the physicians at first consulted on the nature of the spots on the face, entirely mistook the terrible malady, of which this alteration in the colour of the skin was the prelude, and attached no importance to it. At the end of some months, it having made considerable progress, this unfortunate creature was placed in an hospital, where, notwithstanding the exhibition of the muriate of gold, afterwards of iodine, and many other remedies, the disease continued its ravages. When he was admitted (then being seventeen years of age) into the Hôpital St. Louis, in the

* It must be remembered, that the word *tubercle* is always employed here in a special, and not in the generally received, acceptation.
commencement of the year 1829, the face was bronzed and disfigured by frightful tubercles; the conjunctiva itself was affected, the sub-lingual glands were swollen and indurated, and it was evident that the disease had already propagated itself from without inwards: nevertheless, the voice had not as yet undergone any alteration. It is then very important not to be deceived at the commencement, by the apparent innocuity of a simple change in colour, which may lead to such fatal consequences. The slight analogy which it presents with the spots of Pithyriasis versicolor, for example, could not deceive a practised eye. Besides, there is no itching or desquamation accompanying the former; they are permanent, and attended by loss of feeling: the commemorative circumstances will powerfully aid, in our climate, in establishing the diagnosis, since hitherto it is almost unheard of for Elephantiasis to have other than an exotic origin.

As to the confusion of language which has given rise to the blending together of such distinct species as Lepra or psora (order of squamae), Elephantiasis of the Greeks, which we are now occupied with, and the glandular disease of Barbadoes, or Elephantiasis of the Arabians, which we shall shortly speak of at the end of this chapter,—it is evident that such mistakes cannot be committed by those who follow the rigorous classification which we have adopted.

The prognosis of Lepra tuberculosa is fatal; it may certainly remain stationary for many years; sometimes the tubercles inflame and terminate by resolution or suppuration; some fortunate attempts seem even to afford hope that at the commencement the affection may be successfully combated by appropriate means (flying blisters, frictions with a resolvent ointment, such as that composed of the ioduret of sulphur, vapour douches, &c.). But, to speak the truth, art is not as yet in possession of any well averred example of the cure of Grecian Elephantiasis.

VI. Treatment.—Aretæus thus commences the chapter relative to the treatment of Elephantiasis:

"The diseases which involve the dissolution of the

p I have again thought it advisable merely to give the translation of this passage.—Transl.
body, necessitate the employment of the most powerful remedies. But who can find a sufficiently energetic one to combat so great an evil as Elephantiasis? The question is not merely of a partial affection, of a visceral lesion, of an internal derangement, or of a simple external malady, but of one which embraces and penetrates the entire man, from the surface of the body even to its most intimate parts. It is a sad and mournful spectacle which is presented by an unfortunate creature become like to a hideous animal, and with whom we can neither live nor take our repast, for fear of inhaling the contagion of his breath, as pernicious as that of a plague. Who then can find in the resources of medicine any remedy capable of annihilating this disease?

"It behoves us to direct every medicament, regimen, the knife, and the flame, towards the same end. And if the malady is still in its very first stage, there may be some hope of cure; but if it has reached a certain degree of intensity, especially if the viscera are already implicated, all chance of recovery is at an end."

This author afterwards prescribes blood-letting from both arms and feet (the same day). He thinks it of importance to draw a quantity of blood, because the source of the evil principally consists in the alteration of this fluid, and by such means vitiated blood is removed, whilst we endeavour by suitable nourishment to replace it by blood of a better quality. Purging next appeared to him to be a valuable remedy, and one which we need not fear repeating. He also advises emetics, and regards hellebore as useful at all seasons, but particularly in spring and autumn, at different times, a day intervening between each dose. The patient should take plenty of milk, in one-fifth part of water. When the disease is inveterate, all the known remedies must be successively tried. Arethus enumerates many, such as the juices of various depurative plants, the infusion of trefoil, mixed with wine and honey, powdered elephants' teeth, in Cretan wine (in doses of \( \frac{3}{2} \) to two glasses), viper flesh, &c. Besides, says he, we must cleanse the surface of the body, and stimulate the tumours by means of various external remedies; for example, saponaceous unctions of the body placed in a bath, lotions with purslane and jubarb combined with vinegar, the decoction of lapathum-root boiled with raw sulphur; topical applications, containing nitre, alum, sulphur, iris, pep-
per, &c. The same author recommends anointing the tumours with the fat of animals, having mixed with them the ash of the vine-branch, or to wash them with gum-ammoniac dissolved in vinegar, with vervain, plantain, and hypocistis juices. Other topical remedies are afterwards prescribed in case of gangrene and ulceration.

The nourishment, says Aretæus, should be restorative and easy of digestion, and the patient's life should be so regulated, that sleep and waking, exercise and repose, and the choice of a habitation, be properly attended to. Moderate bodily exercise, even running, and foot-ball, are useful, when not carried sufficiently far to induce fatigue; exercise of the voice is also necessary, to keep the organs of respiration in play. The clothes ought to be extremely clean, for everything foul becomes a source of cutaneous irritation. Fresh and antiscorbutic vegetables, summer fruits, light fish, fowls, pigeons, &c., are the most proper articles of diet. Natural sulphur and sea baths, and a voyage, are extremely useful. We have cited thus much to afford a good insight into the therapeutic and hygienic details so neglected in the present day; to show of how much importance they were in the eyes of the old physicians. Since the time of Aretæus no great progress has been made in the therapeutic department, and we give to the leprous now, almost the same advice as this great writer gave in the first century of the Christian Era. Hygienic influences are of the highest importance in the treatment of lepra; we have seen that many children have been rescued from this hereditary evil by change of climate, and the care and suckling of a healthy nurse. Many individuals witness an improvement in their disease in quitting the country where elephantiasis exists, to reside in a more temperate and healthy climate. Milk, turtle-flesh and broth, viver's flesh and broth, frogs, fowls, white and easily-digested viands, unspiced food, fresh vegetables, the plants called depurative and antiscorbutic, summer fruits, &c., are regarded as useful. Cleanliness, baths (when the disease is not too far advanced), lotions, frequent change of linen, &c., are quite indispensable.

We still only possess very vague and uncertain data as to the medicines which have been essayed in the treatment of Lepra tuberculosa. Externally, vapour and sulphur baths, vapour douches, and frictions with resolvent ointments, have been employed; and recently, preparations of iodine
have been recommended under this form. Internally, besides the daily use of the medicines commonly employed in cutaneous diseases, the arsenical preparations (resorted to in India a long time since in Lepra and Elephantiasis), such as the Asiatic pills\(^4\), containing the protoxide of arsenic with black pepper, one grain of the former to six or twelve (according to the formula) of the latter, divided into twelve pills, one or two to be taken daily, and the solutions of Fowler and Pearson\(^7\), have appeared to have a very desirable action on the tubercles. These preparations have been often seen, when exhibited internally, to give rise to a redness of the skin, and to excite in the tegumentary tubercles and nodosities, a sort of inflammatory process, by which resolution has been effected. Iodine has been more recently essayed both internally and externally, and, though experience has not yet ratified its efficacy, the properties which it possesses in the treatment of lymphatic and glandular enlargements render extremely probable the advantages hoped to be enjoyed from it in that of Lepra tuberculosa\(^8\).

According to M. Biett, certain hygienic conditions have a marked influence on the development and progress of elephantiasis, and consequently ought to be taken into consideration in the treatment of this disease. Residence in a cold climate appears calculated to retard the progress of an evil which only exists in the hot countries very near the equinoctial line, and placed in a south latitude. However, lepers have many times been transported unsuccessfully from the East and South, to Western and Northern regions, without their malady being at all arrested in its march. We have cited a striking example of it above, in the person of a youth, in whom the disease did not appear to manifest itself till after his journey into France. In the

\(4\) (Alibert). The following is the preparation used in India: Take a tola (100 grains) of freshly prepared white arsenic, and six times as much black pepper; rub and pulverise them together for four consecutive days, in an iron mortar; afterwards reduce them to an impalpable powder, in a stone mortar, and add a sufficient quantity of pure water to compose pills of the size of a grain of darnel, or a small pea: one to be taken night and morning in a betel leaf or in cold water.

\(7\) Vide above, page 252, treatment of Lepra vulgaris. (Order of Squamae).

\(8\) Besides the preparations for external use, the ioduretted liquor of M. Lugol may be tried internally in cases of this kind.
Antilles they are in the habit of sending the leprous to the isle of Desirade, celebrated for its salubrity and the goodness of its fruits. Moreover, it is imagined that cleanliness, a mild regimen, containing little animal, spiced, or stimulating food, are of more consequence in this than in other cutaneous affections. M. Cassan, however, is of opinion that since the use of wine has been introduced into the Antilles, the disease has diminished in frequency.

Daily exercise, if the state of the limbs allows of it, a maintenance of all the secretions and excretions, and care to keep under the person's strength, should be observed.

At the commencement, when only fawn-coloured spots are perceived on the skin, excellent effects may be obtained from active topical resolvents, sulphur and sea-water douches, the ammoniacal ointment of Gondret, &c. In a young man who had sojourned five years at Port au Prince, and who had fawn-coloured spots on his legs, with cutaneous insensibility, the application of successive blisters and douches dispersed these primary symptoms of the disease. Robinson has also employed blisters, and he recommends them at this period. Wallesius, and M. Cassan, blame the use of baths; however, the alkaline, ferruginous, salt water, and even vapour ones, may prove useful.

Internal means. Sudorifics are employed in the Antilles; sarsaparilla, guaiacum, and the China-plant. M. De Pons cites a cure obtained by a French surgeon, by means of sarsaparilla; but we must be quite sure that in this case there was no error committed in the diagnosis, and that syphilitic tubercles were not mistaken for those of elephantiasis, which render the fact much less extraordinary.

In India, the asclepias gigantcea is much extolled, and the physicians of that country regard it as an infallible specific. Robinson and Ainslie have, in fact, seen it produce advantageous results; under its influence, the fawn-coloured tint was dissipated, and sensibility was re-established in the affected regions. The former, however, says that he has also found it inefficacious in many cases, and especially in Elephantiasis tuberculata. This plant has, moreover, appeared very useful in constitutional syphilis. Thomas Heberden says, that he saw a leper of the isle of Madeira, whose face was horribly disfigured, cured by the exhibition of an electuary, the basis of which was bark,
joined to some stimulating frictions. In Crimea the *anapsis aphylla* is employed.

As to the minerals, mercury, extolled by some, has been found injurious by others; corrosive sublimate has been especially made use of.

A physician of Geneva had recommended to a woman of the island of France, labouring under general *elephantiasis*, frictions with the mercurial ointment (advised in similar cases by *M. Lordat* of Montpellier). M. Biett directed her treatment at Paris; a great improvement was obtained at first, but afterwards fever was lighted up, abscesses succeeded the tubercles, inexhaustible suppuration was established, and the patient (whom M. Biett gave up seeing at this period) rapidly sank. Perhaps sufficient care was not taken in the employment of the mercury.

*Schilling*, whose writings we have already cited above, expresses himself on the subject of the treatment of lepra, in his first Latin dissertation, almost in these terms:

"The first care of the physician should be to inspire the sufferer with patience, to make him perceive the tediousness and the difficulty of the cure, and seriously to warn him of the fatal consequences which have occurred from errors in regimen—errors which take away all chance of recovery.

"The diet should be so regulated that for three consecutive months the patient should abstain from all kinds of meat and fish. His nourishment should be exclusively composed of bread, vegetables, and broth made with good meat. He may have a little butter, cheese, and milky food; it is even better that he should be entirely deprived of milk at first, as long as there is any obstruction in the bowels.

"I have always commenced the treatment by laxatives; at first using emollient glysters, and eccoprotic remedies, and gradually resorting to more active ones if the first are insufficient. We should always carefully abstain from mercurials: they sometimes produce spasms and violent pains, and often a dangerous over-purging. Whenever there is necessity for active purgatives, if there are also indications of plethora, a large blood-letting should at once be practised. Milder remedies must be resorted to as soon as these have overcome the sluggishness of the intestines. Every day I give one or two glysters, and every morning a drachm of Venetian soap, mixed with a little rhubarb,
in the form of a pill, till the free motion of the bowels is well established.

"Already we must have arrived at the principal object of medication, which consists in restoring the skin to its integrity, and gradually re-establishing cutaneous transpiration. The best means to effect this result is the employment of warm baths. This, however, requires a certain degree of prudence, for if the disease has already taken deep root, and reached its maximum of intensity, the patients cannot well bear the bath, since it gives rise to anxiety and palpitations, sometimes even to spasm and syncope. To gradually accustom them to it we should at first prescribe only two a week, and not let them remain in more than ten or fifteen minutes. Thus we may reach two a day, one in the morning on getting up, and the other at bed-time. It is a good thing to add emollient and detersive herbs to the water, such as mallows, marshmallows, violets, meli-lote, elder flowers, the leaves and the bulb of the white lily, wheaten and oaten flour, and other such like things. Care must be taken that the patient goes to bed on leaving the bath, and he must endeavour to keep up a gentle moisture for the space of one hour.

"Exercise is also a powerful means of re-establishing transpiration, and on this account it is easier to treat slaves, who are compelled to move about, than their masters, to whom locomotion is repugnant. The passage of Celsus relative to the treatment of dropsy is perfectly applicable to the case now under consideration: ‘Promptius illis succuri, qui facile coguntur, quam quibus inutilis libertas est.’

"I now come to the principal salutary means, which consists in drinks. It is necessary that the infected fluids should be largely diluted by the introduction of a great quantity of dissolving and detersive liquid, and that the way should be thus prepared by useful and wholesome excretions. For this purpose I am in the habit of employing, at first emollient decoctions (barley, oatmeal, infusions of the nature of, or resembling, tea, of agrimony, ground-ivy, fumitaria, and veronica, to which may be added, especially if the bowels are confined, mallows, parietary, and even, if necessary, senna leaves and rhubarb, with a little illicium or anisum stellatum); after which, their use having been continued for six weeks, in doses of eight pounds a day, I resort to sudorifics and resolvents,
such as sarsaparilla, saponaria, serpantaria Virginiana, sassafras, juniper, hart’s tongue, holy thistle, &c.

“During this time something must be done to keep up the patient’s strength, and to regulate it according to the particular state of the subject. Animal and vegetable broths, whey, eggs, sometimes a little wine (carefully avoiding acids and spirits, which may give rise to fever, especially in hot countries), bitter conserves and extracts, the Alkermes confection, Hoffmann’s anodyne liquor, &c., may be indicated.

“The patient ought carefully to avoid very sharp fresh air, and winds, which may suppress cutaneous transpiration.

“After three months’ treatment of this kind, recourse must be had to blood-letting, regulating it according to the strength of the subject, its principal object being to prove the actual state of the fluids. In fact, I have often observed, during this period, that the blood, after it has been drawn a little while, becomes coated with a viscous and greenish crust, but is at the same time surrounded by serum, as a kind of island.

“In prescribing, according to the case, bitters and aromatics, care must be taken not to favour the venereal appetite common to lepers, and to recommend their abstaining from every gratification of this kind.

“Have external remedies any effect? Without doubt, ulcers, gangrenous spots, and articular lesions, require some particular attention. But I generally recommend, that in this disease, the application of all greasy and oily substances, especially mercurial ointments, should be abstained from. The styrax ointment, on the contrary, the simple elecampane, or marsh-mallow ointment, may be employed to resolve the cutaneous tubercles, when the mass of fluids has been sufficiently purified.

