

## DERMATITIS HIEMALIS.†

## A RECURRENT INFLAMMATION OF THE SKIN ASSOCIATED WITH COLD WEATHER.\*

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In 1883 a patient presented himself with a peculiar eruption on the back of the hands. It resembled to a slight extent lupus erythematosus, and also suggested the possibility of ringworm. The patient was a medical man and furnished careful details as to the previous history of the eruption. It was first noticed twenty years before, during the winter months, and reappeared at the first approach of frost each successive winter. It remained during cold weather in spite of treatment from which he had derived no benefit, although it invariably disappeared at the advent of warm weather in the spring. Noting the influence that cold weather had on the eruption, the patient on several occasions had made trips to Florida and to other warm climates, when invariably the disease spontaneously disappeared. During the eleven years following this first observation, 14 cases came under the observation of the present writer bearing a close resemblance both in clinical appearances and in the apparent effect of cold weather in their causation. A report of these cases, with colored drawings and photographic illustrations, was presented before the International Medical Congress at Rome in 1894. In this report attention was, I believe for the first time, called to a cutaneous eruption having definite clinical symptoms, following a fairly uniform course, and always associated with or limited to cold weather. The disease first attracted my attention by its obstinacy to treatment, while almost invariably it disappeared, either with or without treatment, at the approach of warm weather. In time it became possible to recognize the disease and to foretell its probable course from the clinical picture presented.

At first the affection seemed most closely allied to eczema, the disease having two of the most prominent symptoms of this affection—watery exudation and itching. Like eczema, the exudation was more pronounced during the first attack and the itching was decidedly paroxysmal in character. The latter symptom varied in different cases, and in many instances it was described as a tingling or burning sensation. Unlike the eczema I had been accustomed to observe, however, this disease disappeared at the approach of warm weather and returned the following year as winter approached. The seat of predilection was on the back of the hands, including the fingers, and around the wrists; very rarely had it been observed in the corresponding positions on the feet, and never on the trunk, arms or thighs. Again, unlike eczema, the lesions were circumscribed, well defined, often elevated at the margin, while the central area was somewhat depressed, with a tendency to spontaneous recovery, which gave to the eruption in many instances a striking resemblance to ringworm. In fact, some of the French and Italian dermatologists who were present at the congress at Rome were inclined to look on the affection as a peculiar form of ringworm. It was further noted that all symptoms were aggravated before any marked atmospheric change, the most noticeable being storms from the great lake region of the northwest. It was observed that neither occupation nor

sex had any etiologic influence, as it occurred in artisans, students and people of leisure. Men and women were about equally affected. The histologic findings made at the time failed to reveal any distinctive changes in the skin, being those of an ordinary inflammation, which varied in degree according to the character and extent of the lesion.

Later, in 1894, the same communication was presented before the American Dermatological Association. At this time one of the Canadian and one or two American members recognized the clinical features as applying to cases they had encountered, and the opinion was again expressed by some of the members present that the illustrations bore a striking resemblance to the vegetable parasite dermatoses, and the advisability of a careful investigation with this in view was suggested. Accordingly, in 1896, a second report was read in London before the International Dermatological Congress. In this communication it was shown that in four cases excised portions of the skin examined by Dr. H. S. Upson and the present writer for saprophytic organisms, gave a negative result.

## REPORT OF CASES.

Since the last report the following cases have been observed:

CASE 15.—J. R. C., male, aged 64, presented himself Nov. 27, 1894, with an eruption, and gave the following history: He has always had an itchy skin during the winter. Ten years ago an eruption appeared on the hands during the first part of the winter, which gradually extended to the wrists. It disappeared the following spring. The following three or four winters he was likewise troubled, although he does not remember as to further particulars. Six years ago the eruption appeared early in the winter on the left ankle, where it has remained ever since, although much better during the warm weather. This spot is hypertrophied, bluish in color, giving to it a varicose appearance, and is very itchy. It resembles somewhat a large plaque of lichen planus. At the present time the eruption shows a slight tendency to extend to other parts, as the face, legs and arms, although in these latter positions it presents the appearance of a mild eczema. There is in this case an evident predisposition to eczema which somewhat obscures the well-defined clinical picture of the winter eruption.

