PERISCOPE OF DERMATOLOGY.

OCCASIONAL PERISCOPE OF DERMATOLOGY.

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EXTRACTS FROM THE REPORTS OF THE WEEKLY CLINICAL CONFERENCES OF THE PHYSICIANS OF THE ST LOUIS HOSPITAL, PARIS.

—It has been the custom for a long time for the physicians at St Louis to exhibit to one another important cases of cutaneous or syphilitic affections. Of such many curious, rare, difficult, or doubtful, flock to this special establishment. In order to give these clinical conversations the necessary development, and with the object of benefiting the pupils at the Hospital as well as the physicians who frequent it, it has been decided that the exhibitions shall take place every Thursday, at half past nine, during the session. The reports will appear in the Annales de dermatologie et de syphiligraphie monthly, and as a special volume published separately at the end of the year. Selections of the more interesting cases will also appear in this Periscope.

1. Maculæ Ceruleæ, or Taches Bleues.—M. Besnier showed a man, aged 26, about to be married, who came complaining of itching on the body of a moderate degree of intensity. He was very hairy, and on examination presented a generalized eruption of spots or macules of a bluish colour. He seemed to have a macular roséola. The hairs, particularly of the genital region, were covered with nits, though the eyelashes were free from these. He was, in fact, affected with the pediculus pubis in great abundance, and exhibited the characteristic eruption of blue spots which these parasites provoke. This was specially well marked on the abdomen, the front of the thorax, and back of the arms and axillæ. The spots seen by oblique light were depressed in the centre. The researches of Mourson and Duguet have proved the relation which exists between these spots and the pediculus pubis. Notwithstanding the number of the insects, there was an almost complete absence of itching. This is not always the case, yet there is no proportional relation between the pruritus and the number of spots. The parasites may have been there for a considerable time before the itching commences. The parasite is rare at St Louis, since, in Besnier’s opinion, it lives by preference on persons of a rank rather above that of those who come there.

2. Acute Nodular Disseminated Lupus Tuberculósus.—M. Besnier showed a girl, aged 4 years, who looked well and was well nourished, born of parents free from syphilis, but not so certainly free from tuberculosis. She exhibited, scattered all over the body, neoplasms which infiltrated the derma in the form of nodules which rose but little above the surface. These were softish, of a colour difficult to represent in words, but presenting a yellowish red, somewhat coppery aspect, with a special gummy translucency, which he
regarded as characteristic. The eruption had existed for a year, and the first spots were seen two months after an attack of measles, as minute nodules the size of a pinhead, on the face and other parts of the body. There are about forty in all, arranged without regard to symmetry; the largest are on the face. Although the diagnosis of lupus was not regarded as doubtful, a rigid antisyphilitic treatment was carried out without effect. Sections of a portion removed showed a great deposit of embryonic cells in the upper layers of the disease, but neither giant cells nor bacilli. Yet inoculations into a healthy guinea-pig caused an abscess at the point of insertion and enlarged glands, in the pus from one of which bacilli were found in small number.—*Annales de dermatologie et de syphiligraphie*, January 1889.

**Destructive Folliculitis of Hairy Regions.**—Quinquand has made an interesting communication to the Society of the Hospitals of Paris on a special form of folliculitis which is followed by an incurable alopecia, which simulates alopecia areata. The usual site of the affection is the scalp, but it may affect the beard, the pubis, and the axillary regions. The bald patches are irregular, nearly smooth, polished; the skin is decolorized, white, as though atrophied, but may present in some points a slight redness. The patch is depressed, and has a pseudo-cicatricial appearance. The morbid process is essentially constituted by follicular lesions of various aspects, which exist at the periphery of the plaques of alopecia, themselves consecutive to the evolution of these lesions. The lesions consist in purulent points like miliary abscesses of the size of the head of a pin or still smaller. They are punctiform, and from the centre emerges a hair, which soon falls spontaneously; or else there are simply little crusts resting on a red base, which is slightly moist; or there may be a red follicular elevation. There are neither tubercles, nor favus cups, nor seborrhoeal alterations. The evolution of the disease is altogether peculiar. An alopecia is first noticed, but in studying it, it is seen that it begins in isolated points. Situated round the hair-follicles a red elevation is noted, and often, though not always, the folliculitis is suppurative. Crops of small pustules are produced at the base of the hairs, but the number of these purulent points is relatively small. There is thus an acute epilating folliculitis, proceeding by successive crops, and lasting for a very long time. A special microcococcus has been found by Quinquand in the hair-follicle and blood of the inflamed region. This can be cultivated, and if frictions are made with the culture fluid over hairy parts, it will produce lesions of the follicles, and loss of hair in the rat, the rabbit, and man. The treatment consists—