“After attending to all these prescriptions for an entire three months, the severity of the regimen may be a little relaxed if the patient is very weak; but the use of the remedies alluded to must be steadily persevered in till there is every manifestation of a solid and permanent cure. From the sixth to the seventh month of treatment, the

1 Alkermes is an Arabic term, signifying a celebrated remedy, of the form and consistence of a confection, whereof the Kermes is the basis.—Transl.
crusts and tubercles gradually soften and dissolve, afterwards they become detached, and fall off, so that one may say that the whole adipose membrane or covering is separated from the muscles. This separation is especially apparent on the feet, so much so that the skin is detached as a sort of slipper or stocking. After this, fresh skin appears, but so delicate that it is softer and more tender than that of a new-born infant, and gives rise to great constraint in the patient's movements. The slightest rubbing becomes a source of pain, and even in abstaining from both motion and rubbing, he experiences for many days a sort of cutaneous itching, which is not unpleasant as long as there is no combination of external irritation. The treatment must, nevertheless, be continued for some months. Most patients now leave off the pills, drinks, and decoctions, which they have been obliged to continue for so long a time, and henceforward, seeing the renewed and clean skin, they hasten to withdraw themselves from the yoke of medicine. Let them beware of yielding to this impatience. The evil may recur, even after many years, from the smallest remnant which was not extirpated. The cure should last an entire twelvemonth, and for the rest of his life the patient, restored to health, should be upon a good regimen, take exercise every day, and keep up freedom of the natural secretions and excretions.

"Nevertheless, towards the close of the treatment, the perspiration becoming profuse, and the body enfeebled, the daily use of warm baths is given over, and, according to the case, aromatic and balsamic fumigations, and strengthening lotions, are resorted to. "

"The cure must not be regarded as complete till all the nodes and tubercles are resolved; till all the spots have disappeared; till sensation is returned into the parts which were deprived of it; lastly, till the blood, when drawn from a vein, presents no longer a crust upon the clot, nor a viscid state of the serum, but, after standing still, is properly divided into a serous and transparent liquid, and a well-coloured clot."

Schilling does not deny, that in a robust subject, Nature herself may not achieve a triumph over the disease, since it appears that this has been witnessed among the Jews, from certain passages in the sacred writings; but it is there a fact of very rare occurrence, and quite an exception. It is even very probable that these examples of cure
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appertain to another cutaneous malady than to *elephantiasis*. (See what we have said above of the Jewish Lepra.)

VII. We have many times had occasion to observe *Elephantiasis Græcorum* in the wards of the Hôpital St. Louis. We will briefly relate the principal circumstances of two cases which we have collected, at a distance of ten years from each other.

1st. A man, fifty-eight years of age, born at Toulouse, of healthy parents, endowed with a good constitution, and never having had any other disease but the itch (which he had many times contracted), entered the Hôpital St. Louis, on the 27th of March, 1819, affected with *lepra tuberculosa*, which began about ten years back.

After having, in his younger days, made many long voyages to Spain, America, India (where he sojourned for many years), Egypt, and Syria, he returned to France about twenty years ago, somewhat cast down by fatigues, vexations, and crosses of every kind which he had met with. It was not, however, till many years after his return (in 1809), that a sprain of the right foot appeared to be the first source, or rather the occasion, of the frightful evil which afterwards became so largely developed. In consequence of this sprain the foot remained swollen and slightly painful; small nodosities and engorgements developed themselves, and afterwards appeared on the legs, thighs, superior extremities, and the face. The skin at the same time became rough, thickened, dry, almost scaly, yellowish, and brown. This man, who passed a miserable existence, and was a prey to the most profound grief, saw his malady increase more and more, and came at last, after about ten years, to seek a refuge in the Hôpital St. Louis. Some time since he made use of gentian, and the pills called *Asiatic*.

The feet were considerably swollen; the skin of them was hard, dry, rough, and of an obscure and greyish yellow; some transverse furrows were remarked upon the instep; the subjacent cellular tissue was oedematous, thickened, and engorged; pressure was slightly painful, and gave the impression of tissues engorged and loaded with fluid, in part infiltrated, and in part combined. Besides, here and there might be distinguished some callosities, some *tubercular* engorgements in the thickness of the integuments; feeling was obscure and blunted. He
had difficulty and pain in walking. The legs, thighs, and upper extremities, were thin and withered; the skin on them was dry, thick, rough, of an obscure colour, and approaching to brown, scattered with hard and insensible tubercles, some of which were about the size of a nut. In certain points, and particularly on the dorsal surface of the hands, the sense of touch was become very obtuse, and the patient only indistinctly felt the contact of external bodies. The hands were so withered, and their colour of so decided a coppery brownish-yellow, that one might have believed them to have been those of a mummy.

The skin of the face was much the same, and presented many small tubercles almost pisiform (some more voluminous), insensible, especially apparent on the eyebrows, lips, and chin. The forehead was deeply wrinkled, the eyebrows prominent, and the eyes hollow and sunken. The patient occasionally experienced wandering but very intense pains, which ran through the limbs; he walked with great difficulty, and soon even gave it up entirely; his appetite and strength were kept up. (Bitter tisan. Pearson's solution—5j. a-day. Some simple baths).

At the close of the month of June, this patient had taken about sixty-eight doses of arsenical solution, when he was attacked with fever, with loss of appetite, feebleness, and general uneasiness.

The tubercles on the limbs became red and inflamed, afterwards they sank down and took on resolution, leaving in their places violet-coloured ecchymoses of a round form, analogous to scorbatic spots. Nothing was prescribed but low diet, and diluent drinks. At the end of about twenty days, the fever ceased, the appetite re-appeared, and the feebleness diminished. (Tartarised lemonade; afterwards a tisan of vinous camomile; powdered bark and magnesia in 5j. doses daily.) The patient regained a little strength, was able to rise, and to walk a little, with the assistance of crutches, although he had much difficulty in sustaining himself on his feet, and in moving them. At the close of July, colicky pains and diarrhoea came on. The tonics were omitted, and rice water, stiffened with half a drachm of catechu to a pint, and glysters, containing laudanum, were substituted in their place. By this means the diarrhoea was suppressed. It reappeared again in the beginning of August, the patient having broken through his prescribed regimen.
The abdomen soon became swollen and fluctuating, presenting signs of well-marked ascites; the cavity became infiltrated, and acquired a very great size; punctures were made which evacuated the serum; the diarrhoea continued with alternate diminution and augmentation, although the patient submitted minutely to the severe regimen which was laid down for him. The general marasmus, however, increased, the strength became worn out; the skin, dry, parched, hard, and yellowish, assumed more and more a cadaverous aspect, and this unhappy sufferer, withered up like a mummy, gradually sank into the grave.

The cutaneous tubercles had nearly entirely disappeared, even on the face; the ecchymoses which had succeeded them on the limbs, were absorbed; and the cellulo-cutaneous tumefaction of the feet, and lower part of the legs, had much diminished. The tongue remained moist, and no febrile disturbance was apparent.

On the 11th of September, this patient, in a state of extreme languor and feebleness, said that he found himself better than usual, and, on his physician enquiring how he found himself, he answered "very well." The skin, however, of the hands was cold, the pulse feeble, and the eyes dull and glassy. A few hours afterwards the breath of life which yet animated him was snapped, the corneæ were darkened, respiration ceased, the circulation was quite stopped, and the poor leper died.

**Autopsy.** The body was not opened till the second day after death. The weather was very hot, and there were traces of very advanced putrefaction, particularly in the face and abdomen.

The skin presented no vestiges of tubercles; it was everywhere tough, dry, and withered. On the dorsal surface of the feet, and on the inferior part of the legs, it was swollen, thickened, and engorged, and acquired, in certain points, a thickness of eight or ten lines; the cellular tissue was white, dense, and of a lardaceous aspect, and appeared to contain a great quantity of serum.

The **head** was not opened.

**Thorax.** The right pleura presented numerous adhesions; they were filamentous, and evidently of old standing; the cavity of this membrane contained about a pound of reddish serosity. The left pleura also presented some adhesions at its posterior part; the lungs were healthy, but gorged with darkish blood. The heart was small, and empty;
its cavities were contracted, and its walls very thick; the large vessels were healthy.

**Abdomen.** The peritoneal cavity contained many pints of effused reddish serum. The digestive mucous membrane was greyish; it here and there presented a few injected vessels; no ulceration was discovered. Some of the lymphatic glands of the mesentery were slightly engorged, and had acquired the size of small kidney-beans; their tissue was of a greyish red colour. The liver was dark, being gorged with black blood: the gall-bladder contained a great quantity of yellowish bile.

*Note.*—Would not this man, wasted away by a severe and protracted disease, overwhelmed by grief, and an object of pity to himself and others, have been able, by the methodical and rational employment of healthy and restorative nourishment, the use of a generous wine, and tonics, with the application of every hygienic resource, gradually to recover his strength, and to be restored to a supportable state of health, after having nearly entirely dispersed the hideous symptoms of the cutaneous malady?

The state of the organs examined after death, and especially the little alteration of the abdominal viscera, might perhaps, to a certain extent, authorise this conjecture, if we did not know the usual—almost inevitable—termination of lepra tuberculosa, particularly when it has made very advanced progress.

Nevertheless, it remains demonstrated, that the exhibition of arsenical preparations, had caused marked changes in the state of the integuments, which would have proved more advantageous in a stronger subject, tainted with a less severe and inveterate disease.

2nd. A French clockmaker transferred his business to the Isle of France, and already, in the space of less than two years, he had amassed a sum of 50,000 francs; but in return, he contracted the germ of the *elephantiasis*, endemic in those countries. He hastened to return to France, thus hoping to escape the evil of which as yet there had been only very slight appearances. Vain hope! the disease continued to make progress; the unhappy sufferer spent the sum which he had so rapidly gained, in attention to advice of every kind, and was compelled to apply for admission at the Hôpital St. Louis. He died in the spring of 1829, after a sojourn therein of about twelve months.

The latter period of the malady had been signalised by
an *adynamic* febrile state, with chronic irritation of the larynx, bronchi, and intestinal canal. The cutaneous *tubercles* had then disappeared, the skin, nevertheless, remaining hypertrophied, bronzed, rough, and *elephantine*, and the face preserving that terrible aspect which characterizes the *leontiasis* of the ancients.

The eyes had also undergone the *elephantine* degeneration; the conjunctivæ were become thickened, of a greyish yellow, and the sight on one side was completely gone. The voice, *very hoarse and harsh*, could scarcely be heard towards the last.

On opening the body, nothing remarkable was found but the following alterations:

1st. Redness and chronic phlogosis of the chordæ vocales (inferior ligaments of the glottis), or rather the mucous membrane investing them. Thickening and dull yellowish colour, very analogous to that of the skin, of the mucous membrane of the larynx, the submucous cellular tissue of which appeared hypertrophied.

2nd. Injected redness, and traces of chronic irritation of the bronchial mucous membrane. Hepatization of the posterior and inferior thirds of the lungs, the appearance of which was quite like that of liver. The rest of the pulmonary tissue was healthy, and presented no appearance of *tubercular* degeneration. The heart was large, without any thinness of its parietes.

3rd. The coats of the stomach were attenuated, the mucous membrane softened, and there were some *chocolate* stains the whole length of the cavity.

4th. Traces of *chronic enteritis* in the colon, and especially in the rectum, that is, there existed in the latter some very small ulcerations, and here and there in the large intestine *injections*, and a very decided development of the mucous follicles. The liver very large. The mucous membrane of the bladder presented a slight degree of hypertrophy, and the slightly dirty-yellowish discoloration which we have alluded to in that of the larynx.

5th. The skin (a fold of that of the forehead macerated in water for thirty-six hours), of a brownish, grey, *elephantine* colour, was of an unusual thickness and density; the

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u Under the cardiac portion of the pericardium were seen two white, opaque, fibrous patches, very probable indications of *chronic pericarditis*. 
discolouration of the epidermis, with slight variation, extended to the deep layers: the total thickness was about a line and a half. The tissue of the skin was dense, homogeneous, and tough.

Elephantiasis Arabica.*

This disease, pointed out by Rhazes, an Arabian author of the tenth century, began to be carefully studied in the eighteenth. Hillary and Hendy, who designated it by the name of the glandular disease of Barbadoes, have contributed a good monograph on it. It has been more recently described by M. Alard, who attributed it to inflammation of the lymphatic glands and vessels of the integuments.

M. Alibert, in his treatise on the diseases of the skin, has made it a variety of lepra tuberculosa, under the title of lepre tuberculeuse éléphantine. In the present day, we recognize that various primitive lesions may give rise (in our climate, at least) to the alteration of the skin, known in France under the name of elephantiasis, and very frequently in England designated by that of the Barbadoes leg, since it is on the inferior extremities that it is especially noticed. Thus, repeated inflammation of the lymphatic glands and vessels of a limb, inflammation and obliteration of the veins, reiterated inflammation of large varices, and their obstruction by clots of blood, the œdema which ac-

* Although this disease does not quite come within that province which we have marked out, we have thought it right to give a brief description of it, in order to dissipate the confusion which might be left in the reader’s mind from the employment of the same word (elephantiasis) to designate two different maladies.

Nicolas Leoniceno of Vicennes, a celebrated and erudite man of the fifteenth century, well demonstrates in his book, published in 1497, on the venereal disease (De Morbo Gallico), that the Arabian authors, in giving the name of lepra to elephantiasis Graecorum, and that of elephantiasis to a partial induration and tumefaction of the limbs, or some other parts of the body, endemic in Egypt and Arabia, and different from that described by Aretæus, have much confused and embarrassed their successors; the latter, in fact, have ended by not in reality knowing what the lepra vulgaris of the Greeks was, and have confounded together the elephantiasis Graecorum and the elephantiasis Arabica. This author clearly shows that the lepra of Galen and Paulus Ægineta, is a squamous affection which still is very prevalent in the present day; whilst the lepra of the middle ages principally relates to the elephantiasis of Galen and Aretæus; lastly, that the elephantiasis Arabica was not known to Greek authors prior to Rhazes and Avicenna.
companies disease of the heart and large vessels, &c., may, under certain circumstances, cause infiltration, engorgement, and thickening of the cutaneous, cellular, adipose, and lymphatic tissues, which renders the affected part an enormous size, and gives it an appearance more or less analogous to that of an elephant's legs.

There is, undoubtedly, a notable difference between this indigenous elephantiasis, of various origin, and the exotic elephantiasis, the special disease of hot countries; but as these different cases have not yet been properly distinguished from each other, and as it appears irrational to unite them all under the same description, merely because, to a certain extent, the external forms under which they are presented to our notice, have a more or less striking analogy, we will confine ourselves to briefly tracing the march and the characters of the glandular disease of Barbadoes, or elephantiasis Arabica, properly so called, remembering that our object is not to give a complete history of this affection, but only to sufficiently distinguish it from elephantiasis Græcorum, or lepra tuberculosa, exotic, like the preceding, and which many authors have confounded with it.

Particularly observed in hot countries, in Africa, in Asia, in the isle of Barbadoes, this malady is also sometimes met with in Europe; it is not uncommon to see it in our climate in a symptomatic form, dependant on various lesions which we have enumerated above.

Schilling, in his first Latin dissertation, published in 1769, gives the following description of this affection:

"This disease generally affects the feet in preference to every other part of the body, and then it is not called lepra but elephantiasis. The phalanges of the toes on the affected foot gradually swell, the integuments become enormously distended, the toes thicken and become blended together as though they were wax. This change spreads up the leg as far as the thigh, and renders all the articulations which it attacks immoveable. A greasy matter is spoken of, which confounds together the muscles and tendons, so that the most expert anatomist cannot separate them. At the same time, the adipose tissue and the skin are so folded and wrinkled that the foot becomes like an elephant's, not only in form, but also as regards walking, on account of the articular immobility which is noticed. This degeneration, moreover, makes very slow progress."
have known men, in whom the disease, which first showed itself at the age of ten, had not passed the knee at forty. But when it arrives at this point, other parts of the body are commonly attacked; especially the fingers, the articulations of which swell, and are afterwards entirely detached. Ulcers show themselves on the face, afterwards on other fleshy places, with a horrible goaty stink, but without any pain.