CASE 16.—F. F. H., male, aged 53, was first seen Dec. 23, 1894. There was present an eruption on the back of the hands, very itchy, which was paroxysmal and most noticeable before a change of weather and at night. The lesions consisted of one twenty-five-cent-sized spot near the base of the thumb of the right hand; on the left hand a small dime-sized spot had appeared a few days before. The eruption was exudative. The present attack began about ten days ago, during the first outburst of cold weather. The patient states that a similar attack occurred the winter before and remained until warm weather, when it disappeared. The patient was directed to protect the hands from cold by wearing thick gloves lined with leather, and an application of salicylic acid gr. vi and diachylon ointment 3ij was ordered. The disease, although not eradicated during the winter, was somewhat modified by the treatment and the following spring disappeared spontaneously.

CASE 17.—M. B., female, aged 6, was first seen April 16, 1895. There were present quarter-dollar-sized oval patches on the left hand at the base of the thumb. The skin involved in the lesion was thickened and fissured, of a dark red or purplish color, and very itchy. On the right hand there were smaller groups of pinhead-sized vesicles, some of which had ruptured on the back and sides of the fingers. These presented somewhat the appearance of herpetic lesions, although they were scattered promiscuously, and apparently had no connection with nerve trunks. On the back of the right hand there were three irregular, roundish, dime-sized lesions of reddish color, and slightly covered with scales. Scattered over the back of

† This is a provisional name.

\* Read at the Fifty-third Annual Meeting of the American Medical Association, in the Section on Cutaneous Medicine and Surgery, and approved for publication by the Executive Committee: Drs. W. T. Corlett, L. Duncan Bulkley and W. L. Baum.

the hands and extending to the forearms were several papules interspersed with scaly patches. The disease appeared for the first time March 16, and had accordingly existed only one month. The patient did not recall any previous eruption. The general health was good and no systemic cause could be assigned. The disease disappeared on the approach of warm weather a few weeks later. As the family moved away from Cleveland nothing further has been heard of the case.

CASE 18.—L. J., female, aged 32, seen April 29, 1895, presented a thick, fissured patch on the back of the left hand, which was well defined, slightly exudative and covered with thick crusts. The patient is right-handed. The margin of the lesion was slightly elevated and stood out in bold relief. There was a dark red or purplish tint especially noticeable when the hands were dependent or cold. The history of the disease as given by the patient is as follows: Nine years ago, during the winter, the eruption first appeared on the left hand. It disappeared at the approach of warm weather, and reappeared each successive winter, its advent, as nearly as the patient can remember, being co-existent with that of frost. Within a year or two of the first invasion the right hand became affected in like manner. Of later years this lesion has disappeared completely, while the patch originally invaded

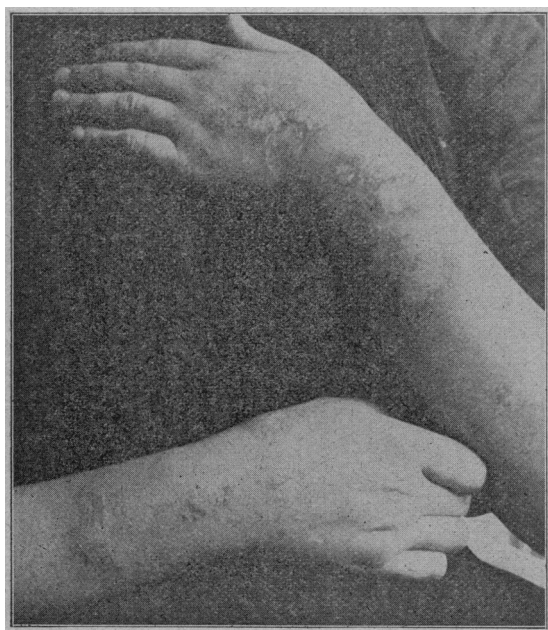


Fig. 1.—Dermatitis hiemalis, acute attack, the disease having existed for several years.

on the left hand has continued to return in the same site each winter.

CASE 19.—L. D., female, age 16, first presented herself April 14, 1895. The patient was employed in a candy factory and handled colored powders. The eruption was situated on the back of the hands and on the fingers. The family history shows nothing of importance bearing on the disease. She gave the following history of the eruption: From the age of one to six years she had eczema, with pus oozing from fissures about the joints and on different parts of the body. After the age of six there was no disturbance of the skin until 1895, when at the approach of cold weather in January the present disease appeared. There was first noticed a roughness about the mouth, the skin became dry and was easily irritated, and this soon appeared on the dorsal surface of the middle finger of the left hand (the patient was right-handed). From this region it spread by the formation of similar roundish spots, quarter dollar in size, which gradually enlarged at the periphery until they attained the size of a silver half dollar. They were dark red in color, at times very itchy, worse at night, and especially when in bed. There were, at the time of examination, six spots on the back of the left hand. The palms were free. About two months ago it also came on the dorsal surface of

the right hand. These were smaller, being dime-sized and six in number. The skin of the neck is also rough and slightly red, similar to that about the mouth. The patient has never had chilblains nor does she habitually complain of cold hands or feet. In making a diagnosis the following note was appended: "Dermatitis hiemalis, occurring in a skin predisposed to eczema. Just how much influence her occupation has on its causation is difficult to say. The present attack appeared during unusually cold weather."

