

ST. MARY'S HOSPITAL.

(DEPARTMENT FOR DISEASES OF THE SKIN.)

CASES OF PSORIASIS.

(Under the care of Dr. CHEADLE.)

THE following cases illustrate very well three varieties of psoriasis, with their appropriate treatment, which in each instance was attended with a successful result.

CASE 1. *Acute general psoriasis*.—The patient was a robust-looking man of twenty-seven, a chimney-sweep by trade, who, with a rare regard for cleanliness, was in the habit of washing himself from head to foot every evening, after his day's work, in a strong solution of soda, for the purpose of thoroughly removing the soot. He was also a great beer drinker, and during the hot weather of June last had taken more than usual, sometimes as much as four or five quarts a day. About five months before he came to the hospital he first noticed the appearance of an eruption in a small patch, the size of a fourpenny-piece, which came on the right shin. It was scaly and perfectly dry, and not sore or tender in any way. This grew to the size of "the top of a teacup," and then the eruption made its appearance on the left leg, spread up the thighs, then to the arms, and lastly on the trunk. It was dry, scaly, red, and annular in form—as he expressed it, coming in "round rings, like the ringworm."

When first seen (on June 11th, 1868) the only parts of the body free from eruption were the neck, chest, belly, and back of the hands. On the sides of the trunk and the arms, where the patches were tolerably distinct, their form was annular, and the rings in some cases two to three inches in diameter, the centre being occupied by healthy skin. On the legs the rings had coalesced into one uniform sheet, covering the greater part of the limb from the knees to the ankles. The eruption throughout was somewhat raised, of a bright-red colour, and covered with large white scales, which were easily detached and soft, but not friable. There were no vesicles nor papules, nor was the slightest sign of any exudation perceptible. No history of syphilis or hereditary tendency could be made out. He was ordered small doses of arsenic and iodide of potassium, and an ointment containing nitric oxide of mercury and creasote. When the man was seen again a week afterwards he was covered with eruption from head to foot, so that hardly a vestige of healthy skin could be perceived. The back of the hands, chest, and abdomen, which had been free before, were of a uniform scarlet colour, and covered with scales, but perfectly dry, and not tender. The scalp was filled with dry scurf, and the face red and rough. The gums and buccal mucous membrane were also very red, and on the latter there were superficial ulcerations along the line of the teeth. The skin felt excessively hot to the touch, and the man complained of a constant sensation of burning heat and itching. The temperature of the axilla was 100.4° ; the pulse 108, soft and full; the tongue much coated, and bright-red along the edges.

The patient was at once admitted into the hospital, remaining under Dr. Cheadle's care, by the kind permission of Dr. Handfield Jones. A warm bath was given every night; after which the body was sponged over, while still moist, with a weak lotion of nitric acid and glycerine. This greatly relieved the burning and irritation. Zinc-and-lead ointment was applied to the limbs; and small doses of carbonate and sulphate of magnesia, in quassia mixture, ordered to be taken three times a day; the bowels, which were very costive, having been previously freely opened by a compound jalap powder. In the course of four days the redness of the skin began to fade on the chest, the temperature went down to 99.5° , and the tongue became cleaner. The desquamation was very great, the bed being covered in the morning with scales shed during the night. On examining them with the microscope, no pus-globules could be discovered. The case progressed rapidly, the eruption disappearing from circular portions, leaving annular patches, with all the characteristics of psoriasis. In three weeks there were only a few irregular patches scattered about the arms, back of the neck, waist, and feet. As the eruption disappeared, the skin resumed its former healthy appearance at once, without any of the thickening and soft waxy look so marked in the decline of eczema. This distinction, with the annular character of the eruption, its healing from the centre, and the absence of moisture and of pus-globules, combined with the history of the case, seem decisive of its being an acute psoriasis.

The man became an out-patient at the end of three weeks,

and when last seen, on the 20th of August, the skin was found perfectly clear, except on the chest, where were several well-marked circular patches of genuine chronic psoriasis.

CASE 2. *Non-syphilitic psoriasis plantaris*.—This case is worthy of record, because it is one in which there was no suspicion of syphilitic taint or hereditary tendency; and also from the age of the patient, plantar psoriasis being of rare occurrence, except as one of the results of congenital syphilis in infants, or as a form of tertiary syphilis in adults. The patient was a girl of thirteen, of most respectable parents, and living in the country. The mother had three other children, all living, free from skin disease, and perfectly healthy. No affection of the kind was known to have existed in any of the family on either the father's or the mother's side. Eighteen months before coming to the hospital, in March, 1868, the girl noticed that her feet were hot and sore, which she attributed to chilblains. She described them as having been red, and having "dry bladders" on them, the skin peeling off; and that subsequently they were covered with white scales. They had been tender, cracked, and dry ever since. There had never been any exudation from the surface, nor any eruption on any other part of the body. She complained that the feet burned and ached very much, especially after walking, and at times itched severely. When seen, the soles of the feet and the sides for an inch above were of a uniform red. The margin of redness was a well-defined line along the sides of the feet, the height of a low slipper, extending in front to a little above the base of the toes. The plantar surface was cracked and fissured transversely, sparsely covered with white scales, and perfectly dry. There was much less thickening of the cuticle than in ordinary cases of the disease. The palms of the hands and rest of the body were entirely free. Under arsenic, and an ointment of the nitric oxide of mercury and creasote, the feet gradually regained their natural condition. At the end of seven weeks the fissures had gone, and only a few scales and a faint red blush remained. The itching had entirely ceased, and the only inconvenience felt by the patient was a slight amount of aching and burning of the soles after walking. In the course of another month she was discharged perfectly well.