"Amputation of the affected foot has been tried, but without success. Some have been seized on the seventh day after the operation with a rapidly fatal tetanus; others have immediately had fatal convulsions; lastly, in those who have survived, the elephantiasis has been seen to attack the other foot before the cicatrization of the stump.

"The following are the observations which I have been able to make upon amputated limbs. The internal conformation of the bone resembles spina ventosa; there are no vestiges of internal or external periosteum; the inner lamellæ of the osseous tissue are separated with great facility; there is no marrow or medullary canal.

"The neighbouring soft parts, and especially the muscles and tendons, become like lard, and so adherent to the softened bone, that there is more difficulty in separating them than the internal lamellæ of the bones themselves. Blood-vessels and lymphatics can scarcely be distinguished from each other in number. The most superficial become varicose, and contain very little blood. The two bones of the leg are, like those of the feet, confounded together, and I have in vain endeavoured most carefully to find some trace of the interosseal artery."

The author adds to this the testimony of Town (Towneus), who says: "In the Caribbean islands, the Ethiopian slaves (and sometimes even the inhabitants of another colour) are the subjects of elephantiasis. The disease being well developed, the subject is in other respects very well, and experiences no other inconvenience than that which results from the monstrous weight of his leg. I have, nevertheless, known many who, in spite of this infirmity, have continued for twenty years in the hard labour of slavery. If the affected limb is amputated, the other is immediately attacked."

"I have besides observed (continues Schilling) that every time amputation is performed near the affected part,
it is unnecessary to secure the crural artery by ligature, nor even to employ styptics; it is more a sort of dirty liquid than blood which flows from it; it is somewhat of the colour of venous blood; once it even appeared to me as though it were mixed with pus. If, on the contrary, amputation is performed at a very great distance from the limits of the disease, the blood shoots forward in a rapid jet, without exhaling any odour. The only remarkable thing about it, is, that it has appeared to me thinner than in the healthy state, and that, collected in a basin and allowed to coagulate by rest and cooling, there is very little serum separated."

The Barbadoes malady is announced at its commencement by the phenomena peculiar to inflammation of the lymphatic system; thus, there is pain and tension in the tract of the superficial lymphatic vessels; soon, a sort of cord or knotty string dependant on their engorgement, is perceived; the skin assumes, after the first, a more or less bright rose-colour, which speedily extends in the direction occupied by these vessels; the principal glands are swollen and inflamed; general symptoms are frequently combined with the local evil; shivering, fever, uneasiness, thirst, vomiting, and sometimes delirium, precede and accompany the development of the local phenomena.

This group of symptoms is reproduced at variable intervals, leaving after each attack a swelling and engorgement, greater in the part which has been the seat of the inflammation: the latter does not terminate by complete resolution.

The ganglions remain swollen and indurated; the skin itself is thickened, altered, and darkened in colour, and, after a more or less lengthened period, presents that hideous form of the disease which has secured to it the name of elephantiasis. The sub-cutaneous cellular tissue then participates more or less in the affection of the skin; and even the tissues subjacent to it are invaded. Thus, for instance, if, as generally happens, it is one of the lower limbs which is affected, it really acquires an appearance analogous to an elephant's leg.

The foot, leg, and thigh, successively swell till they attain a prodigious size; the skin, hard, knotty, uneven, of a greyish colour, forming ugly projections, separated by deep furrows, especially in the neighbourhood of the artica-
lations, and more particularly the instep, presents an exact resemblance to the skin of the elephant.

Desquamations, fissures, even fungous ulcerations, may supervene, and, in the latter case, inexhaustible suppurations, and gangrene itself, may involve fatal consequences.

Most frequently, when there is no complication, the disease is very slow in its progress, ends by even remaining stationary, and the patients are obliged to drag the affected limb as a dead weight for the rest of their lives.

Although the extremities, and especially the inferior, may be the most constant seat of this cellulo-cutaneous tumefaction and induration, which constitute *elephantiasis Arabica*, it has nevertheless been seen to occupy other parts, such as the mammae in the female, the genitals in the male, and even, it is stated, various regions of the trunk.

M. Alard is of opinion that the *hydrocele* and *pedarthrocæ* of Kœmpfer, the *sænky* or colic of Japon, the *fleshy herniæ* of Prosper Alpin, and the *sarcocele* of Egypt, described by Baron Larrey, should be referred to this disease.

In July, 1834, we had occasion to observe at the Hospital St. Louis, an adult tainted with elephantiasis of this kind occupying the penis, which was enormously swollen and indurated, being as large as a mule's. The skin of this part, hypertrophied, tuberculated, and covered with a number of granulations, which gave it an appearance analogous to that of a cauliflower, was a little altered in colour. The gland, misshapen and confounded with the prepuce, was disfigured in the same manner, so that it was with difficulty that the meatus urinarius could be recognized. The skin, on the pubic region and the groins, was indurated and sprinkled with resisting swellings. The patient experienced no pain, made water freely, sometimes even had erections which stiffened without sensibly increasing the size of the penis. This affection, which first began about four years back, had been preceded by enlargement of the inguinal glands, which were opened, after having remained in a state of induration for a great number of years. Suppuration had not completely destroyed the tumours; fungosities daily appeared through the opening, which gave issue to pus, and it was necessary to employ cauterization with a red-hot iron before cicatrization could be effected. The patient affirmed that he had never had any venereal
symptoms; but since infancy he had been subject to abscesses in various parts of the body; so that it appeared natural to attribute to scrofula this singular lymphatic induration, the development of which had, doubtless, been favoured by a lengthened sojourn in Africa. We must, nevertheless, note that his account seemed to indicate that the disease had not appeared till a certain time after his return to France.

II. Recent anatomical researches have recognized the following changes in various limbs affected with elephantiasis:

1st. Induration and thickening of the skin; the epidermis thick, fissured, and very adherent; the rete-mucosum very distinct (M. Andral has, in one case, proved the existence of the layers admitted by M. Gaultier between the dermis and epidermis,—layers which a morbid development rendered easy of demonstration); the dermis hypertrophied, and sometimes having acquired more than half an inch in thickness; 2nd. The cellular tissue thickened, indurated, infiltrated with a sort of gelatinous matter, or white fluid, of a lardaceous appearance; 3rd, The muscles have been found discoloured, yellowish, and passed into a greasy state; 4th, Occasionally the veins have been obliterated; 5th, The glands and lymphatic vessels, engorged and obstructed, have been more or less blended with the tegumentary mass; 6th, The bones themselves have, in some cases, been found attenuated, friable, and apt to break.

III. According to M. Alard, the special and primary seat of the glandular disease is in the lymphatic system of the dermis, from whence it extends to all parts constituting the integuments, to the sub-cutaneous, lymphatic, and the adipose system. It is in this origin, and in the march which it follows in its ulterior development, that it especially differs from the various lesions of the cellular, venous, and lymphatic systems, which we have alluded to as capable of giving rise to some forms of the indigenous elephantiasis.

As to the lepra tuberculosa or elephantiasis Græcorum, and especially the scaly lepra or lepra vulgaris, to which this disease has been incorrectly referred by some pathologists, it differs so much from it in its elementary characters, that we cannot imagine how they could ever have been confounded together.

Thus, slight fawn-coloured spots, afterwards the formation of isolated nodosities and tubercles of variable size; such is the elementary form of elephantiasis Græcorum, which is, so
to speak, the type of the order of tubercles; whilst elephan-

tiasis Arabica is only here described to point out the fun-
damental differences which distinguish it from the preceding,
for there is nothing of the tubercular form about it. Lepra
vulgaris, on the contrary, belongs to the order of squamae,
and is characterized by small scaly patches disposed in
circles, which never present the least resemblance to

elephantiasis.

IV. Very frequently incurable when it has made some
progress, elephantiasis Arabica is, however, in some cases,
susceptible of resolution, especially in our temperate cli-

mate. When it depends on some other lesion than that
which constitutes the essence of the glandular disease of
Barbadoes, as, for example, when it is only a hard oedema
which has at length assumed the appearance of elephantiasis,
there is good reason to hope for a cure. This malady is
very apt to recur; it has been seen, especially in subjects
who have undergone amputation to rid themselves of it, to
reproduce itself in another part, at a period of a more or less
variable distance from the operation. We have ourselves
observed at the Hôpital St. Louis, a woman who had lost
her leg from this cause, in whom the disease had re-ap-
peared on the upper extremities. It has been cured, at
least temporarily, by compression.

V. Treatment.—At the commencement, and when
inflammatory symptoms exist, it appears proper to resort
to antiphlogistic treatment, general and local bleeding,
emollients, low diet, rest, diluent drinks, and laxatives.
Afterwards, and when the disease is passed into the chronic
state, these means are useless, at least, in the generality of
cases. The efforts of the physician should then be directed
to causing the resolution of the engorgement, and the re-
establishment of the regular course of the fluids in the af-
fected part. With this view, mercurials, purgatives, and the
arsenical preparations, have been recommended internally;
and externally, resolvent frictions, pommades of the iodide
of potash, or the mercurial ointments, vapour douches,
and especially regular compression combined with rest.
"Massage" is also very useful, employed conjointly with
other means, and especially with vapour douches, adminis-
tered from time to time, and seconded by compression,
exercised by a linen band, or what is better, one of flannel,
covered with oil-silk so as to prevent evaporation. As to
punctures (for I do not think that it would be prudent to
ELEPHANTIASIS ARABICA.

have recourse to scarifications), they may be useful in some cases to hasten the effect of compression, but generally they are of little or no efficacy. Many patients have been treated at the Hôpital St. Louis, with remarkable success, by regular compression alone.

Amputation is an extreme method, to which we ought only to resort when the local disorder is severe, deep, and extensive; we should be so much the more repugnant to this operation, as the disease may afterwards, as we have said above, re-appear in another spot.

CHELOIDEA.

I. M. Alibert first described cheloidea, thus named (χηλη, forceps cancrorum) from the resemblance which the prolongations which the tumour buries in the integuments bear to the claws of a crab.

In recognizing that this disease has no tendency to undergo carcinomatous degeneration, M. Alibert has classed it in the group of dermatoses cancéreuses, doubtless from the scirrhous hardness of the tumour which constitutes it. He recognizes two varieties: the true keloid or radiciforme, and the false keloid or larvée. The last is only mentioned to put us on our guard against the resemblance which exists between the cicatrices of certain burns, and the veritable cheloidea. I have seen, in fact, at the Hôpital St. Louis, a scrofulous person in whom a lupus of the sub-maxillary region, many times treated by deep cauterizations, presented at its circumference cicatrices in hard swellings, furnished with lateral prolongations, which really might give a very exact idea of the species of cutaneous tumour which M. Alibert has described under the name of keloid or cheloidea.

II. This malady presents itself in the form of a cylindrical, oval, or quadrangular tumour, bearing some analogy with the back of a tortoise, of a white or slight rose-colour, often shining, with small veins on its surface, sometimes with a slight furfuraceous desquamation. This tumour, firm, dense, full, and hard, is occasionally accompanied by shoots of pain, which occur from the influence of moral emotions, the electric state of the atmosphere, &c. This induration may thus remain stationary for an indeterminate period: M. Alibert, who at first regarded it as incurable, has since known a spontaneous cure effected by resolution. It was in a woman who, seeing the disease
shoot out again after it had been extirpated by M. Boyer, had afterwards the satisfaction of witnessing the secondary tumour gradually disappear, at the end of a certain number of years.

III. I have only had occasion to observe cheloidea twice; in both cases, as is usual, the tumour was single, and occupied the anterior part of the thorax. The first of these subjects was a little boy about ten years of age, who had underneath the sternum and left clavicle, a flattened and slightly rose-coloured tumour, of almost the size and form of a large crab. It was hard, little sensible on pressure, and presented lateral prolongations, which appeared to penetrate deep into the integuments.

The other individual was a woman thirty years of age, who presented on the middle, anterior, and inferior part of the chest, an analogous induration, a little whiter than the rest of the skin, and which was immediately mistaken upon first sight for the cicatrix of a burn.

**Tubercular Syphilide.**

This is the most common form of cutaneous syphilis, and it is especially that to which the improper term of syphilitic pustules has been applied. It, moreover, presents numerous shades and varieties, of which I will mention the most important. Flat tubercles are frequently seen to form on the genitals of both sexes, in the neighbourhood of the anus, in the perineum, and between the toes. There are small lenticular prominences (commonly designated by the name of flat or moist pustules), of a coppery red, which often ulcerate on their surface, and very frequently constitute, on the parts of generation and the anus, a primary symptom: this is the only species of tubercles which occurs under these circumstances; and it is still more common to meet with it as a consecutive symptom.

Other tubercles may be called round in opposition to the preceding. Larger, sometimes acquiring even the size of a nut, they often remain in a state of induration, without ulcerating. They are most frequently met with, commonly few in number, on the forehead, neck, and face.

A third form, which may be named granulated tuber-

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*See further on the general history of the syphilitic eruptions.*
TUBERCULAR SYPHILIDE.

...cles, from their grained and fissured aspect, has its special seat at the angles of the mouth, and on the alae nasi. They are small, greyish, or copper-coloured, and occasionally present small cracks or superficial ulcerations.

A fourth form, known by the name of serpiginous pustular syphilide, and to which the former epithet is extremely suitable, usually shows itself on the trunk, which it furrows with crustaceous and serpiginous ulcerations, which form segments of a circle, or irregular rings, and species of well-characterized letters or figures.

We may also mention a fifth variety, which much resembles the preceding, and is characterized by small rings composed of flattened and closely approximated tubercles, which ulcerate superficially, are covered with small very adherent crusts, have their special seat on the forehead and hairy scalp, and present some slight analogy with herpes circinnatus, from whence the suitable name of herpetiform tubercles.

Besides these five varieties which deserve a special mention, there are some tubercular eruptions of an irregular form, which sometimes become general, and cover the limbs, the back, the chest, &c.; often continuing to a state of induration, or terminating by resolution; sometimes ulcerating and becoming covered with crusts; at other times imperfectly suppurating.

In general, the syphilitic tubercles have a colouring (copper-coloured, or obscure red), a form (flattened, pisi-form, cherry-shaped, &c.), a march, and a termination, which distinguish them from all other eruptions. The only affection with which we may really in some cases confound it, is lupus or the scrofulous tubercle,—that is to say, the scrofulous cutaneous affection of the tubercular form (this word being always taken in the special acceptation which it has in cutaneous pathology). One day an

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*When ulcerations succeed them, they are very often covered with greenish or brownish, thickened, and adherent crusts; at one time they are rounded, with their edges cut perpendicularly or irregularly, with a greyish base,—in short, presenting all the characters of a venereal ulcer; at another, they are serpiginous, and penetrate less deeply into the integuments. In all cases they leave behind them white and depressed, round or irregular, cicatrices, very different from those of another nature. Violet or copper-coloured stains remain for a variable period after the cure of the eruption, when it terminates by resolution.*
adult patient presented himself for external treatment, who appeared to be of a robust constitution, and who showed us a tubercular circle occupying one of the buttocks. The tubercles, large, and filling a space which the open hand would have covered, were very like syphilitic ones; nevertheless, their deep and rather violet discolouration fixed M. Biett's attention, who, before partaking of the opinion which some assistants had already uttered, was anxious to interrogate the patient. The latter was confident that he had never had any venereal affection, and traced the origin of the eruption with which he was then affected, to his infancy; henceforth, there was no more doubt as to its nature, it was unanimously agreed to consider it scrofulous, notwithstanding the actual state of the general health. He was consequently recommended a methodic treatment by blisters and caustics, as most calculated to eradicate the inveterate cutaneous malady.