CASE 20.—J. H. A., male, aged 3, seen Nov. 7, 1895. Sought relief for a disease of the skin of eighteen months' duration. It appears only on the exposed parts of the body, is of red color and feels rough. It was first noticed during cold weather, and the mother has noticed that it is always aggravated by cold. During the summer months it almost completely dis-



Fig. 2.—Dermatitis hiemalis occurring on the hands and legs, very rare occurrence.

appears. The patient was under treatment during the whole winter. My next note was on Feb. 15, 1898, the area involved being somewhat rough and inclined to fissure.

CASE 21.—G. E. C., male, aged 42, presented himself May 5, 1896. Patient complained of well-defined lesions which occurred on the back of the hands every winter and disappeared during the warm weather of summer. They always returned in the same positions, always occupying the same sites. There was nothing in the case calling for special description.

CASE 22.—L. P., female, aged 34, seen March 27, 1896. The disease came first in February, 1892, and has since returned each March and has always disappeared early the following summer. This year it appeared during the cold weather which occurred during the first part of the month. It is limited to

the back of the hands, and occurs in circumscribed spots. It has extended up the forearms to a slight extent. A piece of skin was removed for microscopic study. As a child the patient was troubled with chilblains and had eczema of the face. My notes show that on April 3 the hands were better. This date followed a spell of warm weather which had prevailed for a week or more. Then there came a heavy snow storm with northwest winds, and the patient immediately became worse with chills and cutis anserina.

CASE 23.—W. T., aged 35, was seen April 17, 1899. The disease first appeared four years ago, in the form, according to the patient's statement, of a "dry blister," or a "small vesicle," not itchy, and later accompanied by "small blisters leaving crusts" in patches about the size of a dime. The following winter it broke out again and was very itchy, accompanied with much watery exudation. It has, the patient says, returned every winter since, and usually leaves during the summer. If present at all during the warm weather, it is only to a slight extent, and is then attributable to some slight irritation. On the back of the left hand (the patient being right-handed), there were two or three lesions about the size of a silver dollar. They were irregular in outline with prominent margins; some were fissured and dry, while the majority were moist, and in all slight itching was complained of. They had never appeared on the right hand nor on any other part of the body. During the spring of 1901 the patient returned for treatment; the hands were in a very bad condition, although not changed in character. The patient says last spring they gave but little trouble.

CASE 24.—E. H. P., female, aged 40. Under date of April 26, 1899, occurs the following note: "Disease occurred on the back of hands. First came in February of this year on the back of one hand. The lesion gradually extended and new spots are now appearing on the opposite hand. Patient complains of burning and itching. It looks like ringworm, has a prominent margin with a dry, scaly central area. General health good."

CASE 25.—J. E. T., male, age 26, dry-goods clerk, sought advice Nov. 1, 1900. He gave the following history: The disease first appeared three years ago, coming at the first approach of cold weather. The right hand was the most seriously affected, consisting of circumscribed patches, appearing in size from a dime to a half dollar. They were very itchy and always disappeared in summer.

CASE 26.—C. M., female, aged 25, servant, first seen Oct. 29, 1901. She presented a typical picture of the affection herein described (Fig. 1). The patient came to Cleveland from Ireland five years ago. In January of the following winter the present disease began. It appeared on the back of both hands. It remained during the winter and at the approach of warm weather became better, although the patient noticed a slight irritation on the back of the hands during the summer, so much so that she did not think she was entirely free from the eruption. The following winter it became aggravated, and during the present year it has appeared again with unwonted severity. There were, at the time of her first visit, reddish ringed lesions which tended to heal in the center while the margin was elevated and presented a more active inflammation. The patient complained of burning and itching. The left hand was worse than the right (the patient is right-handed). On the left hand there were two lesions, the size of a twenty-five-cent piece, of a brick-dust color, somewhat ring-shaped, which looked like ringworm. The eruption was moist, especially after rubbing. In the center some lesions were slightly scaly. Bits of skin were excised for histologic examination.