CASE 3. *Syphilitic psoriasis; impetigo of face; occurrence of nodes during treatment by iodide of potassium*.—J. P—, a healthy-looking young fellow, aged twenty-two, became an out-patient in March last. He had general psoriasis; the patches were irregular and ill-defined, brownish in colour, somewhat tubercular, and the scales were small and scanty. He had had primary syphilis twelve months before. He was ordered five grains of iodide of potassium in infusion of quassia three times a day, and pitch ointment to the skin. At the end of a week the dose of iodide of potassium was increased to eight grains, which the patient continued to take for three weeks, by which time the psoriasis had almost entirely disappeared, but this was succeeded by some impetigo of the chin and lower part of the cheeks. The ointment was changed to a mild mercurial, and the iodide of potassium continued as before.

By the 30th April, seven weeks after he came under treatment, he was free from the skin disease; but a soft node, some two inches in length, appeared on the right shin. It was very tender, and had been so painful as to prevent sleep. The iodide of potassium was increased to ten grains, but the man did not attend the hospital again for a considerable time. When again seen, several weeks afterwards, he stated that the node had disappeared in a week or ten days, during which time he had continued to take the medicine.

The occurrence of nodes after an uninterrupted course, for seven weeks, of a drug which is supposed to be a specific in that form of syphilis, is an interesting fact in therapeutics.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCT. 9TH, 1868.

MR. PAGET, VICE-PRESIDENT, IN THE CHAIR.

DR. W. SNOW was elected a member of the Society.

MR. PAGET, having mentioned that all members joining the Society during the present session would receive copies of the first volume of Transactions, proceeded to say:—I regret, as you do, the absence of our honoured President. No one who heard

or read the address with which, in few and mighty words, he inaugurated our Society, can fail to wish that we might again to-night have been guided and encouraged by him. In his absence I invite you, at the wish of the Council, to commence the work of another session, and in doing so I think I may justly congratulate you on the success of the first year of our Society's existence. Already about 200 members are enrolled, and among them are, I think, nearly all the best workers in our best places for clinical study. What work was done in the last brief session is partly shown in the volume of Transactions, for the punctual publication of which we are indebted, as we are for much more of the useful and regular work of the Society, to our excellent Secretaries. But the Transactions only partly show the work done; they do not tell the knowledge elicited in discussions, or the activity of further inquiry which the discussions have provoked. They who look through our Transactions may think that the advice of our President was in one respect disregarded. He spoke very forcibly of the need of acquiring more accurate knowledge in the therapeutic part of our profession, and told us of his hope that the Clinical Society would be of great value in the pursuit of this branch of knowledge. Yet among the contributions of last session there is not one that deals expressly with the value or means of using any single medicine. In reference to this matter the Council have, I think, judged wisely in appointing committees for investigating the use of certain medicinal substances, and five committees are engaged in their several works as actively as may consist with the caution necessary in such researches. We may hope, I think, for great good from their combined inquiries; for, surely, if there be one part of our science in which more than in all the rest our own belief need to be tested by the scrutiny of others, it is in respect of our belief in the use of medicines. The motives to believe ourselves possessed of more means of curing diseases than we really have, are so many and so various, and some of them are so good, that we can hardly resist them. The several committees are desirous of receiving contributions from all members of the Society, and those contributions may be of any one of three different kinds: either of facts respecting the successful use of the medicines under study, or of facts relating to their failures, or of such as tell of the course of the diseases for which the several medicines are given when they are left alone. I venture to think that it is chiefly through want of knowledge on the last two of these three heads of inquiry that our therapeutic science is so uncertain. We are too apt to assume that every beneficial change following the use of medicine is caused by it, too ready to regard the seeming successes of treatment as being evident beyond dispute, and to put aside the failures as things that may be explained away. And yet I suspect the history of medicine would tell that in the case of most supposed and doubted remedies the facts have been on the side of the failures, the fallacies on that of the seeming successes. With these few words I invite you to the beginning of your new year's work. We have every motive to induce us to prosecute it vigorously. Our best feelings must be stirred when we see the mass of human misery that can be alleviated by no human power but by that which may be gained by the exercise and increase of our knowledge. Our highest intellectual aspirations may be attracted by the magnitude and variety of the problems that are within our study—by the difficulties which, vast and deep as they are, will yet yield to steadfast work as surely as the rock to the ever-running stream. Our fair ambition for personal success may be excited by the opportunities for scientific contest which our discussions will offer, and which can never be too earnest so long as they are consistent with professional honour and mutual goodwill, and the unswerving love of truth.

