REVIEWS.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By HENRY G. PIFFARD, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York; Surgeon-in-charge of the New York Dispensary for Diseases of the Skin, etc.; assisted by ROBERT M. FULLER, M.D. With fifty full-page original plates and thirty-three illustrations in the text. New York: D. Appleton & Co., 1891.

THIS is an *édition de luxe* of a work covering not the whole but a large and essential part of the great field of cutaneous medicine, with numerous illustrations of disease, chiefly reproductions of photographs taken by the author, many of which are so good as to constitute the chief element of value in the book. The whole is a striking evidence of the courage and ability of the author.

Only a fearless contributor to science would venture upon questions in the discussion of which the schoolmen have produced ponderous tomes, and dismiss the same in as many pages. For example, in touching the enormous group of the syphilodermata, to whose peculiar symptoms such writers as Duhring, Crocker, and Keyes have devoted from two to three score of folios, and the mere references for which, in the treatises of such authors as Jullien and Fournier, would alone furnish a good-sized volume, Dr. Piffard contents himself with ten pages merely of the work before us and the ten portraits which serve to explain the text. Let not the reader of these lines think that in commenting thus upon the fruit of our author's labor the contrast suggested is designed to convey a sarcastic reproach. Far from it. There is no more constant mark of the man of genius than his power to compass this particular end. Where others toil with infinite pains over the obstacles in a tortuous road, the mind of the explorer traverses the direct and smoother path which he soon pursues as a pioneer. Louis XIV. could express the whole of his autocracy in an epigram. Haden has portrayed a landscape with a few touches of his burin. Certainly no observant physician can study these pictures of disease without gaining some insight into the problems which other writers have required so much space even to adequately propose to the understanding. The best of the illustrations are: Fig. I (erythematous eczema of the hand), Plate II. (symmetrical eczema of the knees), Plate IV. (psoriasis of the sole), Plate XIV. (dactylitis syphilitica), Plate XXV. (elephantiasis), Plate XXVI. ("seborrhea kerativa"), Fig. 19 (an admirable portrait of the pediculus pubis, the best thus far exhibited by any contributor to the subject), Plate XLVIII. (ichthyosis), and Plate L. ("psorospersmosis"). The portraits of psoriasis of the general surface of the body are some of them good, but not superior to those which have been before

published. The band represented on the upper portion of Plate III, described as the seat of an eczema, looks suspiciously like those displaying a palmar syphiloderm, an appearance which would doubtless be dispelled if the original colors of the exanthem could have been reproduced. Indeed, allowance must be made in studying all of these interesting plates and figures for the absence of color-effects, upon which the diagnostician relies, in part at least, for his conclusions. But it is excellent practice to dispense at times even with the aid of vision in making some investigations of disease.

Perhaps the gravest charge that can be brought against our author in the production of this really creditable work is one which he must bear with many of his clan—that of burdening dermatology with new names. There was a day of joy in medicine when the senior Hebra with unsparing hand swept into the street the dust of dermatology, the rubbish of its meaningless names which had accumulated during the centuries. For a brief time thereafter it was a reproach to give a new title to a disease of the skin, a name likely to share the fate of “rupia,” “lichen eczematodes,” “porrigo larvalis,” and the like. But as time passed the temptation grew great, opportunities multiplied, and men “rose up which knew not Joseph.” The greatest sinner on this score is one of the most prolific contributors to cutaneous medicine, and not a few of his peers in the late Congress at Paris besprinkled their discussion of diseases of the skin by distinguishing that upon which they engrafted their own names from another to which they did not refuse to give the name of a colleague. Even the newborn “eczema seborrhoicum” of Unon, Dr. Piffard designates as “sudororrhœa,” a faulty term if employed to suggest the characteristic picture of the process, though our author accurately describes the malady in the text of his work. “Seborrhœa kerativa” and “mamillitis maligna” are novelties in name if not as to the process they represent. No reader of these pages familiar with the text-books on diseases of the skin written by the first ten authors in dermatology of America and Great Britain, would recognize, without some study, the classical and well-named *tinea versicolor* in “chromophytosis.” There is no law binding upon any writer to observe strictly the nomenclature of the American Dermatological Association. That nomenclature is unquestionably defective and can doubtless be revised with enormous advantage. But with all its defects it has in this country done more in the direction of systematizing a knowledge of diseases of the skin than an entire edition of the most valuable treatise on the subject that has yet appeared. It would have been a gracious and valuable concession if the man who once filled the honored position of president of that Association had at least given the American titles of diseases of the skin in brackets after those of his own preference. The reason he has not done this has already been shown. In all seriousness, it is admitted that his is the mind of a genius impatient of barriers and disdainful of routine.

But let not the soul of the average professional man searching for the truth in cutaneous disease despair of finding his facts beneath this enormous and accumulating rubbish of names, many of them with the cards of their proprietors affixed to each. There is no evil under the sun but carries within it the germ whose development is its doom. When the burden becomes at last too heavy, and the shoulders beneath sufficiently impatient, the hour strikes for rebellion, and lo! the reformer is at hand

for the relief of the victim of oppression. He that will do this great thing for dermatology is probably living to-day. He will almost surely be an American, but he will know all that is worth knowing of the lore of the schoolmen and of the dicta of the masters. He will have scanned all the fields that have been opened to the eye by the microscope, but he will be broader than a bacterium and not measurable with a micrometer. And he, too, shall sweep into oblivion heaps upon heaps of idle names whose chief value is to furnish the landmarks dear to the historian, showing how laboriously and by how many devious roads man climbs to the light. He will, however, do more than this. He will show that it is indeed quite rare for a man to suffer from a disease of the skin whose morbid products intoxicate his liver, his spleen, or his kidney, and that it is quite as rare for any one of these organs to generate a poison that induces a disease of the skin.