There is not a year in which the wards of the Hôpital St. Louis, as well as those of the Hôpital de Lourcine, do not present numerous examples of the tubercular syphilide: we will confine ourselves to the recital of two very remarkable ones.

1st. A coal-merchant had contracted a gonorrhoea, to which was added, after a certain time, a chancre on the internal surface of the prepuce; the patient being placed in the hands of the quacks, so numerous in Paris, who speculate in this kind of affections, ended by seeing himself covered with a general eruption of syphilitic tubercles, many of which had attained the size of a nut when he was admitted into the hospital. They were mostly of an obscure and livid red, many being ulcerated and invested with brownish and very adherent crusts. The disease having only increased under the influence of a purely expectant treatment, recourse was had to the exhibition of corrosive sublimate internally, according to Dzondi's method.

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This method consists in the administration of mercury, at first in fractional doses, afterwards gradually increased, so that a grain and more of the deuto-chloride may be given with impunity in twenty-four hours. Thus, for instance, if a grain of corrosive sublimate is divided into twenty-four pills, one pill is at first given daily; afterwards it is increased one every two or three days, till it reaches twenty-four, thirty, and thirty-six. M. Biett has been much pleased with the employment of this plan in the treatment of constitutional syphilis.
The crusts were gradually detached, the tubercles took
on resolution, leaving behind, for the most part, round, de-
pressed, whitish cicatrices, which had themselves succeeded
to the copper-coloured and livid stains,—traces of tubercles.
Sixty-two grains of corrosive sublimate were taken in the
course of the treatment, which was of many months' duration.

2nd. Another patient who made a very long sojourn in
the hospital, and who was cured almost at the same time
as the preceding, presented the most terrible example to be
seen of the ravages of tubercular syphilis. He was about
forty-five years of age, of a lymphatico-sanguineous con-
stitution, and had many times experienced primary venereal
symptoms very negligently combatted, when suddenly, in
consequence of a hot bath, his body was covered with an eru-
tion which afterwards assumed the appearances of tubercular
syphilide. The whole posterior part of the trunk was
covered, on his admission into the Hôpital St. Louis, with
large tubercles, intermixed with some crustaceous pustules,
of a hideous aspect, and with extensive and deep ulcerations,
which spread from one place to another, and were invested
with greenish crusts. The face, the mouth, and the tongue,
presented also ulcerated tubercles; the isthmus faucium
was the seat of greyish ulcerations, with cut edges quite
characteristic. After ten months' treatment by the arse-
nite of soda in solution in water, the cure appeared
effected; only the integuments were reddened by a very
decided capillary injection, a trace of the tubercular eru-
tion; they moreover had innumerable cicatrices.

It is most frequently the tubercular form which the
syphilitic eruptions which we see happen in nurses who are
infected by a child, assume. Small tubercular elevations
form close to the nipple, and are converted into crustaceous
ulcerations; flat tubercles afterwards show themselves on
the anus and the parts of generation: sometimes there is a
general eruption. Nearly always, if the evil is not arrested
in time, other consecutive symptoms supervene, such as
ulcers in the glands of the neck, granulated erosion of the
neck of the uterus, &c. A very remarkable thing, and one
which we have often proved at the Hôpital de Lourcine,
is, that when the nurse suckles her own child at the same
time, the latter may remain well if the breast which it
sucks is so; whilst the breast which is devoted to the in-
fected nursing becomes alone affected, although there may already have supervened in the nurse the various consecutive symptoms which we have alluded to. Nevertheless, if the suckling were prolonged without the nurse undergoing any treatment, there is no doubt that the second child would, after a certain time, contract the disease. (See my Manuel des Maladies Vénériennes.)
ORDER VIII.


Ephelides.

M. Alibert admitted, of old, three varieties of Ephelides, which he distinguished by the names of lentiform, hepatic, and scorbutic.

The first alone ought to engage our attention; in fact, the alterations of colour described under the two last, are very different affections from the ephelides properly so called, and should be classed with pithyriasís versicolor, or P. nigra; or with purpura, which we shall presently come to.

We have then only one species of ephelides, called lentiform (lentigo, freckles), which, as its name indicates, is frequently the result of the action of the sun upon the fine and delicate skin of lymphatic or lymphatico-sanguineous individuals. We do not think with Bateman, that it is right to describe under the same name, those large brown spots situated on the covered parts of the body, and which sometimes are congenital, and ought then to be classed with naævi; at another are accidental, and then most frequently of the species of spots which we have described by the

*We have not thought it proper to include here the accidental discolourations of the skin, dependant on a disease of the liver, or on an error in menstruation, such as icterus, chlorosis, &c., any more than that singular tint of a dark slate-colour, which is caused by the internal use of the nitrate of silver, and which, a most remarkable thing, may last for many years after the cessation of the remedy.

"Απω του όλιου, non quod a sole tantum vitia illa in cute contra-

huntur, sed quid à reliquis inducta causis, similèm asperitatem et
colorèm habeant.” Gorrèi defin. ad voc. εφηλω. “Hippocrates

employs this term, and he designates, under the name of ephelides, the spots which are sometimes manifested in pregnant women, and those which are produced by the solar rays. "Quae utero gerunt in
cacie maculam habent, quam εφηλω vocant.”” Lib. Περὶ Αφορων.

Also Περὶ Γυναικεων.—Bateman.

"Nihil est nisi asperitas quædam, et durites mali coloris,” says

Celsius; and he adds, to apologize for not speaking of the treatment of this slight affection: “Eripi tamen fæminis cura cultus sui non
potest.”
appellation of *pithyriasis versicolor*; and, lastly, at another
are produced by the action of fire, and show themselves on
the inferior extremities, and especially the thighs of females
who make use of those chafing dishes commonly known by
the name of "gueux."

"I have occasionally known," says Bateman, "the
dingy hue of these maculae give rise to a suspicion of
syphilitic infection. But, independantly of the history of
the previous symptoms, the paucity of these patches, their
want of elevation or depression, their permanence, and their
final evanescence, without any tendency to ulceration, or
even to inflammation, will enable those, whom a habit of
inspecting such appearances has not sufficiently instructed,
to discriminate them."

"The uniform practice," he continues, "both of ancient
and modern authors, has been to apply some gentle astrin¬
gent and discutient lotion or liniment to the part affected.
From the time of *Hippocrates* bitter almonds have been
recommended as possessed of such discutient properties.
(*Hippoc. Περι Γυναικείων, lib. ii.*) Oribasius says, 'Amyg¬
dalae amaræ sunt facultatis perspicue attenuantis, ut ephelin.
expurgent.' (*De Virtute Simplic. lib. ii. cap. i.*) Celsus
employed resin, with a third part of fossil salt, and a little
honey; and *Actuarius* combined vinegar, honey, and bitter
almonds for the same purpose."

Bateman adds, that we may employ lotions of alcohol
in its pure state, or diluted with some distilled water, if the
skin be irritable; we may dab the spots two or three
times a day with the diluted mineral acids, in the propor¬
tion of about a drachm of the strong sulphuric acid to a
pint of water, or the same quantity of muriatic acid to half
a pint; or, by using, in a similar manner, the liquor potassæ
diluted with about twenty times its quantity of water.

"Remedies which give tone to the skin," says M.
Alibert, "are frequently applied externally, as, for instance,
extact of lead mixed with water, sorrel juice, ointments
containing oxides or alkalies, salt water, and sulphur baths."

Joseph Frank recommends the use of chlorine, according
to the following formula: distilled rose-water, ʒvij.; oxy¬
genised muriatic acid, gttis. xii.: the dose of the acid is
gradually increased.

The freckles generally show themselves on the exposed
parts of the body, such as the forehead, face, neck, and
hands, in subjects with fine and white skins, and with
flaxen or red hair; they vary in extent, from that of a pin’s head to a lentil (lentigines); their yellow, saffron, brownish, and permanent colour, the absence of all prominence, itching, and desquamation, is sufficient to distinguish them from the spots of pityriasis versicolor. They are sometimes habitual, and then, ordinarily, incurable. Frequently they are only accidental and transient, appearing during the heat of spring and summer.

Nævus.
Under this title should be united all those congenital alterations in the colour and texture of the skin, commonly attributed by the vulgar to the influence of the mother’s imagination (from whence the name nævus maternus or some authors), and which they designate by the name of moles, emblems, wine spots, &c.

In most of these affections, which are, in general, rather species of infirmities than of disease, there is not only a change in the colour, but also in the texture of the skin. Sometimes they are small brownish elevations covered with hairs (moles, spilus); sometimes they are small, round, yellowish, or red excrescences (emblems, spilus); sometimes they are large violet or blueish spots formed by a development of the venous branches (wine spots); and, at others, they are veritable, fungous, vascular, and erectile tumours, formed by the morbid development of the cutaneous capillary tissue; and in this latter case they may, if they have any tendency to increase, necessitate an operation, to prevent the serious consequences which might supervene. But we will not further dwell upon these slight errors of conformation of the integuments, which, in the immense majority of cases, we must entirely abstain from treating in any manner. Nevertheless, we will add that we have many times seen compression successfully employed in the erectile nævus.

Purpura.
Almost up to the present time many practitioners have applied the name of purpura to cutaneous affections of a very different nature, such as the petechiae of severe fevers, certain eruptions of rubeola, scarlatina, &c. Some more methodical authors have reserved this name to petechial spots only, and Willan has confined it to a species of ecchymosed spots on the integuments which really appears to constitute a special affection; it is the most severe form of this disease which has been described in the works of
Werlhof, under the name of *Maladie tachetée hémorrhagique* (the translation of this passage will be found presently).

By the word *purpura*, then, in cutaneous pathology, should be understood a sort of circumscribed capillary hæmorrhage of the skin, which gives rise to the formation of bloody, red, livid, violet, or even blackish, spots, and quite like ecchymoses. In general, small and distinct, scattered on the limbs and the trunk, but most frequently on the inferior extremities, they are produced by an extravasation of blood under the cuticle, in the areolæ of the dermis, or even in the sub-cutaneous cellular tissue also. They are commonly unaccompanied by any heat, by any itching or painful sensation, or by any prominence (except in the *purpura urticata* of Willan), and follow in their course the usual march and the successive gradations of ecchymosed discolourations, passing to a blueish, and then a yellowish tint, till complete resolution is effected.

In a very great number of cases there is no other morbid phenomenon; at most, a little feebleness and languor, paleness of the face, and slight œdema of the extremities, are observed. In others, much more severe, dangerous, and even fatal hæmorrhages take place from various exhaling surfaces, even deep in the viscera; it is then especially that the disease resembles sporadic scurvy, with which authors have often confounded it.

II. The causes of this affection are very obscure and often unknown; in some, however, we find a manifest relation between its phenomena and the circumstances under which it is developed: thus, when we see it happen in delicate subjects, and those enfeebled by bad nourishment, wretchedness, and filth, and by a residence in moist, unhealthy, and badly aired places, deprived of the salutary influence of the heat and light of the sun; in children, women, and old men, submitted to any of these morbific causes; in prisoners, mendicants, individuals engaged in unhealthy occupations, as weavers, bootmakers, &c.; or even in subjects enfeebled by excess, or by prior diseases; in those who have made use of certain medicines, and particularly mercurial preparations, which have caused salivation—and in all these cases, I say, it is imagined, to a certain extent, that a...

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*c* Bateman mentions a fatal *purpura hæmorrhagica*, which came on during a severe salivation accidentally induced by a few grains of mercury given in combination with opium, for the cure of rheumatism.
diminution in the tone of the solids, and an increase in the thinness of the fluids, favour the development of a disease, the principal symptoms of which are ecchymoses and hæmorrhages. But how are we to explain the same affection in subjects placed in entirely opposite circumstances, in adult men, of good constitutions, living in healthy places, and on a good regimen—at least, without admitting a sthenic and an asthenic purpura, as we admit active and passive hæmorrhages, a scurvy from debility, and sthenic scurvy; and, in fact, may we not explain, to a certain extent, by plethora in one case, that which we explain by a change in the fluids, and by a weakening of the solids in the other? Moreover, do not the causes, the symptoms, and the treatment, sufficiently indicate this distinction? Lastly, should we not, with certain moderns, believe, in some cases, in a primary alteration of the blood, of a nature as yet unknown.

All these questions still require fresh researches, and fresh observations, in order to be solved in a satisfactory manner.

But it is time that we should quit the generalities, and separately examine the two principal forms of the disease under our notice: purpura simplex and purpura hæmorrhagica.

III. 1st. Purpura simplex.—It most frequently shows itself in children, women, and weak individuals submitted to debilitating influences; in hot seasons of the year, but, as we have already said, it is also observed under opposite circumstances; moral emotions have sometimes appeared to provoke it, and very often it exists without any appreciable cause.

We see (occasionally after many days' uneasiness, languor, and anorexia,—often without any precursory or accompanying phenomenon) break out on the inner part of the legs and arms, and on the chest, red, livid, or even violet-coloured spots, according to the greater or less activity of the circulation, the habitual colouring of the tissues, the age of the subject, &c., very analogous to flea-bites, but which differ therefrom in the absence of a central point, the trace of the animal's grip; these small spots extend themselves, without spreading, in most cases, beyond the size of a bean; they generally preserve a rounded form, and are circumscribed and isolated from each other; they successively become deeper, afterwards gradually lose
their colour, grow yellow, and disappear in the same manner as ecchymoses, after some days' duration, without leaving any traces of their existence, and without any cuticular desquamation. These spots are not completely effaced under pressure, like the colouring of exanthematous affections; they are not uniformly sub-cuticular, but frequently the extravasation extends through the thickness of the dermis, and sometimes even to the sub-cutaneous cellular tissue.

This malady is commonly slight, and unaccompanied by fever or any derangement of the health, except the unpleasant feebleness which we have mentioned, but which is far from being constant. Its duration is indeterminate; it may last for many weeks, or even months, from the successive formation of fresh spots, and it is very liable to recur. It may, moreover, in becoming more severe and general, convert itself into the following species, the prognosis of which is unfavourable.

2nd. Purpura haemorrhagica.—In this species the spots are larger, more numerous, deeper, and more irregular; the ecchymosis is seen to extend into the sub-cutaneous cellular tissue, and present the appearance of violent external bruises.

But, moreover, the disease is not confined to the integuments, or even to the orifices of mucous cavities, as the gums, the mouth, and the tongue, parts which sometimes present small petechiae, even in purpura simplex; haemorrhages take place, not only from the mucous surfaces of the mouth, nose, air and digestive passages, but even in some cases we find, on opening the body, ecchymoses, and infiltrations, or effusions of blood in the serous cavities, and in the tissue of parenchymatous organs. It is thus that Bateman cites cases where death was produced by excessive pulmonary, buccal, and nasal haemorrhages; that in a patient of the Hôpital St. Louis, fatal suffocation was caused by an effusion of flood formed under the glottis; that, in some bodies, blood has been found infiltrated or effused underneath the arachnoid, in the brain, the lungs, the liver, the spleen, &c. In a patient that I observed at the Hôtel Dieu, and whom many haemorrhages had reduced, death appeared directly caused by a sort of slow asphyxia and miasmatic poisoning, owing to the decomposition of blood retained in the mouth and nose, from the plugging rendered necessary by a profuse epistaxis. Nevertheless,
these haemorrhages are not always very dangerous, sometimes they have even been useful, probably in cases where the *purpura* presented sthenic characters. Thus, Bateman speaks of a woman, about forty years of age, who, after a profuse loss of blood ("catamenial flooding"), was speedily cured of a puerperal affection, in which the petechiae were confined to the legs, and its attendant debility. Thus, two patients, observed by Dr. Parry, were immediately cured by two blood-lettings from the arm; one was an officer addicted to debauchery, and in whom a slight fever accompanied the purpural symptoms; the blood drawn was consistent, and covered with an albuminous coating.

