

If there are any associated movements the reading practice should always be performed in front of a mirror, in order that he may become aware of and check any gestures.

II.—LISPING, IDIOGLOSSIA, &C.

In these cases we are dealing with defects in the articulatory mechanism only. They may be mechanical and due to oral deformities, or they may be due to clumsiness or in the use of the tongue, lips, &c., in which case the necessary skill can be acquired by patient practice. Such lispings are seen in all infants who are learning to talk, but the difficult letters are gradually acquired. In a few, however, there remains some defect in the pronunciation of particular consonantal sounds which may remain permanent and form quite a personal characteristic. Usually the sound which is produced is closely allied physiologically to the one which it is desired to pronounce, such as *w* for *v*, and *vice versa* (everyone will remember the use of this made by Dickens in giving individuality to some of the prominent characters in "The Pickwick Papers"); *r* and *l* are frequently interchanged by children, and *w* not infrequently is pronounced by children in preference to *r*—a preference which is imitated occasionally by affected adults. The same difficulties are met with in attempting to learn a foreign language. For a long time certain consonants present an insuperable difficulty, and are often never spoken with facility. The difficulties which Frenchmen have with the English *th*, and which we experience with the German gutturals, and still more with those of Eastern languages, are an example of the same thing. The difficulties can only be got over by continued practice, but may be much aided by a knowledge of the correct position of the tongue &c. which is required for the production of the sound. Sometimes, however, the difficulty becomes insuperable, and the peculiarity of pronunciation becomes a racial characteristic. The most notable instance of this occurs in Jewish history, in the Book of Judges: "And it was so that when those Ephraimites which were escaped said, 'Let me go over,' that the men of Gilead said unto him, 'Art thou an Ephraimite?' If he said 'Nay,' then they said unto him, 'Say now Shibboleth'; and he said, 'Sibboleth,' for he could not frame to pronounce it right. Then they took him and slew him," &c. It is curious that at the present day this difference in the pronunciation of the sibilants *s* and *sh* forms one of the characteristics of the Jewish inhabitants of this country. In some cases, however, the affection is a more serious one. There is not only inability to pronounce several letters, but the substitution for them of totally dissimilar sounds, so that the patient's speech becomes quite unintelligible. These cases were described very clearly by the late Dr. Hadden in the *Journal of Mental Science* for 1889. He gave the affection the name of "idioglossia," and cases are by no means uncommon. I have myself full notes of eight cases in which the defect was well marked. Although the children are often intelligent and quick, the difficulty of making themselves understood gives other people the impression that they are idiots. In several of my cases there has been some other disease. One had an attack of right hemiplegia when five months old, which had left no permanent paralysis behind; another had a systolic and presystolic mitral murmur, and several came of a highly neurotic stock. The letters which cannot be pronounced include in almost all cases the posterior linguo-palatals, the labials and the linguo-dentals nearly always escaping. Next to the gutturals, *f*, *v*, and *r* appear to give most difficulty. The average number of consonants which my patients failed to pronounce was eight, and for these nearly all of them substituted *t* or *d*, the former for voiceless and the latter for voiced consonants. In some cases it was easier for the patient to pronounce consonants when they were terminal than when they were initial, a point of some importance in setting them vocal and reading exercises to enable them to overcome the disability. In investigating a case the child should be made to pronounce simple words of one syllable, first with the consonant under consideration as an initial, and then as a terminal letter, and note the result. It will then be seen at a glance to which part of the articulatory apparatus our attention should be directed. In all my cases the pronunciation of the vowels has been good and there has been no attempt at substitution. The following two cases well illustrate the condition.

CASE 1.—A boy aged six years was brought to me for defective speech. The notes are as follows: "Mental

condition distinctly above the average. His gestures and facial expression are so appropriate that it is usually quite easy to gather the sense of what he is saying, although the words are indistinguishable. When his speech is analysed it is found that he pronounces the vowels correctly except *o* in 'not,' which he pronounces 'naht.' He is unable to pronounce *f*, *v*, *s*, *z*, *l*, *r*, *k*, or *g*, substituting for them the linguo-dentals *t*, *d*, or *n*. When he speaks rapidly he also substitutes *t* or *d* for many other letters, so that the words become quite unrecognisable. He says the Lord's Prayer in this fashion: 'Ouë tahde ne nah e nedde, anno de di na: i tede ta, i du de di on eeth a te e edde. Te ut te da ouë dade de, e didde ah tetedde, ä ne adin to tetedde adase us, ne notte tetate, ninné utte enu, to i arte nene, pouë e daude, to edde e edde. Ame.'" He could sing fairly well, but his articulation was as indistinct as when speaking. After about six weeks in hospital he improved greatly, and rapidly picked up and practised the methods for the clear pronunciation of the difficult sounds, except *k* and *g*, which he continued to express by *t* and *d*.