ACUTE AND SUBACUTE RHEUMATISM.

Dr. PEACOCK communicated an analytical summary of 146 cases of acute and subacute rheumatism. Of these cases there were only 84 free from serious cardiac complication; pericarditis was shown to be more common in cases of slighter rheumatism, and endocarditis in those of greater intensity. Pericarditis alone, or with endocarditis, occurred in the course of the attack in 11 per cent. of the cases; endocarditis alone in 25.3 per cent. In by far the greater number of these cases of recent complication the heart affection already existed at the time the patient was admitted. In the cases in which the rheumatism was of short duration at the time of admission, or arose during the course of treatment, the evidences of disease generally wholly disappeared before the patient's discharge.

Dr. SIBSON desired to know, in respect of those cases in

which Dr. Peacock considered that endocarditis had supervened during the attack of acute rheumatism, what method had been used to ascertain that no valvular disease had existed previously.

Dr. PEACOCK was well aware of the difficulty to which Dr. Sibson had referred, and was ready to admit that recent endocarditis could not be distinguished from old disease by the physical signs. He knew of no method by which the conclusion could be arrived at in any given case that the heart complication was recent, excepting that of carefully studying its previous history and progress. He had found the difficulty of discriminating between anæmic murmurs and those of organic origin still more serious than that to which Dr. Sibson had adverted.

Dr. SOUTHEY asked whether Dr. Peacock had observed differences between different years or periods in the liability of patients suffering from acute rheumatism to disease of the heart. He observed that during the last two or three years acute rheumatism was less frequently complicated with endocarditis than formerly, and that the complication was much more frequent in cases of long duration (e.g., six weeks) than in those of rapid course, in which pericarditis was more common.

Dr. WILLIAMS stated that his attention had at a very early period been directed to the question under consideration. He thought that recent valvular disease might be distinguished from old by the variable shifting character of the murmurs. As regards the percentage of cases in which it occurred, much would depend on the mode of investigation, for the physical signs are so transient, that unless observations are made daily throughout the whole progress of the case, they are certain to be overlooked.

Mr. HULKE read an account of a case of

ICHTHYOSIS GLOSSÆ,

where, after nearly twenty years, epithelioma supervened. After considering various points in the history of the case, he favoured the idea that the two diseases occurred independently. The final supervention of epithelioma in the only two cases of ichthyosis glossæ which he had met with, and the anatomical parallelism presented by the very active multiplication of cells of an epithelial type in both diseases, were not, however, without significance.

Mr. PAGET had examined a similar case some years ago, which ended in epithelial cancer—one of the first cases in which epithelial cancer was described in this country. He doubted if there was a greater tendency in this ichthyosis to run into cancer than in other continued irritations, such as that caused by syphilitic disease of the tongue. Cancer without doubt was provoked by the long-abiding influence of chronic irritation.

Dr. ANDREW CLARK had met with cases in which glass-blowers became subject to the formation of opaque, leathery sort of membrane, not warty, on the surface of the tongue. In two cases, after the use of irritants cancer supervened. It seemed as though the continued irritation exhausted the local power of development, leaving the growing power to run riot.

Dr. DOUGLAS POWELL read a case of

PHTHISIS AND CONTRACTED LUNG,

in which the signs and symptoms closely resembled those of fibroid phthisis, as described by Dr. A. Clark, notwithstanding that history and the post-mortem results showed it to be a case of chronic tubercular disease. Dr. Powell postponed his remarks on treatment until two other cases (for the examination of which a committee was requested) had been considered.

Dr. WILSON FOX, in commenting on Dr. Powell's case, said that chronic pneumonia, the thickening of the alveolar walls which results from the inhalation of irritating substances, and especially tubercle, frequently terminate in fibroid change. With reference to tubercle, he remarked that certain cases had been lately described as "fibroid phthisis," in which distinct granulations were found in the lung. As the result of his own personal observations, he imagined that these granulations were tubercle, and that the grounds for regarding them otherwise were purely arbitrary. The cases in question are so rare, that in the absence of more distinct evidence of their independence of pneumonia or tubercle, we are not justified in erecting them into a separate species. Admitting that there is a certain antecedent improbability that tubercle should attack one lung only, the cases may be fully explained on the hypothesis of a pneumonia, to which many facts in their history point.

A committee, consisting of Dr. Pollock and Dr. Andrew Clark, was appointed to investigate Dr. Powell's cases.