1. In cleansing with care the hairy part with soap and water.
2. In applying to the diseased region and its neighbourhood tincture of iodine every ten days.
3. In applying the following lotion each morning:—*R.* Hyd. biniodidi, gr. j.; hyd. perchloridi, gr. xv.; sp. vini
rect. at 90°, (formatter); aquam, (formatter). After about a month of this treatment the folliculitis ceases, but the baldness persists. Brocq, in commenting on this, includes at least two other morbid conditions. One is the form of syceosis called lupoid, which affects the beard especially. The inflammatory lesions are characterized by large follicular and perifollicular pustules, by redness and thickening of the skin, by the production of crusts and scales, and confluence of the adjacent lesions. It differs from a syceosis of the non-parasitic variety by the constant tendency to extend in a regular centrifugal manner, while all the hairs of the affected part are radically destroyed and a central cicatrix ensues. There is an altogether characteristic appearance of a central absolutely bare cicatrix, surrounded by a zone of activity of a red, inflamed, syceosiform aspect. It is very rebellious to treatment, but when an energetic course is pursued, it finally is arrested in its extensive march, and recovery takes place. Another variety simulates alopecia areata, and has probably been confounded with it. The inflammatory process is slight, there is little tumefaction, and the scalp has only a light rosy tint surrounding the affected hair. The hair soon falls spontaneously, and the inflammatory action is calmed, but it has produced a complete destruction of the hair papilla, and only a white, smooth, ivory-like portion of scalp is seen, which seems to be atrophied, without a vestige of hair or lanugo.—Journal of Cutaneous and Genito-Urinary Diseases, January 1889.

ULERYTHEMA OPHRYOGENES.—Under this name (meaning occurring erythema of the eyebrows) Taenzer relates the histories of six cases which have been seen at Unna’s clinique in Hamburg. The affection begins in early childhood with redness of the skin of the eyebrows (a situation which remains affected throughout life), and spreads at a later time to some neighbouring parts, in particular the face, the scalp, more rarely the upper arm. At first resembling a so-called lichen pilaris on a reddened base, the disease becomes in some localities—in bad cases in all—a severe though very superficial inflammation of the skin. On the part of the hair follicles there are symptoms of a non-purulent folliculitis; the hairs stand here and there in clusters of two or three, the space between being the seat of an atrophic process. Only in one case did he see the termination of this slow inflammatory process, which consisted in total alopecia and atrophy of the scalp as extreme as results from extensive favus. There is a milder and a more intense form. In the former it stretches from the outer portion of the eyebrows over the zygomatic region in front of the ear down the neck and on to the upper arm. It invariably begins as a hyperkeratosis with associated erythema; the follicles become stopped by a covering of horny substance; the lanugo hair is always, the stronger hair sometimes, prevented from emerging, so that the appearance of a peculiar hyperkeratosis pilaris on an erythematous base arises.
the more severe cases, besides the regions mentioned above, the inner part of the eyebrows, the upper lip, the scalp, and the extensor aspect of the upper limb in a greater or less degree are attacked. In such the gravity of the complaint is shown by the subsequent scarring, which is only visible in the milder cases on isolated spots. The disease shows in general a very indolent character, and only occasionally is there suppurative folliculitis. This latter occurs especially when stimulating treatment of the scalp has been adopted, while feebly reducing remedies—as sulphur and resorcin—ameliorate the severe and cure the milder forms. The complaint is related to lupus erythematosus and to that described above by Quinquand and Brocq.—Monatshefte für praktische Dermatologie, No. 5, 1889.