Sometimes, *purpura haemorrhagica* is observed in the course of eruptive fevers, and particularly in variola. The disease is then nearly always fatal, and we commonly find, on opening the body, ecchymosed spots on the mucous surfaces, more or less analogous to those on the cutaneous surface.

Besides the two principal forms of *purpura* which we have described, Bateman, after Willan, has still mentioned three other varieties, which it will be sufficient for us just to allude to. The two first (*P. urticans*, and *P. senilis*) do not present any thing particular but the age of the subjects they affect, or a slight modification of the spots of the skin, which, in the first days of their appearance, have a little prominence and itching, and thus bear some trifling resemblance to the elevations of urticaria: it is not very uncommon to see the wheals of *urticaria* itself followed in their resolution, by patches of ecchymosis, when the eruption is very intense. The third variety, to which Bateman has given, perhaps very inappropriately, the name of *purpura contagiosa*, is the purpura, properly so called, of many authors; that is to say, sometimes an eruption such as that of *typhus* fever, which should be referred to the *exanthemata*, and at others, veritable *petechiae*, quite analogous, in fact, to the small ecchymoses of *purpura*, but which form a simple epiphenomenon of severe febrile diseases, in the course of which they are observed, and from which they cannot be separately studied.

IV. Diagnosis and Prognosis.—The spots of *purpura* differ in their cause from those produced by an external contusion, and from those smaller and more analogous ones produced by flea-bites. In the former case, we perceive how
easy is the diagnosis, since the number, the extent, the various degrees of the colouring of the spots, establish a well-marked difference between these spontaneous ecchymoses, and the traces of a contusion. In the latter, we may commonly distinguish in the centre of the small spot, a deeper-coloured point, which is the trace of the insect's bite.

The spots of the class *exanthemata* differ from those of purpura, in that they are commonly brighter and more superficial, that they disappear under pressure, and that they do not present those gradations of colour observable in the small ecchymoses of the latter disease. There are, nevertheless, some cases where exanthematous redness of a very deep colour, and purpural spots of a very light red, may present, at first sight, a great analogy.

An Italian observer, Dr. Palloni (*Commentario sul Morbo Petechiale. Livorno*, 1819), described the distinctive character of the ecchymotic spots of *purpura*, and of the exanthema of typhoid fevers. The petechial spots (says he) are round, exactly circumscribed, like small points, or flea-bites; the petechial exanthema presents larger discolorations, of a more irregular form, more analogous to the elevations of roseola, or, if occasionally it assumes the punctuated form, these points are always surrounded by a reddish areola. The veritable petechiae are of a dull and livid red, since they are produced by ecchymosis and not by inflammation; the petechial exanthema is of a bright red, rarely livid and darkish towards its decline; the former are plain and smooth; the latter, whether in the form of spots or patches, presents a certain prominence and veritable elevation. It is true that it is sometimes met with more flattened, and nearly without any sub-cuticular prominence; and it is especially in cases of this kind that we are liable to confound the exanthema with the petechial spots.

The deep patches which sometimes succeed to other elementary forms of cutaneous diseases, and especially those occasionally left by the pustules of *syphilitic ecthyma*, which have their seat on the legs, differ from those of purpura, in the march of the affection, and frequently also in their own form and aspect. Moreover, a cachectic state, dependant on inveterate syphilis, which gives rise to the formation of ecchymosed patches, which are joined with all kinds of cutaneous eruptions, is, especially in hospitals, a very frequent complication.
I have seen a case of *purpura simplex* in a young man, which appeared to have originated in an intense mental emotion, mistaken for a syphilitic eruption; and this error in diagnosis, which places in the clearest light the indispensable necessity of a special study of the diseases of the skin, was committed by one of the first physicians in Paris: this *purpura* the patient had had for about fifteen days, and it was dispersed in the same space of time by means of tonics.

We have already said, that *scurvy* comprises, in its various forms, that which we have described under the name of *purpura haemorrhagica*. Some persons are of opinion that the distinction which is endeavoured to be established between these two affections is merely subtle: it is a question on which we will not pronounce, and which is partly connected with the difficulties of diagnosis.

The prognosis of *purpura simplex* is never unfavourable. It is not the same of *P. haemorrhagica*, although, in many cases, this affection is not fatal in its consequences. But the real danger, and the more or less speedy death, which the haemorrhagic symptoms sometimes involve, ought to make the physician extremely reserved in the judgment which he pronounces on the probable termination of the disease.

**V. Treatment.**—It is clear that the treatment should vary according to the indications which are presented; and although we have seen, on the one hand, blood-letting and antiphlogistics, and on the other, tonics and antiscorbutics, produce advantageous effects, we should prescribe neither the one nor the other of these opposite therapeutic means in an absolute manner. We should, on the contrary, be guided, by the cause, the progress, the symptoms, the degree, and the period of the malady, the constitution and age of the patient, the effect even of the remedies, to employ according to the case, either a debilitating or a tonic regimen, or one and the other successively.

*Purpura simplex* very often disperses of itself, when the patient is withdrawn from the influences which have appeared to give rise to it. Regimen, and attention to hygienic rules, are sufficient to favour the salutary tendency of nature. In general, in this affection, as in scurvy, hygienic influences occupy the first rank. “Without the concurrence of air, exercise, and moral tranquillity,” says
Willan, "the effect of remedies is very uncertain." When, as is commonly the case, purpura is developed in individuals exposed to moisture and damp, and who are badly nourished, a salubrious air, a tonic regimen, wine, bitters, steel, exciting frictions, and alcoholic fumigations, effect a cure. If, on the contrary, the individual is plethoric, and living upon a heating regimen; if he has fever, or presents any indications of irritation or local inflammation, recourse must be had to diluents, severe regimen, fresh baths, and even blood-letting.

In the example cited above, when speaking of diagnosis, the purpura was connected with a species of quotidian access, marked by slight shivering and pains in the limbs, recurring in the afternoon. Pills of sulphate of quinine and opium, fresh baths, tartarised lemonade to drink, speedily got the better of the disease, which had, altogether, scarcely a month's duration.

We have already mentioned some cases of purpura haemorrhagica, in which good resulted from the employment of an antiphlogistic treatment. But these cases are far from being the most numerous, and many examples prove that the treatment of asthenic scurvy is that which is most successful in this affection. Thus, the mineral acids, tonics, bark, and antiscorbutics, should be employed when there is no contra-indication. I have seen a case where all these means had failed, and in which a powerful astringent, rhatany, really produced the most marvellous effects. The subject was a delicate woman, enfeebled by grief and misery, in whom, besides the cutaneous ecchymoses, had been observed haemorrhages from the mouth, stomach, and urinary passages. The extract of rhatany, given in large doses (in the form of a bolus), and the decoction, with "eau de rabel" for a drink, nearly instantaneously dispersed all the symptoms, although there was a well-marked febrile state. But the convalescence was protracted, and the patient remained some time in a state of very great weakness.

Purgatives have been recommended by the English physicians, and Bateman cites in their favour the practice of his friend Dr. Harty of Dublin. This physician having had the mortification of losing a patient whom he had treated by the ordinary method, that is, by means of a substantial diet and tonics, had recourse to purgatives, in large doses, and this method was most successful in twelve patients (he prescribed calomel and jalap every day).
When the hæmorrhages become excessive, we should employ the means generally in use for such things, and particularly those adapted to hæmorrhages of a passive nature. Thus, astringents, cold, compression, derivatives, &c., are commonly necessary in cases of this kind.

Lastly (as sometimes happens), when we do not know to what species, sthenic or asthenic, to refer the purpura, we should confine ourselves to an expectant or mixed plan, till the character of the disease is more decided, at least when imminent danger does not compel us to try more active medication; for cases of this kind, as well as those of others, have proved fatal.

VI. The two following cases will give a very just idea of purpura simplex, as it is most commonly observed:

1st. A young girl, thirteen years of age, pale, and of a delicate constitution, dwelling in a very damp room, where the rays of the sun rarely entered, all at once, in the evening of November 7, 1819, saw her skin covered with violet-coloured and darkish spots, in consequence of domestick quarrels, and a reprimand from her parents (of which she had experienced a vivid impression); the day following, these spots became more and more numerous, and towards the end, attacked the whole body, without the general health experiencing the least alteration. There was also a slight bleeding from the mouth. In this state, this young girl came into the Hôpital St. Louis the third day of the eruption, and I carefully examined her on the sixth, the spots having already appeared slightly diminished.

The skin of the whole surface of the body was sprinkled with a number of small, round, violet-coloured spots, which varied in extent, from the dimensions of a small pin's head to that of a lentil. They presented no prominence, desquamation, or itching; they were evidently of the nature of ecchymoses, in a small number on the face, more numerous and larger on the trunk, very numerous on the upper extremities, but especially so on the legs, where they formed a bed of very small spots of a brighter and less violet-red than in the other parts. The palms of the hands, and the soles of the feet had no spots on them, and even their dorsal surfaces had very few. Moreover, here and there might be seen on the limbs, some large, more livid, and paler spots, a little blueish, quite like the traces of contusions; the tongue itself presented some small spots similar to those on the skin.
The complexion was pale, and the face slightly swollen; the general health was unimpaired. (Barley-water, with 3ss. of sulphuric acid, and, at the end of some days, an ounce of bark-wine in the morning.—Half portion.)

The spots soon began to fade, many successively presenting blueish and yellowish shades, the greater number merely assuming a brighter colouring, which afterwards ended by gradually disappearing. Those on the tongue went first. The cure was complete on the 29th of November, after twenty-two days of disease, and nineteen of treatment.

2nd. *Purpura simplex.*—*Hepatic Ephelis.*—Louis Bigard, a weaver, twenty-four years of age, had lived for the last ten years in a moist place, without his health, which was very strong, being altered thereby, when, towards the commencement of the month of April, 1819, he saw forming, for the first time, without any known cause, small spots of a violet red, which appeared in great numbers on the legs, were afterwards gradually effaced, following the same march as ecchymoses, each having scarcely more than three or four days' duration. At the same time, the legs became oedematous in the evening, and constrained in their movements. Some patches of another species, and of a yellowish colour, showed themselves on the chest and certain points of the trunk; very profuse sweating supervened towards the morning, but, in other respects, the general health experienced no derangement.

This young man, at the end of about six weeks, presented himself at the Hôpital St. Louis, having the skin on the legs sprinkled with small spots of a violet red, quite like to ecchymoses; some of these spots, less recent, and beginning to be effaced, presented a yellowish discolouration. Moreover, the integuments of the neck and chest showed some *hepatic ephelides* (*pithyrias is versicolor*), characterized by very large permanent spots, of a sulphureous yellow, having a slight furfuraceous desquamation on their surface. The gums were sound, and the general health unimpaired. Rest, suitable regimen, and a tisan of barley, sharpened with sulphuric acid, soon effected a cure of the *purpura*, but not of the *hepatic ephelides*.

This youth having gone out after a few days, soon returned with a fresh eruption, which speedily yielded to the same means. His general health then appearing to decline, and oppression, uneasiness, and perspirations, being
manifest, it was proposed to him not to prolong any further his sojourn in the hospital.

Although purpura, less than the other cutaneous diseases, appears susceptible of that repercussion which acute diseases, and especially febrile ones, give rise to, there are, nevertheless, some examples of it: thus, we saw, in 1829, in the wards of M. Biett, a brush-maker, of a good constitution, in whom the purpura appeared on the inferior extremities without any other appreciable cause than rather a long walk. Having entered the hospital about twelve days afterwards, the legs and thighs of this patient were sprinkled with purplish or violet spots, of variable dimension, without any prominence or pain, the colouring not disappearing under pressure of the finger,—presenting, in short, all the characters of small ecchymoses of purpura. On the next day a tertian fever declared itself; after the first access the spots began to grow pale; and resolution was effected on the second.

VII. In the chapter of the works of Werlhof (Opera G. W., 4to., tom. ii. p. 450) which treats of variola, the author has devoted a long note to the disease which he calls morbus hæmorrhagicus maculosus, and which is no other than that which we have designated above by the name of purpura hæmorrhagica. He says, that he has observed this affection sometimes by itself, sometimes in conjunction with other diseases, and especially variola; sometimes with fever, at others without; frequently accompanied by symptoms of weakness and an alteration in the circulation. A young girl, ten years of age, who had been under his care, was reduced to the most deplorable state by hæmorrhages from the nose, the gums, the bronchi, the stomach, the intestines, and the urinary passages, which accompanied the spots on the skin; a cure was, nevertheless, effected, and convalescence commenced on the eleventh day. Werlhof moreover remarks, that as hæmorrhages may show themselves without any cutaneous affection, the spots of purpura may also exist alone without the least bleeding. It is this which we have described under the name of purpura simplex.

Acids combined with soothing drinks; cold emulsions, gelatine, nitre, and even milk, when acids do not appear necessary; bark, when there are no inflammatory symptoms, or when the purpura is connected with intermittent fever, or when the disease is on the decline, and the strength of
the patient requires recruiting: such are the principal remedies which he recommends. "In short," says he, "acids in the first stage, emulsions during the intensity of the malady, bark during its decline: this is the most successful treatment."

In the same work are inserted two letters of Dr. Behrens, relative to purpura. In the first, which we have already had occasion to mention in speaking of urticaia, the author relates many cases of purpura. He thinks that this affection is more common in youth than at a more advanced age, and that it requires, according to the case, various modes of treatment.

In a second letter specially devoted to the history of the morbus maculosus haemorrhagicus, Behrens draws from his researches and his observations the conclusion, that this singular affection has its source in a particular alteration of the blood, different from that which is produced by the ordinary scurvy, which may be combined with the latter; or show itself alone, as the facts cited by Zeller, Werlhof, and Behrens himself, prove. He insists on the serious character of this affection, which should always inspire the physician with great mistrust; and he regrets that in a fatal case which he met with, recourse was not had to bark (in combination with laudanum), as Werlhof employed it with success in a very curious case. Dr. Wichmann, editor of Werlhof's works, has inserted the following case in tom. ii.

"I do not remember having seen this disease described by any author, with the exception of Werlhof and Behrens. Having had occasion to witness an example of it in 1766, Werlhof, whom I called in consultation, confirmed me in the opinion that these spots were of the nature of those called petechial by authors, and which were often coupled with bad cases of small-pox. In a child, five years of age, tainted with this eruption, the spots, unelevated, without itching or inflammation, some of the size of a lentil, others smaller, united and confluent in points, of the colour of cinnabar, occupied the inferior extremities in particular, the back, and the neck, where they were so close to each other that the intervals between them could scarcely be

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I have here omitted a very long Latin passage from this author; it is interesting, but scarcely worth transcribing.—Trans.
distinguished, and the skin appeared of a uniform colour. The disease was dissipated in twenty-one days by means of bark and the mineral acids. Five or six weeks afterwards the same spots reappeared in this child, in conjunction with a mild variola, without its being in the least enfeebled, and without the least haemorrhage, which in many cases of the same variolous epidemic was severe.

