

ART. XXIV.—*Note on the Classification of Skin Diseases, with a Case of Pemphigus Foliaceus, treated by Ichthyol.* By G. E. J. GREENE, L.K.Q.C.P., &c.; Medical Officer, Ferns District, and late Admiralty Surgeon, Kilmore, Co. Wexford.

PEMPHIGUS, in common with herpes, has been defined as a vesicular or bullous affection, and is regarded not infrequently as the fully-developed stage of herpes iris or other forms of generally-developed herpes (Bristowe).*

Balmanno Squire, under the head of Bullæ, thus describes it:—"Pemphigus is a disease characterised by the development of a greater or less number of clear, watery, prominent blebs on inflamed surfaces. These little bladders being readily ruptured, give rise at first to excoriations and afterwards by the concretion of their liquid contents to thin crusts."

The disease is not regarded by Senator as a primary affection of the skin, but is classed by him with the exanthemata.

Some authorities, however, regard pemphigus as merely a variety of ecthyma, whilst others, again, consider it to be but a modification of impetigo.

It is an exceedingly difficult, and I might almost say hopeless, task for the student of medicine or young practitioner to obtain a comprehensive and reliable knowledge of pathological dermatology, having nothing better for his guidance than the ably-written and no doubt classic, but nevertheless confusing and contradictory, works of the period to consult.

The principal cause of this indefinite multiplication of classes, divisions, and varieties, seems to me to arise from the fact of many writers giving graphic and lengthy descriptions of diseases they have hardly ever seen, or perhaps observed casually once or twice. It may be, also, that having seen such diseases at different stages of development in different people, authors have assumed that they were separate affections—a fact not to be wondered at, considering the many and varying phases which a skin disease assumes when modified by constitution, situation, climate, medicine administered, and local applications, &c.; and, I may add, the merging with, and morphological alteration of, one disease by another.

That being so, would it not be advisable to try and reduce our nomenclature within more practical bounds? I do not, however, know of any other method by which such a confused dermatological

* Deutsche med. Wochenschrift.

nosology could be amended and placed on a rational and satisfactory basis than by the institution of an international collective inquiry committee, who would, after due clinical investigation and thorough literary research, decide upon and draw up a reliable and orthodox nomenclature, which would be thoroughly purged of far-fetched epithets and freed from the fanciful theories of embryonic, though aspiring dermatologists.

My reason for writing thus is not that I am desirous of lowering in public estimation the men of undoubted ability whose names I have casually mentioned, but rather to clearly demonstrate the urgent need of some reform in the classification of these important diseases, and thereby avoid the chaos produced in the mind of the beginner by a perusal of the heterogeneous descriptions found in our text-books.

But till such a reform is *un fait accompli*, we must needs content ourselves in describing the clinical features of our cases under whatever *soubriquet* in current medical literature best conveys an idea of the actual state of affairs.

In giving the history and objective symptoms of the following case, I have adopted this method, as far as possible:—

CASE.—J. H., male, aged twenty-four, strong and plethoric; previous history good; was never a day ill before; never had syphilis; family history good.

History of Present Attack.—Complained of vague muscular pains, and had slight rigor on March 8th, 1888. After a severe wetting on previous day, went to bed and felt all right next day, but on the 10th he noticed a few small pimples (as he called them) in left groin, and towards evening they were noticeable in the same situation on opposite side. The following day they had declined somewhat, but others presented themselves on the abdomen. On the 14th the back of the neck became the seat of a similar eruption. Becoming alarmed he then consulted a neighbouring apothecary, who gave him an ointment and eight-ounce mixture, telling him he was suffering from itch and would be all right shortly. After five weeks, as he was getting progressively worse, I was summoned to attend him on the 12th of April, when he presented the following appearance:—The face and neck were covered with thin reddish-gray, scaly crusts, having occasional fissures about a line in depth, exuding a clear watery fluid visible between them; the chest was thickly studded with, in some places, discrete vesicles, in others bullæ; whilst in several regions the bullæ were so closely packed that they had coalesced, and, quickly rupturing, left little lamellar crusts, which were of a light or whitish-brown colour, some of them being partially detached with the

ends curled up, leaving glimpses of (deep pinkish) skin visible, and in this respect somewhat resembling the quilling which the bark undergoes on some trees in spring. The feet and hands reminded me of the gloved and socked desquamation one often sees in the agricultural labourer after scarlatina; but, in addition, fissures varying from a line to a quarter of an inch in depth, exuding sanious, malodorous pus, existed between the toes, and even on the flexor surface and dorsum of the hands. He perspired freely, and this had a very strong mousy odour. Tongue moderately clean, pulse and temperature normal, appetite good.

Ordered—Ung. simplex to be applied twice daily, the loose skin to be clipped away, and to take 10 minims of ichthyol ammon. three times daily in simple syrup between meals, with a bland and unstimulating diet. Saw him again April 16th. Skin affection much better, but has not slept well, and complains of disinclination for food; told him to take three 5 gr. tabloids of urethan (Burroughs and Wellcome) at bedtime.

April 20th.—Expresses himself as vastly better; sleeps well, but has to force himself to eat. Called to see him on the 24th, and found that, with the exception of the feet, he was quite cured; stopped ichthyol, and gave a mixture containing liq. arsenicalis and ferri et am. cit.

April 30th.—Appetite quite recovered, but feet still tender.

Observations.—1. The foregoing might have been more accurately defined eczematous pemphigus of neurotic origin, as the symptoms partook of the nature of both eczema and pemphigus, more particularly the latter.

2. One of my reasons for publishing this case is that I am not aware of this new telluric product, ichthyol, having been used in a similar instance.

3. It is not generally known that ichthyol has a most disagreeable smell, and very frequently produces marked anorexia when given internally.

DISLOCATION OF THE SCAPULA.

DR. THOMAS, of the Hôtel Dieu, Beziers, reports a case of forcible dislocation of the left scapula. The patient, a healthy young man, sixteen years of age, had his left arm caught by the wheels of a steam engine, and, before he could be released, the shoulder-joint was torn open, and the coracoid process was pulled forward through the flesh, the ligamentous attachments between it and the clavicle having been torn through. Death occurred on the fourth day. No autopsy was allowed.—*Montpellier Médical*, June, 1887.