#### REPORTS OF MICROSCOPIC EXAMINATIONS OF SKIN.

The following histologic report of Cases 21 and 22 has been kindly furnished me by Dr. Thos. E. Ely of New York:

CASE 21.—The first specimen consists of several small fragments which show on microscopic examination the following changes:

1. In places where the lesion appears to be slight the only notable change is in an accumulation of small spheroidal and

epithelial cells in the corium about the blood vessels. This change is most pronounced just below the papillary layer in the earliest stages, but soon apparently affects the vessels of the papillæ also. When the papillary layer is affected there is also evidence of edematous infiltration of the tissues surrounding the affected blood vessels, both those of the papillæ and of the deeper portions of the corium, this change being most marked, however, in the papillæ, as a rule. These are the only changes observed in some of the specimens.

2. In others, however, further changes are apparent. In these the changes noted above are present, usually in considerable intensity, the edema sometimes being very marked, but in addition there are changes in the epidermis. Of these the most marked, and probably the initial change, is in the horny layer, and consists of swelling of the cells just external to the lamina granulosa, as if these cells had become infiltrated with a liquid. In consequence of this swelling the horny layer is

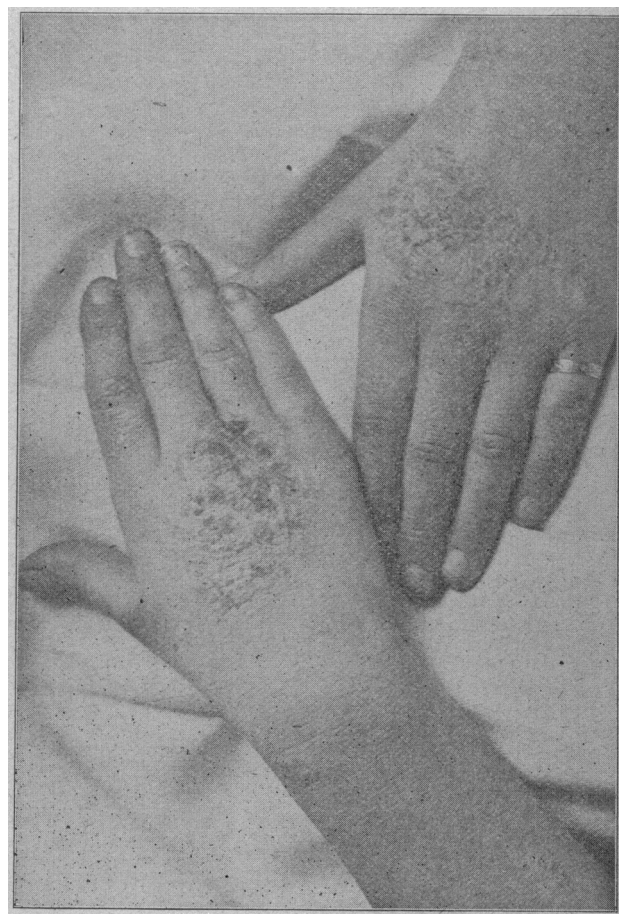


Fig. 3.—Typical case of dermatitis hiemalis, second yearly attack.

at first merely thickened, but even in apparently early stages of this infiltration a tendency to the formation of vesicles is shown by the occurrence here and there of a few small spaces of spheroidal shape and filled with granular material representing serum albumin precipitated in the course of fixation of the specimens.

3. In this stage also there begins to be noticeable a change which later becomes very pronounced, viz., a separation of the cells of the rete Malpighi, so that distinct intercommunicating channels appear between the adjacent cells. This change is seen first in the middle region of the rete where prickly cells are abundant, but extends from there in the more severe cases to the entire thickness of the rete. These channels are believed to have resulted from dilatation of the intercellular spaces. At times they have a width equal to about one-fifth the diameter of the epithelial cells adjacent to them, which under these circumstances seem to have undergone a change in the direction of their long axis. It will be remembered that in the normal skin the cells of the rete become progressively

flattened and consequently elongated in the plane of the skin as they approach the surface. This natural change is observed to be less marked or wholly absent in those parts of the specimens where the intercellular spaces are considerably dilated, and occasionally the cells present their longer diameter even perpendicular to the surface of the skin. The intercellular spaces are for the most part devoid of cellular contents, but even in places where the dilatation is not greatest there are not infrequently a few infiltrating small spheroidal cells to be seen in them. These cells when isolated are for the most part mononuclear, have a small cell body, are very irregular in shape and stain deeply, from which characters they are believed to be mononuclear leucocytes wandering from the deeper layers to the surface.