CASE 2.—This was a boy aged six years, a very nervous child. There was no deformity about the mouth. He pronounced the vowel sounds well. In speaking rapidly he substituted *t*, *d*, and *n* for most of the consonants. Even with an effort he could not pronounce all *f*, *v*, *th*, *sh*, *r*, *k*, and *g*. His speech, therefore, was quite unintelligible, and as he was not quick at expressing himself by pantomime he had been supposed to be an idiot. He pronounced the Lord's Prayer thus: "Ouë dahde e ah ed edde, ayo be di na: i tede da, i ill be der o ert at it id e edde. Did ut it day ouë daidy ded, e diddus one destasses as ne didde da detass dast us, ed us not datádeh be deta us ede dor dis is de deda, pa de dorde, dow de ede. Ame." He was only under observation a short time. He learned to pronounce all the sounds at command, but could not be induced to use them correctly in ordinary conversation.

It was strongly insisted on by Dr. Hadden that these cases should be isolated from other children while under treatment. It is a comparatively easy thing to teach them the pronunciation of the consonants when making an effort, but it is a very lengthy and laborious business both for teacher and pupil to get them to use these correctly when speaking rapidly and automatically. However, the results obtained when time and patience are given to the work by some constant companions, such as a sister or a governess, who keep the child all day in their company, amply repay the trouble taken.

SALICIN AND SALICYLATES IN THE TREATMENT OF PSORIASIS AND SOME OTHER SKIN AFFECTIONS.¹

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THERE are so few drugs or other medicaments which when administered internally have any striking influence on diseases of the skin apart from syphilides that any addition to their number will, I am confident, be welcomed by the profession, especially by those who have not had the opportunity of availing themselves of the improvements in local treatment of modern dermatology. The undoubted success in many respects of this treatment which dermatology, like surgery, owes in great measure to antisepticism has had a tendency, coupled with the great authority of Hebra and the German school, to make us concentrate our efforts on directly affecting the cutaneous envelope, and to think comparatively little of what can be done by acting upon its contents. To those who have gone somewhat too far in this direction the discovery of the influence of thyroid extract on diseases of the skin must have been a rude awakening, and although, as usually happens, the limits of its efficacy are somewhat narrower than was at first hoped and believed, yet it was a startling reminder that the old humoral pathology, though buried, is perhaps not yet dead, and that a germ of truth still survives to bring forth a healthier and stronger plant than the original one. The drugs for which I am now claiming a not unimportant place

¹ This is a part of the introduction to a discussion on the Internal Therapeutics of Psoriasis at the annual meeting of the Dermatological Society of Great Britain and Ireland.

in cutaneous therapeutics have won an established reputation in other diseases, and this new field for their employment may give and receive assistance in our understanding the nature of the diseases in which they are useful, and to some extent their *modus operandi*.

The first case in which I gave salicylates was in that of a man aged thirty-two years, in whom psoriasis had only existed for a month, and who said that it came on two weeks after the commencement of a quinsy; the tonsils were still somewhat swollen at his first visit to the hospital on Dec. 8th, 1894. The well known association of tonsillitis and rheumatism induced me to give him salicylate of soda in fifteen-grain doses three times a day without any external treatment. The brief notes on the out-patient paper taken at the time state that the psoriasis was in round, defined patches on the arms, elbows, legs, chest, and abdomen. The patches were very abundant, bright red, and scaly, and had coalesced into large sheets of eruption on the chest and loins. At his next visit, a week later, I was astonished at the improvement. The patches had become much paler and most of the scales had fallen off. In another week improvement had continued and there was no longer any crusted scalliness left. The surface was paler, and by Jan. 19th, 1895—i.e., in six weeks—it was quite smooth and pale, except for a few fragments here and there; for these, on Jan. 26th, a resorcin ointment was given, and he did not attend again. Naturally this case led me to try salicylates much more extensively.