**Macule Syphiliticum.**

Commonly consecutive of the various forms of the syphilides, which we have before considered, the syphilitic spots are distinguished from the ephelides, and from pityriasis versicolor, in that they are commonly of a round shape, rarely exceed the size of a three-franc piece, are, in general, less numerous, are met with on the face, and particularly on the forehead and eyebrows. They are most frequently of a coppery red, sometimes almost blackish, give rise to slight or no itching, and are only rarely the seat of a trifling desquamation. Moreover, they are nearly always accompanied by some symptoms of a general infection, frequently of an iritis, a kind of inflammation which is met with in many cases, in the number of the symptoms of constitutional syphilis.

We have already given, in treating of purpura, the diagnosis of this affection, and of the spots which certain syphilitic pustules may leave behind them. Moreover, it is not uncommon for veritable scorbutic ecchymoses to be mixed with the tubercular and pustular syphilides, especially on the inferior extremities, in subjects tainted with inveterate syphilis, and nearly all of whom, in our hospitals, fall into a deplorable cachectic state.

It is still a question which is not entirely determined,—whether there can exist any really elementary venereal stains. M. Biett is of opinion that the reddish, brownish, and coppery stains which may be referred to the venereal virus, are always the traces of the pre-existence of an elementary pustular, tubercular, or some other form. I have, however, twice observed, in women affected with syphilis, obscure fawn-coloured patches, analogous to those of pityriasis versicolor, which it has appeared to me should be referred to the syphilitic eruptions. These patches differed from those of pityriasis, in the absence of itching and desquamation, in the slightly granulated prominences which they formed, and the seat which they occupied. They
were seen behind the ears, on the alæ nasi, and the forehead; whilst most commonly the hepatic ephelides only occupy the trunk, and even the forepart of the chest. Besides, they had much more tenacity, and a more strongly imprinted colouring, than those of pithyriasis; they did not appear to have succeeded to other elementary forms; they yielded to the use of cinnabar fumigations, combined with internal treatment.

Joseph Frank, in his chapter on Chloasma, speaks of syphilitic stains which were communicated by contact. But the note in which he gives two examples of it is far from dissipating the doubts of such an assertion. "I have observed," says he, "a man who was affected with a chloasma, in consequence of a syphilitic malady, and who communicated it to his wife, without any other syphilitic symptom." I have also found a case almost similar in my father's notes: "On the 13th of October, 1797," says he, "I was consulted by a man thirty-four years of age, who had every appearance of the most perfect health. About five months back he was affected with some hepatic spots, which occupied the whole of his chest, but which had never given rise to any itching or pain. He apprised me that he had once had a blenorrhagia and some chancres, but that they had speedily disappeared, without leaving any other symptom behind. Some weeks before consulting me he had had connection with a perfectly healthy woman, and he told me that the woman had since had spots exactly similar to those with which he himself was troubled."

I have many times been consulted by husbands who thought that they had communicated to their wives hepatic spots which they had upon the chest. They have presented all the characters of pithyriasis versicolor, and I could only discover therein a simple coincidence, and not a consequence of communication by contagion.
We have now successively passed in review the cutaneous diseases ranged in the eight orders composing our classification; and we have been careful to connect with the analogous elementary forms caused by the syphilitic virus. We have only now to give a rapid summary of the principal points in the history of the syphilides, scattered in each of the orders to which they belong, in order to complete our work. This shall be done in the following chapter, the last of all.

As to scrofula, the only decided elementary form which affects the skin is the tubercular one, which we have described in the chapter on lupus. In some rare cases we also see the vegetations consecutive of tubercles, simulate that exotic affection, which has been designated by the names of pia'n and frambæsia (from the analogous appearance which these vegetating tubercles present to the mulberry or raspberry), and which we have omitted from this treatise, which only comprises the usual maladies, those which every practitioner is called upon to treat, and should, therefore, carefully study.

Molluscum, of which we have met with only two or three well-averred examples in the course of fifteen years; is also a tubercular form which we have not thought proper to describe, and which can scarcely, any more than the preceding, give rise to errors in diagnosis.

There was, in 1829, in the wards of M. Biett, a child, ten years of age, jaundiced and affected with chronic hepatitis and splenitis, with enormous swelling of the affected viscera (in consequence of a violent blow on the belly), who presented on nearly the whole tegumentary surface small pisiform tumours, a little whiter than the intervals between them; they were hard, indolent, and very analogous in appearance and consistence to the small cretaceous tubercles which we sometimes find in the parenchyma of the liver. M. Biett was of opinion that this cutaneous affection should be referred to the Molluscum of Bateman, very rare in our climate, and more common in India.

"I propose, in my next edition, to add a chapter on the rare and exotic diseases here passed over; such as Pian, Molluscum, and Radesye.

"I published in the Revue Médicale, Jan. 1843, a memoir on Molluscum, with a coloured plate."—Manuscript Letter from M. Gibert.

There is a very interesting case of this disease related in the 7th vol. of the Provincial Medical and Surgical Transactions.—Trans.
GENERAL SUMMARY
OF THE
HISTORY OF THE SYPHILITIC ERUPTIONS.

This is not the place to give a complete history of the venereal disease. We have devoted to it a special work, which is now in the hands of a great number of practitioners and students, and which is conducted upon the same plan as this treatise on the diseases of the skin.

It will be sufficient, in order not to leave our subject incomplete, to reproduce, in a few words, the principal points of the pathology and treatment of syphilis, with which the eruptions of this nature are necessarily connected.

It is generally agreed to divide the characteristic symptoms of syphilis into two orders, according as they immediately succeed the application of the virus, or do not supervene till a more or less remote period, and commonly after having been preceded by the appearance of primary phenomena.

The venereal chancre, buboes, the flat tubercles of the genitals (improperly called pustules), blenorrhagia or

a "I have remodelled my chapter on the syphilitic eruptions, and I have published in the Memoirs of the Academy of Medicine (Tome of 1842), a complete treatise on this subject. I have also published in the therapeutic bulletin of this year (1844), a memoir on the employment of the syrup of the deuto-ioduret of iodine, a valuable remedy which I have proposed in these and the serofulous serpiginous eruptions. The dose is from one to two spoonfuls daily, each of which contains a centigramme (one-fifth of a grain) of the bi-iodide of mercury, and fifty centigrammes of the iodide of potassium (ten grains). I attribute the use of the iodide of potassium in large doses, become so general in the treatment of constitutional syphilis, to the success which I obtained by means of this syrup at the Hôpital de Lourcine, in 1836."—Manuscript Letter from M. Gibert.


c We must, however, remember that these flat tubercles, formed by the induration and tumefaction of the follicles of the skin, have very often a pustular appearance, owing to follicular inflammation. Some small, whitish, and as though pustular points are then remarked on the surface of the lenticular plate which characterizes the flat tubercle; but this appearance is only temporary; it is, moreover, more commonly met with in women than in men.
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Gonorrhoea: such are the characteristic symptoms by which a recent syphilis is detected.

Consecutive venereal ulcers and buboes, the cutaneous affections described under the name of syphilides, certain excrescences and vegetations of the anus and genitals, iritis, exostoses, caries, &c.: such are the principal phenomena of constitutional syphilis.

We will pause a moment to consider some of these symptoms.

The primary venereal chancre is one of the most common and characteristic phenomena of syphilis. Nevertheless, the mode of formation of this ulcer has been generally badly described in the special treatises on venereal diseases; there is even a writer who has been anxious to found a new therapeutic method on an error which has crept into the description which many praiseworthy authors have given of it. Incorrectly believing that a vesicle commonly preceded the ulceration, this physician recommended the application of the ectrotic method (cauterization) in the treatment of chancre at their commencement, as a means calculated to destroy the evil in its embryo, and prevent the absorption of the virus and the development of consecutive phenomena, without the necessity of resorting to internal treatment. But, besides cauterization being a means commonly employed for a very long time, and its effects as a preservative often having failed, observation proves that the venereal chancre does not ordinarily commence by a vesicle; nothing has been perceived but a little swelling and redness, and soon afterwards an ulceration, which has formed without any cuticular elevation. It is very important to recollect here the characters of a vesicular cutaneous affection, of short duration, which sometimes occupies the internal surface of the prepuce, and which may be followed by excoriations, which have been mistaken for chancre. This slight disease, which we have described under the name of herpes preputialis, is characterized by small vesicular groups, commonly accompanied by redness and itching; they most frequently dry up in a week, are not irritated by improper applications, or other stimulating causes. The venereal chancre properly so called, can only assume temporarily, and in some exceptional cases, that vesicular (or pustular) appearance at its commencement, which we have already mentioned with regard to the flat tubercle. Like this latter, in fact, the chancre appears to

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have its seat in the tegumentary follicles; and the follicular inflammation may accidentally present at its commencement this vesicular appearance, but not from a vesicle or a pustule, properly so called. It is only in inoculation made with the lancet, that veritable cutaneous pustules are developed, and afterwards give rise to a chancre.

Some physicians are determined to look upon buboes as nothing but an engorgement of the lymphatic glands, caused by the irritation of the parts where the absorbent vessels which lead to them rise; and, consequently, are unwilling to admit the existence of buboes at the first onset. We have many times observed this sort of bubo (without any other anterior symptom) in men and women. Even more, we have inoculated in these cases the pus of the bubo, and caused the formation of the characteristic pustule to which the venereal chancre succeeded. This inoculation has been always successful with us when we have waited till the wound formed by the spontaneous or artificial opening of the suppurated bubo has been converted into a veritable venereal ulcer, which generally happens in a few days.

The flat moist tubercles, incorrectly described under the name of flat pustules, are a very common primary phenomenon. They show themselves on the scrotum, the vulva, and in the neighbourhood of the anus, usually without any other local symptoms preceding their appearance.

It is very generally agreed in the present day, that gonorrhoea may depend on various causes, and that it is not always syphilitic. But, on the other hand, we know, without doubt, that constitutional syphilis very frequently succeeds to this primary symptom; and that, unfortunately, we are in possession of no certain sign by which we can distinguish the venereal gonorrhoea from that which merely consists in simple inflammation of the urethra.

M. Ricord pretends that the only blenorrhagiae susceptible of giving rise to consecutive symptoms, are those which are accompanied by a urethral chancre. But this is a supposition which does not appear to us sufficiently justified by the few exceptional cases in which a venereal ulcer has been discovered deep in the urethra affected with this discharge. Time and direct observation have done justice to the old opinion, which regarded as ulcerated the mucous membranes affected with puriform catarrh; relative to gonorrhoea in particular, autopsy has many times revealed that the urethral canal followed in this respect the common
THE SYPHILITIC ERUPTIONS.

law. It is a question which I shall only just allude to here, and which will be found treated of more fully in my Manuel des Maladies Vénériennes. Inoculation will be, according to M. Ricord, a certain means of deciding this point. But, as in cases of this kind it usually only gives rise to negative results, I do not think that we can induce from it the future innocuity of blenorrhagia unsuccessfully inoculated. In fact, we have not hitherto succeeded in communicating by inoculation any but one venereal symptom (chancre); and yet, not only the flat tubercles and vegetations are transmissible from individual to individual, but even certain consecutive symptoms appear in some cases to be able to transmit themselves by contagion, although no one has ever been able to inoculate them with the lancet.

The history of cutaneous syphilis has been singularly enlightened by the application of the English classification of skin diseases, to the study of the various forms which it may assume. Observation has proved that all the elementary forms on which this classification is based, may be produced by syphilis, so that we have been led to admit, 1st, an exanthematosus syphilide (syphilitic roseola); 2nd, a vesicular syphilide, very rare indeed; 3rd, a bullous syphilide (syphilitic rupia); 4th, a pustular syphilide (syphilitic icthyma); 5th, a tubercular syphilide, commonly also consecutive, and presenting itself under still more varied forms than the preceding; 6th, a papular syphilide (syphilitic lichen), presenting many modifications in the size and march of the papules; 7th, a syphilide in scaly plates (syphilitic psoriasis and lepra), very often consecutive of blenorrhagia, and, in some cases, even coincident with this primary phenomenon; 8th, a syphilide in stains (maculae, or syphilitic ephelides), the etiology of which is not yet well proved, some physicians thinking that these stains may form without any other antecedent elementary lesion of the cutaneous tissue, others, on the contrary, that they are never anything but vestiges of one of the elementary forms above alluded to. To all these species must be joined the ulcerated syphilide, which may constitute a primary form (primary and consecutive venereal ulcers), but which, in many cases, succeeds to one of the elementary lesions above-mentioned, and particularly to the tubercular, bullous, and pustular forms.

Although there is some resemblance between the syphilitic eruptions and cutaneous diseases of another na-
tecture, which present an analogous elementary form, there are always distinctive marks common to all the syphilides, and which are so characteristic, that an experienced observer can never be mistaken as to their nature. It is advisable here to relate some of the characters which have been so absurdly denied by a few writers of the present day. The coppery discolouration is one of the most certain; it may be found in all the forms of cutaneous syphilis, although it may not be always equally apparent, equally easy to seize upon, especially to an inexperienced eye. The ulceration which succeeds to many species, has also so characteristic an appearance, that it is impossible to mistake its nature. Those deep, round, hard-edged, callous, and perpendicularly cut excavations; those serpiginous ulcerations, which form segments of a circle and of spiral lines; those thickened, greenish, darkish crusts, deep in the dermis, which sometimes cover the ulcerations, and which particularly succeed the syphilitic bullæ, pustules, and tubercles, have evidently no deceptive appearance. The cicatrices themselves, unequal, spiral, or rounded, white and depressed, which follow ulcerated tubercles and pustules, have characters by which their origin can be recognised. Moreover, in the greatest number of cases, past circumstances, the pre-existence of primary local phenomena, the co-existence of other venereal symptoms, such as discharges, flat tubercles on the genitals or anus, granulated erosions of the uterine neck, ulcers of the velum palati, exostoses, &c., assist in removing all doubts which we may entertain.

Among the consecutive phenomena of syphilis, there is one which is frequently in conjunction with the eruptions of this nature, and which, nevertheless, is but little known by the generality of practitioners. I mean iritis. This name is given to a species of internal ophthalmia, commonly chronic, in which there is sometimes merely slight redness of the conjunctiva, but which is accompanied by a contraction, and afterwards a deformity, of the pupil, which, in some cases, lasts after every indication of inflammation has ceased, and is accompanied by a change in the colour of the iris.

Authors have not confined themselves to contesting the distinctive characters of the syphilitic eruptions,—they have formally denied their specific cause; even more, some on the other side the water, followed by writers on the
continent, have held, that most of the syphilides were due to the employment of mercurial preparations. This idea has been fecundified by some innovators, who have not hesitated to attribute to mercury, exhibited in primary syphilis, the production of all the secondary phenomena incorrectly regarded as the indications of a constitutional syphilis. We must sufficiently well know all the repugnance which exists in the human mind, to admit facts which do not fall in with its favourite theories, to give a reason for the favour which so singular an explanation of the consecutive effects of the venereal virus, has obtained in a part of the medical world. It will be sufficient, to do it justice—for, in a truth, detailed refutation would appear to us almost ridiculous—it will be sufficient, I say, to establish, as a result of daily incontrovertible observation, that a very great number of patients present consecutive syphilitic symptoms—especially of a cutaneous nature—without ever having made use of any kind of mercurial preparation. But, moreover, all the secondary morbid phenomena, which some moderns have had the strange notion of attributing to this remedy \textit{par excellence}, have been witnessed before its regular employment in the disease in question, in the practice of physicians who have used other medicaments (which they regarded as \textit{specifics}).

