writers of the present time, as, for example, by Dr. Duhring and the late Dr. Hilton Fagge, and partially by the late Dr. Tilbury Fox. I must, however, except Mr. Hutchinson's article on Syphilis in Heath's excellent *Surgical Dictionary*, where he speaks of "syphilitic psoriasis or lichen."

III. Cutaneous eruptions are occasionally produced by both the external and internal use of drugs, and the nomenclature often applied to these eruptions is similar to that of syphilitic eruptions, and is open to the same objections. I will take iodide of potassium as an illustration of my meaning. In some people this drug will produce an eruption of pimples, and in others an eruption of blebs. Dr. Van Harlington says that this latter eruption was first described by O'Reilly, of New York, aud soon after by Bumstead. It has been also noticed in this country by several accurate observers, especially by Mr. Hutchinson, who has given us an excellent drawing of the eruption in plate 32 of the New Sydenham Society's Atlas. Bumstead calls the eruption pemphigus, and Hutchinson calls it hydroa. It is not to be supposed that either of these writers believes the eruption to be really pemphigus in the one case or hydroa in the other, but simply that it resembled the eruptions of those diseases, which could not possibly be produced by drugs. It would be almost as easy to produce scarlatina or small-pox. Blebs from iodides are what the eruption consists of, and what we had better call it.

I will briefly sum up that part of my paper which deals with disputed matter, and restate the points for which I contend in five brief propositions.

1. When two skin-diseases coexist, they are generally quite distinct, and should be called by their well-recognised names.
2. That diseases are not natural, and do not follow the laws of natural development.
3. That it is very doubtful whether hybrid or crossed diseases exist at all, and that certainly there is no sufficient justification for a hybrid nomenclature.
4. That syphilitic skin-diseases differ from ordinary skin-diseases in their etiology, pathology, and treatment; and that this difference should be fully recognised in our nomenclature.
5. That medicinal rashes are not diseases of the skin, but simply eruptions, and should be so named.

ILLUSTRATIONS OF EXCEPTIONAL SYMPTOMS AND EXAMPLES OF RARE FORMS OF DISEASE.

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[*Continued from page 568.*]

XVI.—Psoriasis of the Nails: True Psoriasis of Nails Contrasted with Chronic Onychitis attended by Fibrous Thickening.

I may contrast two remarkable cases of chronic disease of the nails which came under my observation on the same day. In the first, I think there cannot be the slightest doubt as to the disease being what may be correctly called "psoriasis of the nails." The patient was a surgeon, and could therefore give a clear account of his whole history. When a student at King's College, eighteen years before I saw him, he was treated by Dr. Duffin for common psoriasis, which affected the tips of his elbows and the fronts of his knees. This got well for a time, but often relapsed. It was never a very severe case, and, with the exception of still affecting his temples and the adjacent part of the scalp, the skin-eruption finally left him about six years before his visit to me. His finger-nails began to suffer a few years after the first appearance of psoriasis on the skin. He had taken arsenic repeatedly, and with benefit; but a remarkable feature of his case was that the psoriasis, both of the skin and of the nails, had often undergone spontaneous cure. His nails had, he said, been repeatedly quite well, and that without any special treatment. He had been a liberal beer-drinker, but had taken much exercise, and had, on the whole, had excellent health. His mother had suffered from psoriasis on her elbows, knees, and other parts during a great portion of her life.

Having thus shown that the disease with which we have to do is clearly an appanage of common psoriasis, I will now describe the peculiarities presented by the nails. It was exactly like that in the case of a Mr. D., in whom also psoriasis of the skin is still present. It was an inflammation of the nail-bed in the first instance, and always showed itself first at the edge of the nail, either at its side or at its extremity, never at the root. There was no thickening of the nail; it simply became loose, dry, and opaque. A probe could be pushed under the affected nails for a considerable distance. In Mr. D.'s case, great complaint was made of the brittleness of the nails, which used to break when he was using his fingers. The subject of my present case did not make much complaint about this. Quite recently he had observed, however, that the finger-tips were numb, so that in picking up things he could not feel well. It occurred to me that this might be due to arsenic; but he did not think that it was, as he had not taken much.

His toe-nails were affected like those of his fingers. He told me that the disease always returned in the same nails, and asserted positively that they were often quite well for months together. It was the nails of the thumb, index, and middle fingers which were attacked, those of the two ulnar fingers wholly escaping. The case which I would contrast with this is that of Mrs. H.. in whom the condition of chronic inflammation of the nail itself, as distinct from that of the nail-bed, is presented. In her, the nails are rough and fibrous over their entire surfaces, and are much thickened, the thickening being greatest in the middle. They are not in the least loosened, and the whole of their free edge is broken away. It is a condition not infrequently seen, and of which I have several good drawings. Mrs. H.'s account of its beginning is that her finger-ends used to look a little puffy, and felt hot and irritable; then the nail began at its root to roughen, and gradually the condition extended from the root to the tip. The forefinger was the one first affected, and on both hands the ring-finger had remained exempt. The little finger was free on the right hand, but affected on the left, and it had suffered last; the thumb on each hand was affected subsequently to the index and the middle. I may here remark, as a point of some interest for future observation, that it will appear that the ring-finger is usually the one last to suffer, and that next to it comes the little finger; the index and the middle are usually those first attacked. In Mrs. H., the nail of one great toe was reported to have recently taken on the disease. It was difficult in this instance to assign any special cause. Our patient was a widow, aged 36, florid, and of robust health, and of a beautifully transparent skin. She had a troublesome pruriginous eczema of the labia and mons of a few months' duration; but, excepting this, she had never at any time had any trace of skin-disease. Her nails had been in perfect condition until six months before I saw her. She had several times had slight attacks of true gout. She could take arsenic, but could not take either iron or quinine, as they always made the head "feel light," and, if persevered with, caused excruciating headache. Although we find the disease in association with eczema of the genitals, it must be clearly understood that there was no eczema round the nails; the disease began in the nail-roots, and was confined to their substance.

