

noted the scarcity of wax, but did not expect to find it absent in such a large proportion of cases.

The appearance of the meatus suggested that there was an atrophy of the deep parts and an increase of the surface horny layer. The same, as has been shown, occurs frequently in the nose, and, as I hope to have an opportunity, in a future communication, of showing, in the mouth as well.

SEVENTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION, HELD AT MANCHESTER.

REPORT OF THE PROCEEDINGS OF THE DERMATOLOGICAL SECTION.

By ARTHUR WHITFIELD.

THE meetings of the Dermatological Section were held in the Classical Lecture Room of Owen's College on Wednesday, Thursday and Friday, July 30th to August 1st, 1902, under the presidency of Dr. H. G. Brooke.

In opening the section Dr. BROOKE referred to the decision of the Council that opening addresses should be limited to a few introductory remarks. He then went on to express his regret that there had been so many disappointments owing to the unavoidable absence of some of their foreign *confrères*. Professor Neisser had been prevented from coming by severe illness, Drs. Brocq, Thibierge and Darier had also had to renounce their intention of coming, and now, at the last moment, a telegram had arrived saying that Dr. Freund, the intended opener of the first discussion, was laid up on the journey to England. He was sure that all the members present would sympathise with him and wish him a speedy recovery. Luckily, Dr. Freund had posted beforehand his scholarly and learned address, and an English abstract had been made by Dr. G. H. Lancashire, one of the secretaries of the section. This Dr. Lancashire would now read in order to give the pegs on which the discussion might be hung.

Dr. G. H. LANCASHIRE then read the following abstract of Dr. FREUND's paper :—

RADIO-THERAPY AND PHOTO-THERAPY.

1. DEFINITIONS :—All radiant phenomena have the same physical basis.

Gradation of one class of ethereal vibrations into another of different wave-length : no sharp boundary between the two.

2. Physical properties of Rays used in Dermatology : they possess chemical, fluorescent and electrical properties.

3. The effect of rays on the human body varies, like that of chemical agents, with the dosage. This effect ranges from mere stimulation to actual destruction of tissue.

Used in weak doses the Rays favour organic processes—*e.g.*, growth of hair and production of pigment. In stronger doses they lower vitality, produce inflammatory reaction, or actual necrosis.

4. Radiant heat, light, electricity and X-rays similarly influence cell-life.

5. Clinical effects of Radio-Therapy :—(a) The physiological effects are in direct proportion to the intensity of the raying, but in inverse proportion to the wave-lengths. (b) The reactions appear after a latent interval, the length of which is also inversely proportional to the wave-lengths and intensity of the raying. (c) The physiological action of the Rays is long persisting. (d) Those Rays which have the property of exciting fluorescence are also physiologically the most powerful.

6. D'Arsonvalisation can be included in Radio-Therapy. The author believes that the physiological effects of this method are solely due to the spark-discharges accompanying the use of the apparatus.

7. All spark-discharges may cause physiological effects which may result from (a) the mechanical bombardment of the tissues, (b) the production of heat, (c) chemical effects—formation of ozone, (d) ultra-violet ray formation.

8. The effects of sparking vary according to its intensity : may be stimulating or destructive. On the skin they affect the vaso-motor system, and tend to cause necrosis of the superficial epithelium.

9. D'Arsonvalisation is useful in the various forms of pruritus, in Lupus erythematosus, and to produce exfoliation in Pityriasis versicolor, Acne vulgaris, Rosacea, and pigmentary abnormalities. It causes favourable effects also in Fissura Ani, probably through the desquamation. The action of D'Arsonval's apparatus is superficial, and due only to the accompanying spark-discharge.

10. A simple spark-apparatus: A test-tube filled with water and connected with the negative pole of a Coil, the positive pole being earthed. With this apparatus Brush-discharges can be obtained equal to those of Oudin's apparatus. The Brush-discharge is useful for wide-spread areas of disease, and in the case of nervous people. Spark-discharges can be applied to more circumscribed areas.

Treatment with the "electrified hand" is another spark method, but a very mild one.