I will give an instance of psoriasis guttata thus treated. The patient was a woman aged twenty-eight years, who attended as an out-patient on Feb. 5th, 1895. She had been subject to the eruption off and on for fourteen years, was never absolutely free from it, and was generally worse every two years. The attack in question was recent and consisted of small spots from an eighth to half-an-inch in diameter, very abundantly distributed all over the limbs and trunk. Her father had suffered from gout, but she presented no evidence of gout or rheumatism. Fifteen grains of salicylate of soda in one ounce of infusion of quassia were given three times a day after meals. At her next visit, on Feb. 19th, it was noted that the eruption was much paler and that the scales had for the most part peeled off, even on the legs. The medicine in the same dose was continued, and on March 26th it was noted that the eruption had almost cleared off the legs, leaving very slight staining. The knee patches had entirely lost the hyperæmia, and the lower part was quite well, but there was some crusting at the upper part. A few small patches still had the remains of a scaly crust upon them, but when this was removed—and it was easily detachable—there was only very slight redness beneath. The eruption on the trunk had entirely cleared off, leaving very faint fawn-coloured stains. On the left forearm there was still a single patch the size of a florin, slightly reddened and rough, but there was very little crusting. Now, for the first time, a local application was given in the form of weak ammoniated mercury ointment, and she did not attend again.

Since these I have had several cases in which the result was equally striking and conclusive, and the form in which this was particularly so was in extensive spreading cases of psoriasis guttata of recent development—the very form which is usually unsuited both for thyroid extract and for arsenic, the former especially sometimes producing a very rapid extension and multiplication of the patches in this class of case. In cases where there were only a few chronic patches the result was not, as might be expected, so brilliant. Many of them distinctly improved, and some got quite well; but it is difficult to get patients to persevere with the same medicine for some weeks without having something to rub on, and I have always carefully abstained, where possible, from local treatment until quite the end of the case, when, the drug having amply proved its efficacy, a few remaining fragments of disease could obviously be at once removed by local treatment.

The first effect of the drug appears to be the diminution of hyperæmia, so that the patches become paler, the scales are no longer formed abundantly, and the old scaly crusts are detached or are easily detachable, exposing a pale red surface, which gets smoother week by week, and finally leaves only a slightly stained surface. I have not met with any case in which salicylate of soda aggravated the disease, with a slight exception of one who had been improving under its use, when I increased the dose to twenty-five grains three times a day. It produced gastro-intestinal irritation, and the eruption, which was very extensive and severe, began

to get more hyperæmic and crusted; but as soon as the drug was stopped and a gentian-and-soda mixture substituted the unpleasant symptoms passed off, he was soon able to resume his salicylate in fifteen-grain doses, and the disease again began to improve. He was a patient with extensive general psoriasis, which had on previous occasions gone on to pityriasis rubra.

In the case of a man aged thirty-nine years, with extensive psoriasis punctata, improvement was slow at first, but at the end of two months he only required a very little local treatment to remove the last traces of the disease. I have only used salicyl derivatives or its allies in one case. This was in the case of a woman aged thirty-two years, who was admitted with a very extensive eruption in every region of the body. The eruption was much crusted, not very hyperæmic, and I thought it was just a case in which thyroid extract would be beneficial; but in this I was disappointed, for it upset her considerably and made the eruption more hyperæmic and irritable, so that I was obliged to stop it. Two or three weeks later I gave her salophen in fifteen-grain doses three times a day. This was too large a dose, though it was the dose recommended, and it produced diarrhoea and other signs of intestinal irritation. The stomach was given a rest and then a ten-grain dose of the drug was given. Considerable improvement took place, but as she was also having local applications I am unable to say more than that I believe the salophen played a considerable part in the beneficial result of the treatment.

These are by no means all the cases of psoriasis that I have treated in this way, but I will not relate case after case. I will simply state what drawbacks I have found. In the more chronic forms of the disease the improvement has not been so striking, though, except in a few very old patches, there has nearly always been marked improvement. Where progress is slow it is difficult to get out-patients to persevere unless they also have something to apply, and then of course the exact apportionment of the credit to internal and local treatment is difficult. With the single exception I have mentioned, where the dose was excessive and excited intestinal irritation, it has never produced aggravation of the eruption. A few patients, however, were unable to continue salicylate of soda, as it produced dyspepsia in the form of pain in the epigastrium soon after taking it. It was always given after meals to obviate any gastric irritation as far as possible. In one case it actually produced nausea and occasionally vomiting and sweating. The patient was a boy aged thirteen years, who had a moderate amount of eruption, chiefly on the trunk. In spite of this—for I did not stop the drug at once—improvement in the eruption took place, but not to a striking extent. After taking it for a month salicylate of potash in seven-and-a-half grain doses was given, but this disagreed still more; then three grains of salicin three times a day were substituted, and this he was able to take without discomfort, so that the eruption, which was in rings, improved considerably in a fortnight. He is still under treatment. It is possible that the pure natural salicin or salicylate may be more easily tolerated in such patients, but in the great majority of cases the cheaper synthetical product is sufficiently efficacious.