4. In addition to the change in shape of the cells of the rete above referred to, it is also noticed that the bodies of many of them appear distinctly more granular than normal, and that even in the deeper layers small vacuoles have formed circumferentially about the nuclei. In those places where the changes are all more marked these vacuoles are seen to be much larger, occupying as much as a quarter or half the cell body. They appear in the specimens to be empty, but probably during life had a liquid contents. Occasionally the cell

ever, there is moderate emigration of leucocytes and some growth of connective tissue cells (epithelial cells) about the blood vessels of the corium. As a part of the inflammatory process also there is degeneration and vacuolation of the epithelial cells of the epidermis, this combining with the liquid infiltration to bring about the formation of vesicles.

CASE 22.—The second specimen is a larger piece of skin, with some of the subcutaneous fat, etc., attached. The changes observed in it are in all essentials the same as those described as present in the specimens from the first case, although some of them are more marked in this specimen while others are less.

1. The same accumulation of cells about the blood vessels of the corium, both of the papillary portion and of the deeper parts, is observable. The edematous condition noted in the first specimens is also present, though less marked in this instance.

2. The swelling of the epithelial cells of the horny layer of the epidermis is exceedingly great in this second specimen, and there are frequent large vesicles here. The contents of these vesicles appear to have been serum for the most part, though a few polynuclear leucocytes are also present in most of



Fig. 4.—Dermatitis hiemalis, the typical eruption, showing the herpetiform character of some of the lesions. They are usually encountered early in the course of the disease.

appears swollen and its entire contents appear to have given place to one large vacuole.

The changes above detailed represent the fundamental pathologic processes which have been observed, but they are combined in different proportions in different parts of the specimens. They have been presented, so far as possible, in the order in which they are believed to have occurred, and if this be correct, represent the various stages of the process. In those places where the accumulation of liquid is considerable, where the degeneration of the epithelial cells is marked and where their separation is wide, distinct vesicles are formed, often covered by a considerable layer of the epidermis. In some instances the contents of these vesicles seem to have been chiefly liquid, but in not a few occasional leucocytes, now polynuclear for the most part, are visible. The vesicles are formed in some instances in the horny layer and again in the more superficial layers of the rete, so that they can not be said to have any definite localization. In a few places the vesicles appear to have broken, discharging their contents and becoming covered by a crust of dried material.

*Summary.*—The changes observed in these specimens are those of an inflammatory process characterized chiefly by infiltration of the skin by a liquid exudate. In addition, how-

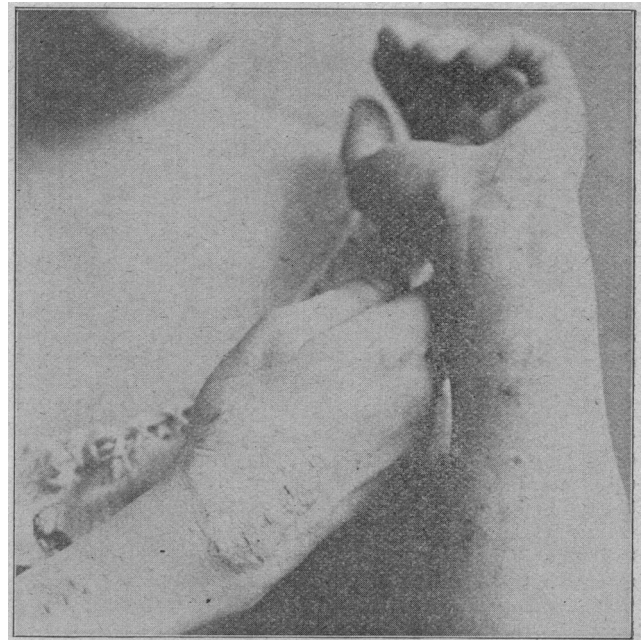


Fig. 5.—Dermatitis hiemalis, showing the appearance of the lesions after many years' duration, thickening of the derma well marked, itching severe.

them, not enough, however, to indicate the presence of "pus." In this specimen it would seem that there had been little if any excoriation of the superficial epithelium, and this suggests that it represents an early stage of the disease.

3. The separation of the cells of the rete Malpighi described in connection with the first specimen is here much less prominent, though discernible in many places. Here, also, an occasional leucocyte may be seen in the dilated channels.