11. *The X-ray Method.*—The effective factors in this are probably the X-rays themselves, and the electric surface-tension of the tube. Vaso-motor effects are produced as in ordinary spark-discharges.

12. Skin-diseases suitable for X-ray treatment. Clinically, one group is separated from the rest, its essential feature being the removal of hair, *e.g.*, Ringworm, Favus, Sycosis, Hypertrichosis. In this class the X-rays are much more effective than Light rays, but both methods stand much on an equal footing in the remaining class of cases.

13. The depilatory properties of the X-ray tube are due to direct destructive action or to alteration in the blood supply of the follicles.

X-rays possess no bactericidal properties.

14. In the remaining group cell-infiltration and proliferation are essentials, *e.g.*, Lupus, Epithelioma, in which the destructive influence of the rays is beneficial.

The rays also exert a powerful influence in promoting the formation of connective tissue and cicatrices. They may act also directly on the specific poison.

15. X-raying has a more penetrative effect than can be obtained by the use of chemicals.

The rays in weak doses stimulate and in strong destroy hair-growth.

16. Comparison of X-ray method and Finsen's method for Lupus

vulgaris. On the whole much about the same length of time is required in the two methods.

The cosmetic results of both are equally good.

A rational method is first to X-ray large surfaces and treat the remaining foci with Finsen's apparatus.

17. Should tubes be hard or soft? The best guide to be found not in the estimated qualities of the tubes, but in the reactions actually observed. Practically identical results can be obtained from either hard or soft tubes by adapting the time of exposure, strength of current, and distance of the tube.

Reactions depend largely upon idiosyncrasy, and again upon the parts of the body exposed.

Hard tubes are perhaps safer. With these the radiation can be pushed till visible effects are produced, whereas with soft tubes one must work more in the dark, and make allowance for reactions before they are visibly manifest.

18. Clinical effects of X-raying:—(1) Intumescence of the skin; (2) Mild erythema; (3) Pigment changes; (4) Loosening of hairs; (5) Subjective phenomena—itching, burning, etc.

Importance of being able to recognise the above effects.

19. Finsen and others have proved the value of blue, violet and ultra-violet rays. But rays of greater wave-length are also of therapeutic value.

20. *Bang's Lamp*.—This apparatus has not superseded Finsen's, which retains its superiority.

Probably, therefore, the therapeutic value of Finsen's "Light" apparatus is not due entirely to the ultra-violet rays (which, according to the author, are largely absorbed in the epithelial covering of the skin), but to more deeply-penetrating rays, which are also produced.

21. It is not yet known whether inflammatory reaction or bactericidal effects are solely responsible for the results with Finsen's Lamp.

Light rays, like X-rays, besides destroying morbid cell-elements, stimulate the production of connective tissue and cicatrices.

22. The author repeats that for the above results not only the short-waved ultra-violet but also the longer-waved yellow and red rays are of value.

Dr. J. H. SEQUEIRA then spoke on the subject. He remarked that Freund and Schiff were the pioneers in the X-ray treatment, and reminded the members of the first case ever treated with the rays. The patient was a child with a large mole on the back, and an exposure of two hours was given with the result of producing a slough. Since then the treatment had been carefully studied and it might be said that it was now free from danger. Referring to the use of X-rays in the treatment of rodent ulcer, based on an experience of eighty cases, Dr. Sequeira said that although the method was very satisfactory, he thought that in early cases complete excision was still the best treatment. When, however, the scar left was likely to prove unsightly, he found the X-rays the next best. Of his eighty cases, thirty-four were cured and the majority of the rest were still under treatment. He regarded as the most unfavourable factors infiltration of the cartilage of the nose and disease of the pericranium and bone. In some cases it was remarkable how large a cavity could be completely filled up after treatment with the rays. In those cases where a small hard margin resisted the action of the rays he recommended abstention from the use of the low tube to destroy the edge, and advised the use of the actual cautery instead. As regards the influence of the rays the action seemed to be double, at the same time damaging the epithelial cells and stimulating the connective tissue and round cell growth.