I will only touch briefly upon some other diseases of the skin in which salicylate of soda has been administered with more or less decided benefit. In various forms of erythema multiforme, including erythema iris, I have long used this drug—and, I believe, with advantage—in shortening the course of the eruption; but as so many cases run a short course without any treatment it is difficult to obtain conclusive proof that in any one the short course was due to the drug and not to a spontaneous involution. I would especially suggest its administration in erythema nodosum, a disease which only rarely comes to skin departments at the hospital. In lupus erythematosus, in one case, striking improvement ensued after its administration, which, I believe, was due to the drug. The patient, aged thirty-nine years, had suffered from lupus erythematosus for three years. The patches on the malar eminences and on the bridge of the nose were small and had the usual seborrhœic characters, but he had several large, actively inflammatory patches on the scalp which formed an irregular band of patches distributed posteriorly for about two-thirds of the circumference of the scalp. He was subject to chilblains, but his general health was good and there was no phthisis in the family. I had seen him in March, 1894, and among other remedies he had taken two tabloids of thyroid extract for a

considerable time without any result. I did not see him again until Feb. 14th, 1895, when the patches on the scalp had increased considerably in extent and were very hyperæmic, though I could not say there were new ones. He was given fifteen grains of salicylate of soda three times a day, and locally a mild antiseptic was rubbed gently on to the patches,—viz., four grains of loretin with one ounce of lanolin and oil. On March 20th all the places were immensely improved. The ears and nose were quite well, and all the scalp patches were very much better. The congestion had almost vanished from most of them, they were becoming cicatricial, and there were only left some sebaceous plugs in some of the patches. Although I believe this improvement must be ascribed to the salicylate of soda, I do not wish to lay much stress on a single case. I have seen a very brilliant cure apparently due to arsenic; but it must be reluctantly admitted that arsenic is of little or no value in the great majority of cases. I have also thought that thyroid extract is occasionally beneficial in lupus erythematosus, and the success of these two drugs, although in exceptional cases, renders it probable that salicylate was the cause of the improvement and suggests that it may at least be tried, the more so as it is less likely to upset the patient than either of its rivals. I have not had time to try it sufficiently in other cases of this form of lupus to enable me to give a more decided opinion as to its merits. In eczema also I have not as yet had any good evidence either for or against it. The irritation is usually so great that local treatment must nearly always be employed, and this complication makes it difficult to appraise the value of internal treatment until it has been used in a large number of cases. I do not expect any great advantage in the majority of cases.

Finally, I would only mention that Arning a few years ago claimed to have had good results in some cases of leprosy from salicylates, but in the few cases in which I have had the opportunity of trying it I have not been able to trace any particular benefit from it; but it might be that it is only useful in the more active cases seen in the tropics, and that in the comparatively quiescent condition of the disease, as it is usually met with, it is less likely to be of benefit. At all events, in the next case with a febrile exacerbation I shall try salicylates instead of quinine, which I have usually employed.

The question which naturally suggests itself is, How does salicylate of soda act beneficially in these various forms of skin disease? In psoriasis, for instance, is its beneficial action a confirmation of the French view of the close relationship of psoriasis and arthritis, whether rheumatic or gouty, or what in our ignorance we call "rheumatoid"? Without denying that these conditions do favour the development of psoriasis, I do not think that the fact that salicylates are beneficial to both acute rheumatism and psoriasis must necessarily be interpreted as a proof of their being more closely connected etiologically than has generally hitherto been suspected; I would rather suggest that the result is due to a microbicide action of salicylates in the blood—the more so as the evidence accumulates, and has recently been ably marshalled by Dr. Newsholme, that rheumatism is itself a microbic disease—and that the result in both is due to the microbicide action of the drug. Possibly both microbes find a common factor in the organism which affords a congenial soil. The psoriasis microbe, it is true, is at present hypothetical, and is possibly only one factor in the causation of the eruption, and if it is admitted that it is microbic in origin the clinical facts point to its acting from within the body, and that it is not a microbe simply deposited *ab extra* on the skin. Further, this microbe must have periods of quiescence from which it may be awakened by various conditions of body or mind, chiefly of a depressing character; for Hebra's famous dictum, "that psoriasis is a disease of the healthy," is too often contradicted by clinical facts for it to be accepted as anything more than a paradox to attract the student's attention to the ruddy, clear complexion seen in many young patients suffering from psoriasis.