**Treatment of Scaly Eczema of the Back of the Hand.**—A physician engaged in obstetric practice has consulted Unna as to a scaly eczema limited to the back of the hands, which has interfered much with his practice, and has lasted a long time. The skin is reddened and infiltrated, there are no pustules, but numerous fissures which heal with difficulty. The hands often seem as if frost-bitten, yet he scarcely can believe that the complaint is induced by frost, since it was equally bad in summer. Unna regards the case as one of eczema seborrhoeicum. He thinks also that it should be classed in this instance as a trade or professional disease, and that it is at least aggravated by contact of the back of the hand with antiseptic substances used in midwifery practice. Yet such eczemas only occur, in his opinion, in persons suffering from seborrhoeal affections of other parts, as alopecia pityrodes, pityriasis barbae vel capitis, seborrhoea oleosa of the face, or sicca of the trunk or axilla, eczema intertrigo, etc. Not only in treatment but in future prophylaxis is this to be borne in mind. In the treatment he recommends that the backs of the hands should each night be covered with a thin layer of absorbent wool well soaked in the following lotion, to which at the time as much water is added:—Resorcini, glycerini, ææ 10°0; sp. tennior, 180°0. The wool is to be covered with gutta-percha tissue, so that in the morning the hand is still moist. On the moist surface such a paste as the following is to be spread in the morning, and repeated once or more times during the day:—Ung. zinci, 25°0; kaolini, 2·5; resorcin, 0·5. At night the wet compress should be renewed. This has the advantage of healing the cracks which unavoidably form during the day. The over-fatty basic soap and warm water are exclusively to be employed to wash with. All seborrhoeal ailments, even simple scurfiness of the head, must be simultaneously completely cured, else the eczema of the hands will continually recur.—Monatshefte für praktische Dermatologie, No. 4, 1889.

**Treatment of Epithelioma by Chlorate of Potass.**—Lemoine concludes an interesting article as follows:—"We possess in the chlorate of potass a substance of much efficacy in the treatment of
epithelioma, and which can quite cure it. Although in the majority of cases the knife is preferable, yet it is the sole remedy from which in cases unsuited for operation we can expect results. It may not be suitable for epithelioma of the mucous membranes, since in such cases the disease penetrates deeply, yet it gives better results in mixed forms, such as attack the skin and mucous membrane at the same time. Its employment is most successful in epithelioma of the skin. The treatment by its means is relatively slow, yet it uniformly checks progress, should the growth tend to advance rapidly, if there seems danger of a general infection."—Revue générale de clinique et de Thérapeutique, No. 27, 1888.

**Sycosis.**—Jackson of New York, after relating and critically considering fourteen cases, formulates the treatment of this obstinate complaint as follows:—In acute cases, where there is much pustulation, epilate or curette, and apply boric acid ointment or Lassar’s paste with salicylic acid. Give one-tenth of a grain of calcium sulphide in fresh tablet triturates every one or two hours. If an acute outbreak of pustules occurs under it, stop it until a subsidence of the eruption takes place, and then begin again. In sub-acute cases, where there is not so much pustulation but more redness, and the disease is more patchy, epilate or curette, and use Bronson’s ointment (R. Hyd. ammon., gr. xx.; hyd. subchloridi, gr. xl.; vaselini, 3j. M.), or one of sulphur, or tar, or other mild stimulant, or use soap frictions followed by protective ointments. In chronic cases epilate or curette, or apply a solution of caustic potash carefully to diseased parts. Locally employ strong ointments or solutions of tar, provided caustic potash has not been used. If it has been, then apply a simple soothing dressing. The use of tar in alcohol, as proposed by Pick of Prague, has given brilliant results in his hands in some cases of chronic eczema, and has greatly benefited one of the most obstinate of Jackson’s cases of sycosis. Should any case take on the acute form, soothing methods are to be adopted. The patient as well as his skin must be suitably treated.

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**On the Parasitic Origin of Psoriasis.**—Professor Lang in a series of articles has endeavoured to prove that psoriasis is due to a parasite, which he described and figured under the name of epi-dermidophyton, and Eklund in like manner thought it was occasioned by another parasite, named by him lepocolla repens. Ries has set himself to examine into the question, and as the result of very carefully executed observations has come to the conclusion that neither of these organisms is the specific organism of psoriasis. And more, that both are artificial products of the modes of preparation of the scales, and are not fungi at all. This does not, perhaps, entirely disprove the parasitic theory of psoriasis, but it shows that so far at least there is no scientific proof of such hypothesis. The arguments will be found in full in the Vierteljahresschrift für Dermatologie und Syphilis, Heft 6, 1888.