The treatment of epitheliomata of the skin was occasionally successful, but in a case where there had been glandular infection the rays had not influenced the glands even after the skin over them had been removed so that they lay bare to every kind of effect of the tube. Fungating masses again were practically unaffected.

As regards the use of the X-rays in lupus, he had used them in nearly as many cases as he had the light treatment. The indications for the use of X-rays were a large surface and the presence of ulcers. In some instances the case apparently went on to an actual cure with the X-rays only, but in far the greater number relapses occurred on the mucous membranes, and nodules appeared in the skin.

The use of the X-rays for ringworm, favus, etc., was purely depilatory, since it was now admitted that the rays had no bactericidal action.

He referred to the Kosser tube in which the glass used is opaque

to the X-rays except at the end of the tube, and said that he had found it useful for the treatment of small areas.

Summing up he found the following disadvantages only in X-ray treatment, namely, the production of severe dermatitis which could be avoided by the use of hard tubes, and the production of telangiectasis in any scarring which might result, also violent irritation persisting long after all visible active effects had disappeared.

Referring to the Light treatment, Dr. Sequeira said that he had found the original Finsen lamp the best for penetration and the treatment of small nodules, but where the disease occupied a large area he advised commencing with one of small modifications. He also referred to the new form being now worked by Finsen where the rays were focussed from a small lamp, in which arrangement the advantages of both lamps could possibly be combined.

Dr. Sequeira said he had also used the lamp of Mr. Leslie Miller, which consisted of a condensed spark light. This had given only superficial reactions and was also objectionably noisy.

Lastly, he might say that only in very chronic cases of Lupus erythematosus should the light treatment be tried since acute cases sometimes spread under its use.

Dr. S. E. DORE, continuing the discussion, gave some of the results of his two years' work with Mr. Malcolm Morris. He emphasised the importance of not over-estimating the value of the light treatment. In his opinion the great advantage lay, not in the permanence of results, nor in the painlessness and efficiency of the treatment, but rather in the superb cosmetic results obtained under favourable circumstances. Relapses were frequent, with the recurrence of nodules in an apparently healthy scar. The question arose—Could the treatment be hastened? For this purpose Finsen had used pyrogallol, and he had used both this and the acid nitrate of mercury solution. He considered that the value of the underlying principles of this treatment were now assured, but not the methods of carrying them out. It was becoming evident that both intensity of light and concentration were necessary, and it was for this reason that the small lamp failed in penetration. Dr. Dore then quoted Finsen's opinion, "That it is not only the ultra-violet rays which are active, but also the visible violet and blue." He had seen the new

Finsen lamp, and thought it would prove useful. He also thought that in view of this opinion of Finsen's, it was quite likely that they might return to glass for lenses, &c. Lastly, he considered that X-rays were a useful adjunct in the treatment of lupus.

Dr. J. M. H. MACLEOD referred to the attachment of the telescope principle to the small lamp, and remarked that it would lengthen the time of exposure. He also referred to the use of solutions for increasing reaction.

(1) 1 per cent. solution of potassium permanganate applied as a compress for 10 to 15 minutes before exposure to the light rays. It should be used with caution as it might produce ulceration.

(2) Iodine, 1 part; potassium iodine, 2 parts; Glacial acetic acid, 2 parts; water, 100 parts. To be applied for two or three minutes as a compress.

(3) Liquefied carbolic acid painted on.

By these means an intense reaction might be obtained in cases which otherwise failed to react or did so with difficulty. He did not give any opinion as to the increase of rapidity of cure under this modification.

Dr. LESLIE ROBERTS offered a few remarks, mostly in agreement with Dr. Sequeira, on details of treatment. He maintained, however, that equally good results might be obtained with an ethereal soapy solution of mercuric biniodide, and he looked forward to the time when actinium or radium would be used on the skin instead of a cumbrous lamp.

Dr. HALL EDWARDS spoke on the results of X-ray treatment only. He said that the only method of classifying tubes was by direct experiment, and that a hard tube might change, so that for a few hours it gave an intense reaction. He thought the reaction was chiefly electrical, as it was so marked in tubes which "sparked over."