XVII.—Chronic Inflammatory Disease of many Finger-nails, beginning in Early Childhood, and continuing for Ten Years: History of Syphilis in the Father, but no Signs whatever of it in the Child.

A very healthy little girl was sent to me by a valued friend, the question being whether a certain disease of the finger-nails from which she suffered was or was not syphilitic? The father of the child had suffered from syphilis several years before his marriage. It had been a complete attack, but he had been well treated, and, during the whole of his married life, he had appeared to be in perfect health. He had been married thirteen years, and his little girl was ten years old when she was brought to me. She was not the oldest, there being a boy, two years older, who ailed nothing. Neither of the children had, so far as I could learn, had any suspicious symptoms in infancy, but both were said to have suffered from "crusta lactea." The child herself had excellent features and perfect teeth. Thus it would seem that the history of syphilis in the father was the only suspicious fact. The disease of her nails had been noticed in early infancy, possibly soon after she was a year old; and it consisted of a sort of chronic inflammation at the root of the nail, which caused the lunula to become fibrous and break up, and had repeatedly led to exfoliation of almost an entire nail. In some cases it did not lead to loosening of the nail, but caused a fibrous opaque condition, with transverse furrows or pits. Although, in some instances, there had been distinct inflammation of the tissues surrounding the nail, with suppuration under the edge, nothing approaching the condition of onychia maligna had been produced. The condition had affected now one finger and now another, and the fingers had lost their nails repeatedly. The new nails had been developed in some instances so perfectly that I could not have told that there had ever been any disease. The toe-nails had always been exempt, and there had never been any skin disease, except the eczema of the scalp in infancy. The finger-nails of the two hands had been affected with tolerable symmetry. It would seem that

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the condition had been going on for more than eight years, and it showed no sign of mitigation. I could not see any reason for regarding it as syphilitic; the condition seemed to approach nearest to what I have described as Sycosis of the Nails—a suppurative affection of the nail-bed, met with in delicate children, and often in conjunction with ophthalmia tarsi. But the child had no ophthalmia tarsi, nor did she appear to be delicate or strumous, nor, as regards most of the fingers, was the inflammation attended by suppuration. It is remarkable that, with so many fingers affected, the toes should have wholly escaped. A suspicion arose in my mind that the disease might be cryptogamic, but, on examination, we could find no fungus; and, further, I have never seen true tinea of the nails cause either suppuration or exfoliation.

XVIII.—Symmetrical Slight Disease of Nails in a young Boy; Syphilis possible but very improbable.

The case of Master D. was of much interest with reference to diseases of nails. He was 4½ years old when the nail of each ring-finger became affected. There was no disease of the adjacent skin, and not the slightest soreness. The two nails were exactly alike, and presented a series of little pits in their surfaces over and about the lunula. By these the nail was made quite rugged. There were a few minute white dots in the substance of the nail further on, but for the most part it retained its polish and smoothness. The nails of the other fingers were quite healthy, with possibly a slight exception in those of the little fingers. The symmetry of the affection rendered it almost certain that it was not due to any local cause. There were two points of special interest in the family history. An elder half-sister had been for years the subject of severe common psoriasis, and the father of both had suffered many years ago from syphilis. He had been under my care before his second marriage for a very persistent though but slight form of plantar psoriasis. He was a nervous man, and exceedingly anxious lest his children should inherit a taint. It was this anxiety which made him bring the child to me for his nails, which he confidently believed to be consequent on inheritance of a taint. There was not the slightest evidence corroborative of the supposition. The child appeared to be in perfect health, and had suffered from nothing in infancy. He was the eldest of the second family, and there were one or two younger who had also wholly escaped. I was inclined to think that the condition of the nails was due to an inherited tendency to common psoriasis rather than to specific disease, but it was, it must be admitted, not exactly the condition usually met with in that association.

XIX.—The Nails in True Leprosy.

Mr. D., aged 18, shows very well the kind of disease of nails which occurs in leprosy. All his finger nails, with the exceptions to be mentioned, are broken up and fibrous, much thickened, and lifted by formation of epidermic scales in the nail-bed. No smooth surface whatever is to be seen on any of them. In a few places the inflammation has gone on to pus-secretion and scab. The only nails which have escaped are those of the little and ring-fingers of the left hand. That of the little finger is still smooth, and not at all thickened; that of the ring-finger has not escaped so completely; it is opaque, but not broken up. These two fingers have for ten years or more been involved in paralysis of the ulnar nerve on that side.