4. The granular and hydropic degeneration of the cells of the rete are also less prominent in this case.

*Summary.*—It will be evident, then, that there is much similarity in the changes observed in the two cases, but that in the second the swelling of the horny layer is the most pronounced feature, while the edema of the corium and of the rete Malpighi is here less marked. The conclusions adduced from the study of the first case consequently apply to this second case also. The impression gained from the study of the second case is that it represents an earlier stage of the disease.

During the past winter Dr. Edwin Perkins Carter has studied bits of skin taken from Cases 22 and 27. In both instances the character of the skin lesion was typical of the so-called eczema hiemalis as described above; and the histologic examination was made with



a view to determining what, if any, peculiar or characteristic pathologic changes were present. Dr. Carter reports as follows:

CASE 22.—The tissue was secured about the sixth day after the first appearance of any skin lesion, and the changes present were as follows:

The stratum corneum shows everywhere the evidence of excessive exudation, while three large vesicles stand out prominently with but an extremely thin epidermal covering. Under high power the free masses of red blood corpuscles caught on the surface and in the edematous meshes of this layer, testify to the occurrence of real, and to a certain extent of accidental hemorrhage. Here and there a few scattered leucocytes are to be seen. These vesicles are filled with a clear serum and des-

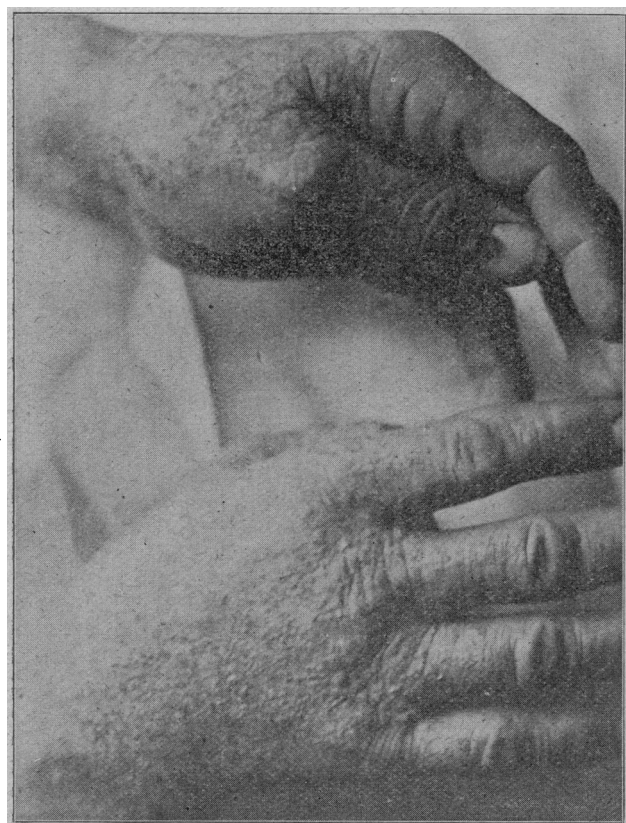


Fig. 6.—Dermatitis hiemalis, first attack, showing more acute form of inflammation with vesicles, and the distinct elevated margin described in the text.

quamated cells, and contain almost no polymorphonuclear leucocytes. Where they have formed the upper layers of the rete Malpighi have given place to them, with the usual resulting thinning of the rete in these areas. Elsewhere the rete Malpighi shows some slight increase in thickness, and in several areas, as one approaches the corium, there is quite marked evidence of a mild inflammatory reaction, as illustrated by the infiltration of polymorphonuclear leucocytes and the amount of edema present. In many cases the cells in the stratum granulosum are swollen and edematous, taking the stain but poorly, while in others again they remain unaltered. In the reticular layer of the corium, in addition to some slight vascular dilatation, there are here and there scattered foci of polymorphonuclear leucocytic infiltration and edema. Nowhere is there any small round cell infiltration.

CASE 27.—In this case the tissue was secured at an even earlier stage of the disease, and the changes present are of so slight a character as to hardly merit a description. The upper layer of the derma showed no alteration, and the only evidence of any pathologic change was to be found in the slight vascular dilatation present, and in the edema of the upper layers of the rete Malpighi.

Summary.—From the observations made on these two cases there is no evidence that the process differs in any way his-

tologically from an ordinary eczema. The stage of the changes depending, as in any case, on the length of time during which the process has been active, together with the susceptibility of the individual skin affected.