Dr. P. S. ABRAHAM contributed some statistics of X-ray treatment at the West London Hospital, and light treatment by Dr. Wilfrid Warde at the Blackfriars Skin Hospital. The results resembled those of others.

Dr. NORMAN WALKER gave the experience of the use of X-rays on a case of mycosis fungoides, and said that a notable diminution of the tumours took place.

Professor R. B. WILDE, Dr. LANCASHIRE and Mr. PERNET also took part in the discussion, and the PRESIDENT finally summed up the results.

After the conclusion of this discussion a paper was read by Mr. GEORGE PERNET on "The Histology of Skin Treated by X-rays," and a conjoint paper by Dr. H. RADCLIFFE-CROCKER and Mr. PERNET on "The T. R. Treatment of *Lupus vulgaris* at University College Hospital."

The Section resumed its sitting on Thursday morning at ten o'clock. Professor T. Caspar Gilchrist opened the proceedings with a magnificent lantern demonstration of cases and microscopic specimens of Blastomycetic and Protozoic Dermatitis.

The slides exhibited showed every known phase of lesion both clinically and microscopically. In the Blastomycetic specimens the fungi were shown as single organisms and also as budding forms, whereas the Protozoic specimens showed single organisms, sporulating forms and burst capsules from which these spores had escaped.

Professor GILCHRIST pointed out that these sporulating forms grew as mycelial forms outside the body, and he therefore maintained that they were really blastomycetes of a somewhat different family. The clinical history of both forms showed a great similarity. The initial lesion appeared to be a papule which developed into a pustule and burst. The burst pustule did not heal, but developed into a verrucose ulcerating patch with a defined, pinkish, soft edge, containing numerous epidermic abscesses (Hyde and Montgomery). The Blastomycetic form in every case but one remained as a superficial disease lasting two to twenty years, and causing but little pain unless staphylococcosis supervened. The Protozoic form on the other hand generalised internally, and produced death from a pneumonia not unlike tuberculosis. This difference was ascribed to the small size of the spores allowing them to reach the blood-stream by way of the lymphatics. Pure cultures of both organisms had been obtained, and in both cases intravenous injection caused the death of the animal from pseudo-tuberculosis of the lung.

The histological characters of the lesions in the skin of man strongly resembled those of tuberculosis. There was a marked hypertrophy of the epidermis, which was full of miliary abscesses containing the organism. Below the epidermis was a dense

infiltration of plasma and lymphoid cells among which were giant cells occasionally containing the organisms in their protoplasm.

Potassium iodide was, as was now well-known, efficacious in causing the healing of the lesions and the cure of the disease. The number of reported cases up to the present was thirty-three, all of which were or had been resident in the western hemisphere.

Dr. J. M. H. MACLEOD then read a paper on the "Histology of the Skin-Changes Produced by the Light Treatment."

Drs. SEQUEIRA and BALEAN then read a paper on "Lupus Erythematosus," based on the clinical study of seventy-one cases, and this paper will be published in full in this Journal.

The members then adjourned to the Manchester and Salford Hospital for Diseases of the Skin, where Dr. H. G. BROOKE demonstrated the very complete installation for physical methods of treatment.

The apparatus comprised :—(1) An original type of Finsen lamp ; (2) London Hospital lamps ; (3) X-ray coils and tubes ; (4) Leslie Miller's condensed spark lamp ; (5) High frequency apparatus.

A number of interesting cases was also collected, one of which attracted great attention. The disease, of twelve months' duration, consisted of brownish, moderately firm nodes and nodules on the arms, face and legs of a young man. The back was covered with two parallel sheets extending the whole length of the back in the lines of the scapulæ. These sheets were strongly suggestive of Mycosis fungoides, but the whole case seemed anomalous, and various diagnoses were suggested, from Mycosis fungoides by Mr. Malcolm Morris, to Lichen planus hypertrophicus by Professor Gilchrist. Most members, however, felt that no known skin-disease quite corresponded with this case. The patient had been treated with X-rays for his face and one arm with immense benefit, the lesions disappearing entirely and leaving atrophy and pigmentation. It was pointed out, however, that this involution had occurred spontaneously on part of the left thigh, and some of the X-rayed lesions were relapsing. A biopsy had been made, but the report was not quite ready.