The chapter of special interest in this volume, one in fact of such importance in the mind of the author, that he specially refers to it in his preface, is that which concludes the list, touching upon psorospermiasis. The opinions here stated are those already published over Dr. Piffard's signature in the *Journal of Cutaneous and Venereal Diseases*, issue with which was speedily taken by Dr. Lustgarten in the same periodical. The facts are nearly these:

In the year 1889 Darier and Wickham exhibited to the members of the Congress of Dermatology and Syphilography in Paris, a patient displaying the symptoms of a disease termed by them "psorospermoïse folliculaire végétante," illustrating the results of invasion of the skin by psorosperms or coccidia (also termed pseudo-naviculae), parasites classed by some zoologists among the protozoa; and considered by others as algae. They are not rarely found parasitic in the viscera of the vertebrata, particularly in the livers of ill-fed rabbits.

Soon after appeared Wickham's monograph,¹ practically exhausting the subject to that date, claiming not only for the disease exhibited in the Paris patient, but also for Paget's disease of the nipple, molluscum sebaceum, and possibly other maladies, an origin due to parasitic invasion by psorosperms. Dr. White, of Boston, had already described one patient in this country (another since that date) exhibiting all the symptoms of the so-called psorospermiasis of Darier and Wickham. The bodies figured by Wickham in his work are those recognized in London by Delépine, Bowlby, and Hutchinson, Jr., who failed to get definite reactions by which to identify the coccidia and to distinguish them clearly from altered epithelial cells. The parasites appear as oval, roundish, or spindle-shaped bodies which later elongate and become in turn pyriform or fusiform, eventually showing long, coiled, sickle-shaped filaments within a capsule not unlike spermatozoa.

Dr. Piffard, after employing polarized light by transmission through sections of tissue containing the so-called psorosperms, concludes that they are rete cells undergoing a species of corneous degeneration; and it must be confessed that the evidence in favor of this view is slowly accumulating. Thin, of London, under date of May 16, 1891, reports that in cases of Paget's disease he had found an "immense number" of these bodies, "psorosperms," and believes that "they were nothing else

¹ Contribution à l'étude des Psorospermioses Cutanées et de certaines formes de Cancer; Maladie de la peau dite "Maligne de Paget," par le Dr. Louis Wickham. Paris, 1890.

than epithelial cells in various stages of transformation." Lastly, Messrs. Shattock and Ballance, of London, taking psorospermial material from the livers of rabbits, have inoculated therewith other rabbits, monkeys, dogs, and rats with negative results, the injections into the jugular vein, "vaccination" experiments, etc., producing merely hyperplastic products at the site of injury. These authors claim that Darier's views must be tested according to Koch's postulates, experimental infection of a human being or lower animal being produced by fluids obtained from culture of the products of a carcinomatous lesion, or from the "psorospermose folliculaire végétante" of the French writers.

Dr. Piffard's style is clear and attractive; at times the philosophical amplitude of even his shortest sentences is highly suggestive. He has made here a valuable contribution to the clinical resources of the student of dermatology, and deserves great credit for the manner in which he has produced both text and portraits. There are a few errors in the book, the most conspicuous of which occurs in describing "chromophytosis" as due to the "microsporon Audouini" (p. 113), as this fungus was first named by Eichstedt, of Greifswald, in 1846, as the *microsporon furfur*. The *microsporon Audouini* was named by Gruby after Audouin, and was the fungus supposed to be effective in the production of alopecia areata; but it has since shared the fate of the impostor who claimed to have first discovered the parasite productive of scabies, and whose name survives only among the French, by whom that disease is still called "Gale."

J. N. H.

DIABETES: ITS CAUSES, SYMPTOMS AND TREATMENT. By CHARLES W. PUNDY, M.D. With Clinical Illustrations. Pp. viii., 184. Philadelphia and London: F. A. Davis, 1890.

DR. PUNDY'S little volume is a meritorious effort to set forth the present status of our knowledge on the subject of diabetes, "in such practical and concise form as shall best meet the daily requirements of practice," and is based upon "a careful study and recorded observation of the disease, extending over a period of twenty-one years." He has "endeavored to bring out prominently the leading features of diabetes as it occurs in the United States, together with the natural resources of the country best suited to the disease, as the waters, foods, and climate, since the very extensive range of these entitles them to rank in point of efficiency for the relief of the diabetic patient as at least equal to those in any other land or clime."

The first section is devoted to Historical, Geographical, and Climatological Considerations of Diabetes Mellitus from the data afforded by mortality statistics of the census of 1880, not including States and Territories furnishing a total death-list of less than 5000. The author has compiled a number of tables illustrative of the comparative mortality from diabetes in different portions of the United States and the relations of the mortality to temperature, rainfall, elevation, population and urban and rural residence. By these tables he apparently demonstrates that, in the United States at least, cold and altitude are the chief climatic features which determine high mortality from diabetes. Thus, for instance, in the State of Vermont we have 6.36 per thousand deaths