#### THE AUTHOR'S - CONCLUSIONS.

From a careful clinical study I am convinced that the affection is more closely allied to the erythemata than was at first supposed. Not only is the color suggestive of some forms of erythema, being of a dark bluish tint, but like erythema, it more frequently attacks the distal extremities or parts farthest removed from the center of circulation. Again, like the erythematous group, it is more frequently met in the months in which there is the greatest variability in temperature, which prevails most frequently during the early winter and the early spring months. The histologic findings made by Dr. Ely and by Dr. Carter show nothing distinctive, and the extent of changes in the skin seems to be wholly dependent on the amount of circulatory disturbance. That cold may be regarded as a causative factor in the affection seems to me to be well established; that the same influences are causative in the erythematous group is likewise generally accepted. I would therefore regard the disease as one allied to eczema, while characterized by

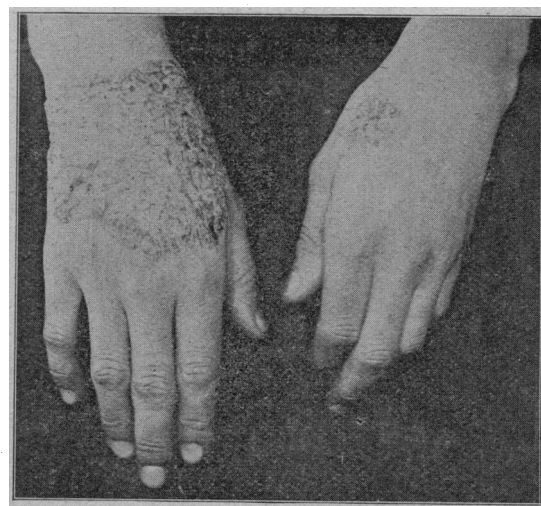


Fig. 7.—Dermatitis hiemalis of many years' duration, inflammation less active, hypertrophy beginning to take place.

some of the clinical features of erythema, presenting a clinical picture quite distinct, which further observation may show is entitled to be looked on as a disease *sui generis*.

Should a distinct name be called for, the most appropriate, it seems to the writer, is the one proposed, dermatitis hiemalis.

#### TREATMENT.

Little can be said in regard to the treatment of the affection. Thus far the internal administration of ichthyol, as reported in one of my previous communications, apparently was of benefit in one case—the disease having disappeared under its use without the assistance of warm weather. The most benefit, however, has been derived from local measures. The application to be selected naturally depends on the extent of the inflammation, and whether or not we have an excoriated area or a thick and hypertrophied condition of the skin to contend with. In the former condition some slightly astringent, soothing application, such as the glycerid of tannin, diluted with distilled hamamelis (1 to 3), lead wash, or the evaporating lotion of Hutchinson (liquor

plumbi 3ii, spts. rectificati 3iii to aquæ q. s. 3viii). When the disease has become chronic with hypertrophy, salicylic acid grs. xx, ung. diachyli 3ii. In place of the diachylon ointment, mercury or tar may be used in ointment form. In all cases the hands should be protected by wearing leather gloves, and when practicable a change of climate affords the most certain means of immediate relief, although it does not eradicate the tendency to the disease.

#### DISCUSSION.

DR. W. S. GOTTHEIL, New York—The cases described belong to a class not unknown in the east, though we are accustomed to give them a different name, and do not recognize the relationship to erythema that the essayist ascribes to them. Precisely similar cases in our clinics are called mycotic eczemas; they are recognized as eczematous, and are called mycotic on account of their peculiar margins, course, etc. That they get worse in late autumn and early spring has also been noted.

DR. M. L. HEIDINGSFELD, Cincinnati—I have long been impressed with the frequency with which these cases occur, and with the large rôle they play in dermatologic practice in Cincinnati. I am also impressed with what Dr. Gottheil remarks on, and the clinical manifestations have lead me also to believe that there is some parasitic nature to this affection, though histologic and bacteriologic proof is still lacking. The same predisposing influences which Dr. Corlett mentions exist in Cincinnati. Personally speaking, these cases, in previous years, have proved to be very obstinate and rebellious to therapeutic measures, and during the past year I have found the x-rays to be a very valuable and efficient measure for their treatment. As far as my personal experience permits me to state, I believe that the results from the x-ray are not only prompt, convenient and effective in the treatment of this affection, but also permanent.