The members all expressed their hope that this unique case would be fully recorded.

On Friday morning Mr. MALCOLM MORRIS opened the proceedings with an exhaustive paper on "Psoriasis."

He remarked that Psoriasis was at once one of the most common and least understood of all skin-diseases. He proposed airing no theories, but giving a review of our knowledge for the purposes of discussion.

He alluded to the discussion held at the B. M. A. meeting in 1893, when Dr. Radcliffe-Crocker suggested as etiology a vaso-motor disturbance to which a parasite had been superadded.

In lunatic asylums psoriasis was found more commonly among the forms of mental unsoundness with excitement than with depression.

Dr. J. J. Pringle looked upon the disease as a trophoneurosis, and Dr. Norman Walker believed it to be parasitic. Mr. Morris thought therefore he could not do better than give Dr. Brooke's classification of the etiological theories into Humoral, Neuropathic and Parasitic.

Mr. Morris then alluded to Munro's work on the anatomy of early psoriasis and the presence of the *dry* leucocytic abscesses in the horny layer.

He then pointed out the comparatively greater frequency of its occurrence in Europe than in America, and its comparative rarity in the tropics, its occurrence after shock and nervous prostration, and the curious combination of psoriasis with a peculiar form of joint-trouble, usually classified as osteoarthritis. While on this topic he graphically described the beneficial effects he had seen conferred upon such a case by the Salisbury beef and hot water treatment.

As regards the relation to seborrhœa, Mr. Morris said that distinction was often difficult, and the two diseases sometimes co-existed. In such event he had been able to procure the disappearance of the psoriasis lesions without disturbing the seborrhœa; he thought, therefore, that they were not identical.

Further, he would like to classify the following types:—(1) Simple type of the healthy; (2) Acute type of the nervous; (3) Osteo-arthritic type; (4) Exfoliative type, apt to run on into dermatitis exfoliativa; (5) Seborrhœa-like type.

As regards treatment, his plan was to use antimony and avoid arsenic in acute, spreading eruptions, and in the nervous type he used bromides, but in most cases local treatment only.

Lastly, there was one point among all this uncertainty of which he felt confident, and that was the *vital importance of getting rid of the last patch of the eruption.*

In the discussion that followed, Drs. Norman Walker, Gilchrist, Radcliffe-Crocker and others took part, and, in answering, Mr. Malcolm Morris said that he thought that it was a grievous thing that in spite of the large amount of earnest labour spent on the disease he felt he was only voicing the opinion of all in saying that no perceptible advance in our knowledge of psoriasis had been made in the last ten years.

Dr. NORMAN WALKER then opened a discussion on Seborrhœa, but no important difference of opinion was stated from that of last year.

This terminated the business part of the Dermatological Section.

At the conclusion of this somewhat brief report of a busy meeting, it remains as a pleasant duty to record the generous and thoughtful hospitality shown to the members from a distance by those in the vicinity. Northern hospitality is already well-known all over England, but on this occasion it seemed as if our Manchester colleagues were striving to outdo all former performances. Certain it is that the social side of the great annual medical holiday was a triumph of well-organised entertainment and goodfellowship.

SOCIETY INTELLIGENCE.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

A MEETING of this Society was held on Wednesday, July 16th, 1902, Dr. J. HERBERT STOWERS in the chair.

The following cases were exhibited :—

Dr. EDDOWES showed (1) a case which he thought should be classed with "*dysidrosis*" as a summer disease, though the lesion developed after the manner of erythema exudativum, and exfoliated. The patient, an unmarried lady, aged 41, of fair complexion, was first seen on July 7th with erythematous lesions on both hands, almost symmetrically situated, on the radial side of the ball of the thumb, the flexor aspect and radial side of the forefinger, the flexor surface of the second finger, and on the ring finger. On all the fingers there was redness from the tip of the finger to half the length of the