This hypothesis naturally leads us to say a few words on the nature of \textit{syphilis}, alternately considered as a virulent and contagious malady, or as a collection of morbid phenomena due to ordinary inflammation, and which, like other inflammations, had its source in an irritation directly produced by local agents, or transmitted by \textit{sympathy}, to organs more or less removed from those primarily affected. Let us, nevertheless, at once observe, that this latter opinion has never found, especially in France, but few partisans; still their numbers will be much reduced if it is restricted to medical \textit{practitioners}, the only competent judges in a matter of this kind. We shall content ourselves with opposing to this view, so decidedly controverted by facts, the following practical considerations, which prove: 1st, that syphilis is a virulent and contagious disease; 2nd, that it is a specific disease; 3rd, that mercury is also a specific for it, that is, that this therapeutic agent enjoys the almost constantly efficacious properties of not only curing it, but of also detecting its nature. We shall be as brief as possible, for all these points have already been
superabundantly established, at a time when they were considered to be so many axioms.

1st. With very few exceptions, which prove nothing against the general rule, no one can with impunity expose himself to an impure connection.

2nd. In the immense majority of cases, this connection is followed, after some days' incubation, by the appearance of a few phenomena, constantly the same, the effects of the virus deposited upon the parts.  

3rd. The contagion is so powerful, that it does not require, as in some other diseases depending on a different virus, special conditions for its exercise; but we may, on the contrary, successfully try various modes of inoculation, constantly followed by the same effects. Who does not here call to mind the deplorable history of that student in medicine, imbued with novel errors, who, persisting in mistaking the evident characters of a syphilis with which he inoculated himself from a lancet charged with the virus, ended by believing himself tainted with an incurable disease, and committed suicide in a fit of despair? These attempts at inoculation, repeated by various experimentalists, from the time when John Hunter endeavoured to discover by this means the communicable and non-communicable symptoms of syphilis, have in later times been extravagantly extolled by M. Ricord. They have demonstrated that the most constant and most characteristic primary symptom of the venereal malady—chancre (either the ordinary chancre, or that which succeeds to the opening of a primary bubo, or lastly, that which forms under the pustule that produced inoculation), was susceptible of being inoculated by art, and consequently, without doubt, secreted a virulent principle.

4th. We will not return here to the special characters which both the primary and secondary phenomena of syphilis present; we will confine ourselves to observing, that, whatever may be their variety and multiplicity, there is no experienced practitioner who can ever mistake them.

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d We, moreover, admit, with most good observers, that there are cases of syphilis at the onset, that is, that sometimes, very rarely indeed, constitutional syphilis manifests itself without any primary local symptoms; and then what becomes of the theory of irritation and sympathy?

e See Recherches Critiques et Expérimentales sur l’Inoculation, applied to the study of venereal diseases. 1 vol., Paris, 1838.
5th. In confessing that in many cases the primary symptoms of syphilis may be seen to disperse, we will affirm, that, in many others, either this cure has not taken place, or sooner or later it is followed by the development of consecutive phenomena, which attest the ravages of the virus spread in the economy. Even more, we will add, that in some subjects, unfortunate in being unable to bear the remedies, or to put a check upon their actions, we see these symptoms perpetuate and reproduce themselves, and become incessantly aggravated, till death puts an end to so wretched and deplorable a life.

6th. All good observers have proved the existence of constitutional syphilis, either in the foetus in the mother's womb, or in the infant a certain time after its birth, an evident proof of the transmission of the venereal disease—a transmission scarcely to be explained by sympathy.

7th. We frequently see patients in whom syphilitic symptoms, and particularly the syphilitic eruptions, have been mistaken or neglected, and have not been combated by any treatment, any more than in its primary form, or have resisted a number of therapeutic agents employed from deceptive indications; eruptions which afterwards become cured as though by enchantment, as soon as the patient is submitted to a regular mercurial treatment, seconded by a proper regimen.

8th. In the present day, as formerly, most physicians reasonably place their confidence in mercurial preparations varied and modified according to the cases; and we may well be astonished at the efforts which some sophists make to banish them from the treatment of syphilis, who have no remembrance of the terrible and inevitable effects of this disease, at times when the heroic remedy (generally adopted as soon as known) had not as yet been used, and who seem to have undertaken to bring it into discredit in the mind of patients as well as physicians. It is not less true, however, that, in the generality of cases, mercury, exhibited by a wise and enlightened physician, is successful in every form of syphilis,—better, more constant, more sure, and more speedy than any other known remedy.

II. Among the mercurial preparations most in use, we continue to prefer unctions with the mercurial ointment, in recent syphilis, and Van Swieten's liquor, or the solution of corrosive sublimate, in constitutional syphilis. Towards the close of the last century, Cirillo recommended
the employment of corrosive sublimate incorporated with lard, in frictions on the soles of the feet; but this method is but little resorted to in France. Some physicians have prescribed baths, with the addition of from two to four ounces of corrosive sublimate, commencing with small doses, and sometimes raising them to very large ones, as a very suitable means in individuals who are unable to bear mercury internally, and in those with syphilitic eruptions; but this mode of exhibition is so uncertain in its results, besides being very expensive, that it has never been generally adopted. The best effects, on the contrary, have been obtained, in the treatment of the syphilides, from the employment of cinnabar fumigations, either general or partial, administered by means of a proper apparatus, and we have often seen the most rebellious cutaneous affections of a syphilitic nature yield to this energetic remedy. In analogous cases, we have also used, with much advantage, the new combinations of mercury with iodine, cyanogen, and bromine, in the form of frictions on the affected parts. All these preparations are very active and very irritating, and consequently require much management in their employment. M. Biett has successfully used, at the Hôpital St. Louis, in the treatment of constitutional syphilis, corrosive sublimate in pills, after the method of Dzondi, commencing by a minimum dose (twentieth of a grain), and gradually raising it to considerable doses (from one to two grains), which the patients then bear very well, given fractionally; for instance, twenty, thirty, or sixty pills, to take in the twenty-four hours. The effects of this plan have been many times most happy, in very severe and almost desperate cases. But, how much care, discrimination, and prudence must not be had in the administration of remedies which may so easily become injurious when they are not properly and methodically applied! In how many cases must we not precede, accompany, or follow them, by antiphlogistic, soothing, and narcotic means—to insure their effects and prevent their inconvenience! How much must we not vary the preparatory or auxiliary means, according to the state of the digestive organs, the general state of the individual, and that of the affected parts! These are precisely those well-appreciated considerations, which constitute the entire merit of the man instructed and experienced in his art, and which cause the success of remedies in his hands, which are inefficacious or dangerous in those of others.
Mercury, frequently having irritating effects*, which may become injurious in certain subjects, we have for many years been much engaged in substituting other remedies in its place. The preparations of gold, and especially the muriate of gold, recommended by Dr. Chrestien of Montpellier, have had marked success in some cases, but they are not very generally employed with confidence. This medicine is administered by frictions on the tongue and gums, in doses from one-eighth to one-fourth of a grain, and more, mixed with an inert powder, after the method of Clare, who also recommended in this manner the exhibition of the protochloride of mercury or calomel.

Sudorifics, common accessories of the mercurial treatment, have been sometimes successfully employed by themselves, especially in subjects tainted with constitutional syphilis, and who have already previously submitted to the employment of mercury. It is thus that guaiacum, sarsaparilla, daphne mezereum, the root of the lobelia syphilitica, Feltz's tisan, Zittmann's decoction, and Arnould's rob², into which the sulphuret or sulphate of antimony, aromatic substances, &c., commonly enter, seconded by a suitable regimen, have produced the best effects, in the hands of good practitioners.

Narcotics, particularly opium, are often useful as auxiliaries, and may be even employed alone, in cases where mercurials have failed. As to antiphlogistics (blood-lettings, leeches, emollients, &c.), recommended as a universal method of treatment in syphilis, either primary or secondary, we can only admit them as adjuvants frequently useful, but which should only be employed when there are positive indications requiring them; and we abandon to the rigorous justice of time, the rash assertions of some writers, rather carried away by theoretical notions than guided by the light of experience.

Regimen is always a means of treatment of the highest importance in constitutional syphilis; it forms an indispensable auxiliary when Dzondi's plan is adopted, in that

* We have generally renounced, in the present day, the method which consists in the employment of mercurial preparations, even to salivation; most physicians, on the contrary, now endeavour to prevent this accident, and speedily combat it on manifestation. There are, however, cases where the symptoms only yield to this rigorous measure.

² Rob is an old Arabic term for an inspissated juice.—Transl.
SUMMARY OF THE HISTORY OF

of Feltz’s or Pollini’s tisan. Frequently, patients tainted with inveterate syphilis, fall into a state of scrofulous cachexia, or have a susceptibility of the intestinal canal singularly aggravated by specifics, if we do not powerfully modify, at the commencement, by means of hygienic resources, tonic or soothing remedies, according to the particular cases, these serious conditions, where they are found to exist.

\[ h \text{ Treatment by Zittmann’s decoction.} \]

\[ \text{℞ Root of incised Sarsaparilla - } \frac{3}{4} \text{xij.} \]
\[ \text{Water - - - } \frac{1}{2} \text{bxlvij.} \]

Macerate for twenty-four hours in a pewter vase, afterwards add in a bag:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar of Alum (or Mynsicht’s styptic powder, composed of Sulphates of Alumina and Potash, four drachms, Dragon’s blood two drachms)</td>
<td>3iss.</td>
</tr>
<tr>
<td>Protochloride of Mercury</td>
<td>3iv.</td>
</tr>
<tr>
<td>Sublimed Sulphuret of Antimony</td>
<td>3j.</td>
</tr>
</tbody>
</table>

Boil till sixteen pounds of the fluid remain; towards the end add:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senna Leaves</td>
<td>3lij.</td>
</tr>
<tr>
<td>Anise Seed</td>
<td>3lij.</td>
</tr>
<tr>
<td>Fennel Seed</td>
<td>3lij.</td>
</tr>
<tr>
<td>Liquorice Root</td>
<td>3lij.</td>
</tr>
</tbody>
</table>

Remove from the fire and allow it to infuse, and label it: strong decoction. Add to the residue:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root of incised Sarsaparilla</td>
<td>3vij.</td>
</tr>
<tr>
<td>Water</td>
<td>1bxlvii.</td>
</tr>
</tbody>
</table>

Boil like the preceding, and add towards the end:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange Peel</td>
<td>3iiij.</td>
</tr>
<tr>
<td>Cinnamon</td>
<td>3iiij.</td>
</tr>
<tr>
<td>Cardamoms</td>
<td>3iiij.</td>
</tr>
<tr>
<td>Liquorice Root</td>
<td>3iiij.</td>
</tr>
</tbody>
</table>

Strain and label it: mild decoction.

The first day the patient takes a purgative; every morning afterwards he takes half a litre of the strong decoction, hot, in bed: in the afternoon he drinks a litre of the mild decoction, and in the evening half a litre of the strong, again: the two last should be cold. He continues in this manner for four days: on the fifth a purge: resumes the use of the two decoctions for four more days; and then another purge. After eight days’ cessation, the treatment is then recommenced, if necessary. A strict regimen is prescribed during the whole period,—for instance, four ounces of bread, and as much meat, daily.

2nd. Feltz’s tisan:

\[ \text{℞ Cut Sarsaparilla, two or three ounces; Isinglass, half an ounce, or better; Gum Arabic, two ounces; Crude Antimony (or the sulphuret of Antimony) enclosed in a bag - } \frac{3}{4} \text{iv.} \]
\[ \text{Water - - - } \frac{1}{2} \text{bxij.} \]
Some examples will render the assertions we have just made, more clear.

### III. Labio-nasal syphilide rongeante.

A woman, thirty-four years of age, of a robust and sanguineous constitution, and well made, entered the Hôpital St. Louis on the 11th of May, 1819, for an eating ulceration which had attacked the upper lip. She had suffered from dysmenorrhoea for about the last year; since that time she had been subject to pains in the loins, colic, pain in the head, dizziness, noises in the ears, &c. She had never had any cutaneous disease, and she affirmed that she had never had any primary venereal symptoms on the genitals; but she was married to a man who had been formerly a soldier, and who had been tainted of old with many syphilitic affections; and although she asserted that her husband was equally sound in the organs of generation, she did not hesitate to attribute to her connection with him, the origin of the disease under which she was labouring.

Four years previously, in fact, she had had ulcerations on the velum palati, which were cured under the influence of the liquor of Van Swieten. For three years and a half she had not cohabited with her husband, and had enjoyed good health; but having renewed her intimacy with him, the evil soon showed itself afresh. A small tubercle, which speedily ulcerated, appeared on the upper lip; the ulcer acquired about the size of a kidney-bean; and was cured by a fresh treatment by Van Swieten's liquor, and a sudorific mixture, combined with dressings with a mercurial ointment. At the end of about six weeks, this

---

After twenty-four hours' maceration, boil it till it is reduced to half; the bag remaining suspended without touching the sides of the vessel; then strain. Some practitioners add three grains of corrosive sublimate.

A pound and a half of this mixture is given daily, divided into three glasses: the first at seven in the morning; the second at two p. m.; the third at nine or ten in the evening.

3rd. *Pollini’s tisan*:

- Pounded green Walnut Shells - 3/iv.
- Sarsaparilla Root - 3/iv.
- Powdered Pumice-stone - 3/iv.
- Persulphuret of Antimony (deprived of Arsenic by a preliminary boiling) - 3/iv.

Enclose the two latter substances in a bag, afterwards place them with the others, in twenty pounds of water. Boil till it is reduced to one-half. A litre to be taken daily, divided into two portions, the one in the morning, the other in the evening.
woman, having again yielded to the solicitations of her husband, for the third time paid the penalty of her weakness. A pruriginous tubercle reappeared on the upper lip; often scratched by the patient's fingers, and irritated by the soap-suds with which they were always impregnated (she was a washerwoman), the tubercle increased and ulcerated; the ulceration extended itself more and more, without having anything applied to it but simple emollient lotions.

On her admission into the hospital she had a superficial, greyish, crustaceous ulcer (which originated about five or six weeks back) on the upper lip; it was surrounded by a swelling and a very bright redness, which had attacked the left half of the superior lip, the lower part of the nostril, on the same side, and of the septum nasi. These parts were the seat of a sensation of intense itching and smarting, and sometimes even of shooting pains. The velum palati presented traces of the cicatrization of the former ulcers.

The internal use of Larrey's syrup\(^1\) was prescribed, and, after some days, dressing with the following ointment was combined with it:

\[
\begin{align*}
\text{Deutoxide of Mercury} & \quad - \quad - \quad \frac{5}{j} \\
\text{Camphor} & \quad - \quad - \quad \frac{2}{j} \\
\text{Simple Cerate} & \quad - \quad - \quad \frac{3}{j} \quad M.
\end{align*}
\]

Soon after, the ulceration cicatrizing very rapidly, vapour baths were ordered, as much for a sudorific means calculated to favour the effects of the mercurial treatment, as for a topical resolvent to disperse the engorgement of the parts where the ulcer was situated, and to hasten the healing process. Towards the end of the month of June (after about six weeks' treatment), the ulcer was entirely cicatrized. On the second of July the patient wished to

---

\(^1\) The following is the formula of this syrup:

- Sarsaparilla - - - \(\frac{1}{biv.}\)
- Dried Elder-berries - - - \(\frac{1}{bij}.\)
- Guaiacum - - - \(\frac{1}{b}.\)
- China-Root - - - \(\frac{3}{vij}.\)
- Sassafras - - - \(\frac{3}{j}.\)
- Senna Leaves - - - \(\frac{3}{xv}.\)
- Borage - - - \(\frac{3}{xv}.\)
- Sugar - - - \(\frac{3}{xxxiv}.\)
- Water - - - \(q. s.\)

Add to every pound (at the time of using it) five grains of corrosive sublimate, as much hydro-chlorate of ammonia and watery extract of opium.
quit the hospital, in spite of the remonstrances made against it; she promised to continue the use of Larrey's syrup, of which she had not taken more than forty-seven ounce doses (containing almost fifteen grains of corrosive sublimate), a quantity insufficient in an old and constitutional syphilis.