XX.—Xanthelasma Palpebrarum on the Lower Lids only: Migraine Attacks, with Temporary Amblyopia.

It is not often that we see xanthelasma on the lower lids only. This occurred in Mrs. C. B., a lady aged 42, whom I saw in November, 1886. She had symmetrically-placed little yellow patches of the chamois-leather kind, and rather bigger than peas, on the lower eyelid of each side, a little under the canthus. She said that the one on the left side had come four or five years ago, and the other much more recently. Mrs. B. had suffered much from neuralgia and various nervous symptoms, which she attributed to inherited gout. She had never had a gout paroxysm, but often flying pains, and in early life rheumatic fever. She had never had bilious sick-headaches, but was accustomed to become dark round the eyelids when out of health. She was stout, of rather dark complexion, vigorous, but not strong. She had often had migraine attacks and obscurity of sight, also pins and needles in her left arm. She had taken great quantities of medicine all her life. When she had the attacks of dim sight the worst, she was taking champagne.

As it is well known that xanthelasma almost invariably begins in the upper eyelid, I have thought the above exception worthy of notice. On both sides the lower lid only was affected.

XXI.—On Linear Scars in the Skin.

I doubt not that many observers have remarked that it is often difficult to find an explanation of linear scars in the skin, I mean those which resemble the scars of pregnancy. It is well known that they are produced by anything which has caused distension and stretching, and that they are often seen after pregnancy, dropsy, obesity, synovial effusion, etc. Sometimes stretching without distension causes them. I once saw them in a very marked form on the knees and ankles of a girl who suffered from cystitis, but who had never been fat, nor had any swelling of joints. The explanation was that she had been accustomed to sit for hours together in a squatting attitude on the chamber-utensil, straining to pass water. To repeat, however, my first assertion, I have often seen them when there was no explanation whatever to be obtained. A gentleman, aged 30, came to me for a chancre, and, in exposing his abdomen, I noticed that, crossing his abdomen on each side obliquely downwards, were a series of cicatricial streaks exactly like those of pregnancy. They were very conspicuous. He said that he had had them all his life, and that he used to be teased about them at school. He said, also, that a twin brother had them in exactly the same condition. This gentleman was stout, and it is possible that, in infancy, he was very fat, but unless this suggestion may be allowed to explain them, there was really nothing to be found. He had never had dropsy, nor any kind of abdominal distension. In these unexplained cases, it is worth keeping in mind that conditions of great local development of fat may have occurred in early childhood. I do not know how early in life these linear scars have been observed.

ON FROST ITCH, OR PRURIGO HYEMALIS.

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Many persons suffer from itching of the skin in cold weather, especially when the air is keen, dry, and frosty. They begin to scratch when they take off their clothes to go to bed, and some can foretell, by their sensations, a frosty night. Others suffer more from the irritation when they become warm, more particularly from the radiant heat of a fire, but only when the outside temperature is low. In short, change of temperature more than absolute cold is the exciting cause, and dryness of the air is also an important factor.

In most cases these inconveniences are transitory, and not severe enough to cause the sufferer to apply for medical advice; but sometimes the liability to irritation from this cause is so great that it constitutes a very troublesome affection, and may deserve a special name. As such it was first described by Dr. Duhring, of Philadelphia, in the *Philadelphia Medical Times* for 1874, as "Pruritus hyemalis," and independently by Mr. Jonathan Hutchinson, in 1875, as "Winter Prurigo" (*Lectures on Clinical Surgery*, vol. i, part 1, 1878, p. 100; Journal, 1875, ii, 773). Since then the affection seems to have received little attention, and hence the following account of some cases observed in the last two winters may be worth placing on record.

The one characteristic of this affection is intense itching, which lasts more or less through the winter, from November or December till March or April; varying to some extent with the severity of the weather. The only lesion of the skin is one which appears to be secondary to the irritation, namely, small hard papules not passing into vesicles, on the outer aspects of the arms and legs, seldom on the trunk, and accompanied by signs of scratching. This eruption is rather the consequence of the disease than its cause, being set up by the scratching and rubbing to which the itching gives rise. It is essentially the same in most itching affections of the skin where there are not more distinct lesions, and may be called symptomatic prurigo, distinguished from substantive prurigo (Hebra's disease), where the papules appear to be the starting point of the irritation.

The affection is unconnected with any special state of health, and may recur every winter for many years. But in mild winters it may be quite absent; and possibly the mildness of the weather in several winters previous to 1885-6 is the reason why this affection has not been lately much noticed. The following case is one of the best marked.

Case i.—Mr. C., aged 33, a London tradesman in good circumstances, came to me in January, 1886, during cold weather. He complained of the most intense itching, which tormented him both day and night, but especially when he was hot. It was torture to him to be near a fire, and he could not bear hot rooms, so that he

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