DR. M. B. HARTZELL, Philadelphia—I think we have all seen cases of this kind, and it seems to me that what they should be called depends largely on their etiology. I am sure I have seen cases like these which have resulted from external irritants. In some instances the irritant was discoverable, but in most it was unknown. If I understood the writer of the paper correctly, the histology differed from that of eczema. As to whether we shall call this affection dermatitis hiemalis or eczema will depend somewhat on our definitions of dermatitis and eczema. I would deprecate qualifying the disease as mycotic. That seems utterly without reason. No one has ever discovered a micro-organism in these cases, and the presence of a sharp margin is not a sufficient reason for calling them mycotic.

DR. F. H. MONTGOMERY, Chicago—Dr. Corlett has given a very clear demonstration of a fairly distinct local type of a larger class of disorders to which Dr. Hyde called attention some fifteen years ago. By comparing, month by month during a period of three years, the number of cases treated with the temperature chart of the weather bureau, he demonstrated that these conditions were exaggerated and largely due, not so much to cold as to sudden temperature changes; a sudden change from cold to warm weather being effective, though less so than an equally sudden change in the opposite direction. I would like to ask Dr. Corlett whether he has recognized this influence of a sudden change in temperature on the cases which he has described to us.

DR. CORLETT—I am loath even to attempt to add to the already long list of skin diseases, but I have a fixed impression that the cases herein detailed represent a distinct clinical entity, while from a pathologic standpoint no distinct picture may be drawn. As I have said, my observations are based on clinical experience.

In regard to Dr. Montgomery's question, in my paper read in London I gave a table of the climatal changes occurring on the south shore of Lake Erie for a certain period of time, and in that table I called attention to the fact that these dermatoses were apparently dependent on a rapid change in temperature, but that my observations were always on the same altitude.

## CONCERNING MORPHIN ADDICTION AND ITS TREATMENT.\*

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FLINT, MICH.

Of the last twenty cases of morphin addiction which have come under my observation, eight were physicians, one was the wife of a physician and one the daughter of a physician. Fifty per cent., therefore, occurred among physicians and their families. It is difficult to account for this appalling fact. I have fallen to wondering how much the disposition to test and try had to do with this and how far failure on the part of teachers to emphasize to students the dangers of the morphin habit was responsible for it. In some instances I am regretfully forced to the conclusion that the taking of the narcotic was from pure self-indulgence. In one case in particular, that of a young man who acquired the habit in student days, there was no attempt at self-extenuation or excuses. He did not even justify its first use on the ground of experimentation as to its effects, but admitted dallying with it and forming the habit as one might that of tobacco. His mental organization was cast in the dreamy mold, and I am not at all sure but that previous indulgence in cigarettes to excess had much to do with the subsequent resort to the, to him, more delightful stimulation. In the majority of the eight cases, however, I think it unquestionable that the habit had been acquired because of demand on the part of the system for temporary lifting up after exacting professional duties. No doubt in most of such cases the physician to secure repose and rest from the boneache and nerverack has taken a small hypodermic with a feeling of perfect indifference as to danger. He has been perfectly well aware of the insidiousness of the drug and the danger of the formation of the habit, but has, because of this very assurance, felt there was no likelihood of its obtaining the mastery. It would seem, however, in the light of these facts, that a grave responsibility rests on teachers of therapeutics to instill into the minds of students a wholesome fear of this blasting and deadly narcotic. It is my belief, based on the experience of a good many years, during which I have had many painful neuralgic conditions to treat, that it is used far more than there is any need. It is too frequently the first resort. The physician is apt to follow one dose with another, and another, and when he finds to his distress that his patient is clamorous for the drug and will not hear of its suspension, he realizes, perhaps for the first time, the perils of the situation.

Paradoxical as it may appear, some of the most difficult cases to treat have been those of short duration, and the least difficult those displaying a complication of habits, as liquor and morphin, or cocain and morphin. The latter have frequently borne the abrupt withdrawal or the rapid reduction of the drug with less constitutional disturbance than cases of the morphin habit pure and simple. I have never known a case attended with greater discomfort than that of a young man under twenty-five who had used morphin but three years, and who was taking, as far as could be learned, not more than three or four grains per diem. In this case the nausea and vomiting, cardiac disturbance, pain and nervous manifestations were extreme, and would have been alarming except for the age and strength of the

\* Read at the Fifty-third Annual Meeting of the American Medical Association, in the Section on Nervous and Mental Diseases, and approved for publication by the Executive Committee: Drs. Frederick Peterson, Richard Dewey and H. A. Tomlinson.