This woman had soon cause to repent having neglected the advice given to her; in fact, having, shortly after she left the hospital, cohabited with her husband, the cicatrix began to reopen, and the ulceration speedily became of the same extent as formerly. Many topical irritants, recommended by quacks, much hastened its progress, and caused a swelling and extensive redness, and abundant suppuration. On the 7th of September (two months having elapsed since she first left the hospital) the patient re-entered St. Louis. The disease was then much more severe than the first time; the ulcer occupied the whole of the upper lip, and part of the nose; superficial in some points, deep in others, its surface was greyish, its edges cut, ragged, hard, red, and uneven; there was very dense engorgement of the affected parts; and a very bright redness, with swelling, extended itself in the neighbourhood. The free edge of the lip was in some parts very thin, and nearly its whole thickness eaten through; in others it was tumefied, hardened, and engorged. The evil had already extended very far in the nose, and had reached the cheeks. The terrified patient despaired, and was in great suffering.

For some days she was confined to the use of emollient and narcotic dressings (emollient lotions, lint covered with cerate, with the addition of laudanum, &c.), which much relieved the pains, arrested the progress of the evil, and partly dispersed the redness and tumefaction. The state of habitual congestion of the face was also diminished, by two applications of leeches to the neck, and behind the ears. The use of Larrey's syrup was afterwards resumed, she being unable to bear the liquor of Van Swieten. After a month of this treatment the state of things was much ameliorated, and a part of the ulcer was already cicatrized. To hasten the cure, partial cinnabar fumigations were prescribed. A general fumigation was given by mistake, which caused much uneasiness, colicky pains, and looseness. Even the local one much inconvenienced the patient, who, not being able to bear the penetration of the least mercurial vapour in the throat and nose, again suffered
in the same way, which necessitated its suspension. It was afterwards resumed, and the woman having got accustomed to its mode of administration, the disease afterwards made rapid strides towards a cure. Some vapour douches were given at a later period, to render the skin supple, and dissipate the remaining engorgement. At the commencement of the month of December, however, being one of the catamenial periods not quite so abundant as usual, there was a slight relapse, which was successfully combated by leeches to the vulva, irritating pediluvia, and soothing and narcotic dressings. At the end of the year I quitted the hospital, and lost sight of the patient, whose cure was soon, in all probability, perfect.

This fact is remarkable in many respects: first it presents an example of the most common method of treating the syphilides; next, it shows us a case of syphilis at the very onset; and what is still more curious, one where contagion takes place, although the husband, many times submitted to the examination of a number of physicians, actually had no apparent symptom of the venereal disease. I am well aware of all the objections which might be made to this case; but it is one confirming many other analogous ones, which cause me to regard my mode of observation as established upon a solid basis; I, moreover, know that many distinguished physicians side with these objections.

2nd. Herpetiform syphilide treated by Dzondi's method.—A man, some thirty years of age, contracted a blenorrhagia, during the course of which a chancre, derived from the same source, showed itself on the glans penis. Some topical mercurials effected a cure. But a month afterwards some condylomata appeared on the anus, and some herpetiform tubercular rings invaded the forehead. This patient was received into the Hôpital St. Louis in the spring of 1829. Some small circles, of the extent of a one or two-franc piece, formed by a series of small, serpiginous, and superficially ulcerated tubercles, the nature of which was attested by their coppery colour, were seen at the roots of the hairs on the forehead. The skin which formed the centre of the rings was unimpaired. Corrosive sublimate was given in successively increasing doses, according to the method of Dzondi. The twenty-fourth of a grain was at first prescribed, and the patient gradually reached thirty pills, containing one grain and a quarter; the doses were afterwards gradually diminished as they had been augmented;
and, in the space of a few months, a radical cure was effected.

3rd. Papular syphilide. Sudden eruption. Cured by corrosive sublimate.—A man affected, in 1821, with a blenorragia and buboes, treated by mercurial frictions, preserved the integrity of his health for eight years afterwards. At this period, having been seized with an intermittent fever, which left him in a state of languor and weakness, sea bathing was recommended him. Scarcey had he commenced its employment, when a febrile disturbance manifested itself, soon followed by an eruption on the face of copper-coloured papules, which persisted, were afterwards accompanied by iritis, and only yielded at last to a new treatment by corrosive sublimate.

This is one of the numerous examples of the sudden explosion of a latent venereal taint, on some physical or moral emotion. More than once we have had occasion to observe the use of mineral waters and vapour baths in these supposed rheumatismal affections, suddenly cause the appearance of eruptions, the character of which revealed the existence of an evil pent up for a more or less considerable lapse of time. It is not uncommon to see an ephemeral fever, attacks of intermittent fever, and moral emotions, produce similar results.

4th. Treatment of a tubercular syphilide by the mercurial ointment internally.—A man presented himself on the 6th of July, 1829, at the consultation at the Hôpital St. Louis. He had on the right cheek, near the nose (and invading this organ), a patch of grouped tubercles, of almost the extent of a five-franc piece (but quadrilateral). Its colour was of an obscure, coppery, approaching to a livid and brownish, red; the tubercular agglomeration which composed it, represented an assemblage of small hard knots, of almost the size of hemp-seed. On the forehead were seen white, depressed, irregularly-rounded cicatrices, from the size of a lentil to that of a centime and more, traces of an eruption of the same nature, which he had had two years previously. Lower down, and on the left side of the forehead, existed a deep and adherent cicatrix, the consequence of an abscess which had formed slowly, and given exit to some splints of bone. The patient was questioned, and it was ascertained that he had, about ten years back, a gonorrhœa, irregularly treated by soothing remedies, and by Van Swieten's liquor, given by an apothecary; and that he
had had the actual affection of the face for about two months. Two days previously, at another hospital, he had been told that his cutaneous disease was of a *scrofulous* nature. M. Biett prescribed the following treatment:

1st. A pint of the subjoined mixture daily:

- **Tincture of Guaiacum**: $\frac{3}{3}~\text{fl. oz.}$
- **Daphne Mezereum**: $\frac{1}{3}~\text{fl. oz.}$

Boil in a pint and a half of water, and reduce it one-third, taking care not to add the daphne mezereum till the boiling is finished.

2nd. One, afterwards two, three, four (at the most) of the following pills, daily:

- **Mercurial Ointment**
- **Powdered Sarsaparilla**

Make into forty-eight pills.

3rd. To anoint the eruption with the following pommade:

- **Ammoniacal Proto-chloride of Mercury**: $\frac{1}{3}~\text{gr.}$
- **Camphor**: $\frac{1}{3}~\text{gr.}$
- **Lard**: $\frac{1}{3}~\text{fl. oz.}$

5th. *Treatment of iritis.*—On the occasion of a patient being affected with *flat tubercles* of the anus, and in whom an *iritis* supervened, which was arrested at its commencement by blood-letting, calomel internally, and a collyrium with the extract of belladonna externally, M. Biett thus gave us the result of his observations relative to this venereal ophthalmia. "Inflammation of the iris frequently reaches the capsule of the lens, and an adhesion is established between it and the small circle of the iris, from whence arises contraction, deformity, and immobility of the pupil. Sometimes the vitreous humour, the retina, and consequently the whole extent of the eye, ends by being affected; a purulent effusion may also form in the anterior chamber, and a staphyloma be effected: in short, all the consequences of internal ophthalmia observed in cases of this kind. To prevent these accidents, we must at once endeavour to arrest the inflammation, how slight soever it may be, by an energetic antiphlogistic treatment, the internal exhibition of calomel, and the local use of the extract of henbane, or, better still, belladonna, which directly antagonizes the tendency of the pupil to contract and become adherent to the neighbouring parts." I ought, however, to say, that I have seen this specific ophthalmia resist all these means of treatment, and that in many subjects it is very apt to recur, if the venereal virus is not entirely extirpated from the system.
Many times in my wards at the Hôpital de Lourcine, I have had to treat this species of iritis, but only in cases where the secondary symptoms followed very near the primary syphilis; consequently, in young individuals, whose general health presented no indication of that cachectic change so frequently met with in subjects affected a long time previous, and which is generally the case at the Hôpital St. Louis. This disease had also a violently inflammatory appearance: the conjunctiva was red, the eye full of tears, the pupillary circle more or less disfigured; there were occasional lancinating pains in the orbit, temple, and forehead, of the affected side (for commonly one eye is only implicated; but it may pass from one to the other). The malady co-exists with other consecutive phenomena, such as syphilitic roseola, granular erosion of the neck of the uterus, ulcers on the tonsils, &c.

Blood-letting at the commencement; calomel in large doses, or the pills of Bellostes, administered in such a manner as to produce a purgative effect every day; collyria, with the addition of the extract of belladonna—such are the principal remedies which we successfully resort to in this disease.

6th. Treatment of syphilides by the ioduret of mercury.—A patient tainted with a papular syphilide was cured by the following prescription:

Rx
Proto-ioduret of Mercury         -    ⃞j.
Powder of Guaiacum              -    3ss.

Make into twenty-four pills; two to be taken daily.

Pommade to anoint the eruption:

Rx
Proto-ioduret of Mercury         -    ⃞j.
Lard                           -    3½. M.

Another patient had some consecutive venereal ulcers on the leg, remarkable for their exactly round form, their hard, coppery, and perpendicularly cut edges, their greyish bottom, deeply excavated, and covered with a tenacious grey matter (these ulcers succeeded to a simple induration of the cutaneous tissue, which afterwards opened). Watched for a month, and treated by soothing applications and alkaline baths, the evil persisted, and did not make the slightest progress towards a cure. The proto-ioduret of mercury was then prescribed in pills, gradually increased to doses of two grains daily. Under the influence of this medicine alone, the ulcers were rapidly seen to stretch and
SUMMARY OF THE HISTORY OF

lose their round form, the edges to shrink and flatten, the centre to become raised, ranulated, and reddened; and cicatrization was soon effected.

At the Hôpital de Lourcine we frequently have to treat patients tainted with the syphilitic eruptions. There, as at the Hôpital St. Louis, the tubercular syphilide is the form which has appeared to us, without doubt, the most common, especially in cases where the primary infection was of no distant date (exclusive, nevertheless, of the flat tubercles of the anus and genitals, which may supervene very rapidly, even as consecutive symptoms). The exanthematous syphilide, or syphilitic roscola, is also very frequent, particularly where the primary disease was recent likewise. We have many times seen the pustular syphilide in childhood. The eruption is commonly very extensive, attacks the lower extremities, sometimes even the whole tegumentary surface. It consists of very large (about the size of a small lentil, for instance), discrete pustules, which leave behind them round and greyish ulcers, more or less superficial; these latter are succeeded by small round cicatrices, of a greyish white, when they are not of very long standing.

It is always by a syphilitic eruption that the poison transmitted from the mother is discovered in a new-born infant. It usually shows itself towards the close of the first, or at the beginning of the second, month after birth. It has its seat on the perineum, the internal surface of the thighs, and the neighbourhood of the organs of generation, in the form of flat tubercles, or syphilitic ecthyma, and from thence it spreads over a variable extent of the integuments. A little later, the mucous membranes become affected, particularly the mouth, and the labial commissures; it is then that if the child is confided to a nurse to suckle, the nipple of the latter ulcerates, and the disease is communicated thereby.

Syphilis, in the new-born infant, is always a severe malady; it frequently falls a victim to it in a few weeks. Nevertheless, if it is well constituted, if we at once treat the nurse and the child, and if they are both placed in favourable hygienic conditions, a cure is very easily obtained. This is much surer too in cases where the infant is merely secondarily infected, that is to say, if it has received the poison posterior to birth, as, for example, in the very common case where the nurse has suckled her
own child conjointly with the strange one infected by its parents.

We generally confine ourselves, in children, to the employment of topical applications, such as unctions with the following pommade:

- Opiate Cerate
- Ammoniacal Oxychloride of Mercury

Care is, moreover, taken to prescribe emollient baths, and to watch that the infant is properly cleansed. If it is being suckled, the nurse is made to take corrosive sublimate internally, in the form of pills, such for instance as the following:

- Extract of Aconite
- Powdered Opium
- Deuto-chloride of Mercury

Mix and divide into eight pills; one to be taken every morning at breakfast.

As to adults tainted with syphilitic eruptions, we generally restrict ourselves to the use of simple, alkaline, or sulphur baths, whilst we prescribe the internal use of corrosive sublimate, or the proto-ioduret of mercury. If the disease resists, we have recourse to the method proposed twenty years back by Dr. Scatigna of Naples, as preferable to the ordinary plan of mercurial frictions, of which it is merely a simple modification. It consists in depositing in the hollow of the patient's axilla a drachm of strong mercurial ointment. The arm is kept approximated to the body, and absorption of the ointment takes place during the night. On the next day, a similar unction is made in the other axilla. The third day the patient rests and takes a bath; the plan is afterwards recommenced.

I have seen an individual affected with tubercular syphilide, with tubercular indurations in the mouth, in whom the disease, merely palliated by the prolonged use of corrosive sublimate, the proto-ioduret of mercury, and Larrey's syrup, obstinately reproduced itself three years together, and was radically cured by this method, which caused an abundant salivation, with intense inflammation of the entire mucous membrane of the mouth. This salvation itself was combated by the application of leeches under the jaw, and especially by repeated purging with seidlitz water.

This small number of examples appears to us sufficient
to guide the young physician in the treatment of the syphilitic eruptions. We refer those who desire more developed and complete notions on the matter, to our *Manuel des Maladies Vénériennes*.

Here bringing the task which we have undertaken to a close, we hope that we shall receive the credit of having united, in a single volume, every notion indispensable to practitioners, on the diseases of the skin most commonly met with.

May we be deemed worthy of the following inscription as an epigraph to our Manual:

PARVA SED APTA!

*We have many times had occasion to mention, in the course of this work, the important place which scrofulous diseases should hold in cutaneous pathology. Either as a predisposing cause, or as a complication, this affection is, in fact, met with in a very great number of subjects affected with *eczema*, *impetigo*, *favus*, *prurigo*, &c. But, as we have before said, the form particularly dependent on scrofula is the tubercular and ulcerous one belonging to the genus *Lupus*. The Hôpital St. Louis receives annually a great number of scrofulous patients, who are placed under the care of M. Lugol. Exercise in the open air (even in cases where certain local affections would cause one to dread movement), careful attention to hygienic rules, a good regimen, and the external and internal employment of the preparations of iodine,—such is the fundamental basis of the treatment by means of which M. Lugol obtains the best results. The internal exhibition of the *iodine* liquor he is especially partial to; the following is the formula which he most commonly prescribes:

\[
\begin{align*}
\text{R}\ & \text{Distilled water} & - & - & - & \text{3 iv.} \\
\text{Pure Iodine} & - & - & - & \text{gr. xij.} \\
\text{Iodide of Potassium} & - & - & - & \text{Ωj. M.}
\end{align*}
\]

Four drops to be taken twice a day, in two spoonfuls of sugared water; the dose may be afterwards gradually increased.

As to external preparations, besides the various iodine pomades before alluded to, we may also employ, in lotions, in injections, and in baths, solutions more or less analogous to the one just mentioned as proper to be given internally. Nevertheless, as this kind of remedy becomes very expensive, especially when used in the form of baths, M. Lugol usually restricts himself to prescribing the constant employment of the artificial baths of Barèges.
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