[Dr. Radcliffe Crocker concluded by asking the members of the society to state their experience as to the indications and contraindications for arsenic and thyroid extract respectively, and as he believed that he was the first to publish good results in the treatment of psoriasis by the internal administration of salicylates summed up his conclusions on these drugs as follows:—]

Salicylate of soda and probably salicin and its derivatives are of great value in psoriasis, especially in the period of active development and in hyperæmic cases which are

unsuitable, as a rule, for arsenic and thyroid extract. They are useful in all forms except when they produce dyspepsia, and perhaps in old chronic patches. Finally, they are much less likely to upset the general health of the patient than either arsenic or thyroid extract.

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THE TREATMENT OF PSORIASIS.

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How few specifics we can boast of possessing. I suppose if we asked a candidate for a medical examination to name those drugs which we could rely upon to cure a certain malady he would probably say mercury will cure syphilis and quinine will cure ague, and he might possibly say arsenic would cure psoriasis. Can any of us say we possess more knowledge than this hypothetical student? I confess to commencing the study of psoriasis with the most unbounded belief in the power of arsenic to cure my cases; for had I not been saturated with this belief by my reading and teaching? But, alas, when I came face to face with the malady I discovered that my remedy failed most dismally to fulfil my high anticipations, although it was pushed sometimes with all the boldness of Hunt and men of his school. It would be impossible, and it certainly would be wearisome, if any attempt were made to embrace in these few remarks the experience of other drugs in the treatment of psoriasis. Suffice it to say that cantharides, aconite, turpentine, green iodide of mercury, cod-liver oil, phosphorus, and sulphur have been put into the balance and found wanting as specifics for psoriasis. If we wish to ascertain accurately the influence of any treatment we must first obtain the natural history of the disease which we are dealing with. It is very seldom that we are able to do this without some possible error creeping into our considerations, as so few cases of psoriasis come before us which have not been subjected to treatment. On one occasion, however, I have had an opportunity given me for obtaining this desirable information; and so important a bearing had it upon the whole question of treatment that I venture to give it in some detail.

A woman from Lincolnshire aged seventy-six years consulted me in 1891 for chronic gout. On examining her quite a cluster of typical psoriasis spots were to be seen on her knees and elbows. These, she said, had existed since she was thirteen years old, but many times during her life she had been "almost covered" (I give her exact words) with a scaly rash. She was certain that since she had ceased menstruating the eruption had been getting less and less, and she did not think it came out in crops like it used to do. She had had four children, and each time during her pregnancy the rash "nearly left her." During the middle period of her life the eruption was always worse when she was suckling, and it invariably became more exuberant in the spring of the year. She was told when a girl that the eruption "must not be driven in" or it would fasten itself upon some vital organ, and for this reason she never either applied remedies or took any drugs for the disease. If we gather up the facts of this case we shall see they arrange themselves into four headings: (a) the disease commenced at puberty; (b) it has had cycles of rise and fall; (c) it subsided during pregnancy; and (d) it always became more exuberant in the spring. If this woman had been subjected to treatment how impossible it would have been for the most impartial of us not to attribute the improvement which took place to our therapeutic efforts. The practical question is, Can we not subject our psoriasis patients to any treatment with the confident hope that we shall either cure or benefit them? It would be of deep interest if the opinion and experience of a number of those engaged in skin practice would give an answer to this question; for my own part, I should direct my endeavours to—(a) improve the general health of the patient if any error of nutrition or function could be detected; and (b) treat the disease locally. Nothing but experience and what may be called the instinct of the physician will enable anyone to use the first factor. But to remove the scales, and sometimes, I was nearly saying "frequently," to prevent their recurrence, there is nothing which has succeeded so well as a consecutive, efficient, and constant application of equal parts of Stockholm tar, soft soap, and spirit of wine to the psoriatic spots. The remedy must be rubbed in with hot and moist flannel until