physicians seldom come to the management of diseases with the knowledge of this fact. Our patients are too often strangers to us until we are called to treat them; and then we cannot take for our standard of reckoning the exact number which belongs to health in the individual man, but can only assume the healthy limit of the generality, and consider that his pulse falls somewhere within it, viz., between 64 and 72.

It is worth a passing notice, how much safety and success in the treatment of present disease are promoted, when the physician has already known his patient in previous health or in previous illness, or in both. Hereditary constitution, and personal constitution and personal habits; hereditary disease, and personal disease once suffered but now past, may leave a perpetual entail of something able to give a shape or colour to every future malady which may happen to a man, and suggest one mode of treatment and prohibit another. I am even persuaded that any single severe attack of disease, and how the patient bears it, and how he gets rid of it, will furnish an exposition of what power there is in him for bearing and recovering from all diseases as long as he lives. And a physician who has had the treatment of him in one such disease, and brought him safely through it, has gained thereby a forecast of much that will surely be found in all future diseases which he may suffer, as well as of the sort of remedies that they will require. If this, indeed, be true, it were well for people in general that they were aware of it. It might cure them of their fickleness in running from one physician to another, and teach them for their own sakes an honest allegiance to the one who, whatever others may know better than he, knows *them* best, at all events.

The health of individuals may differ from the health of the many in some distinct peculiarity, and be sound authentic health nevertheless. And this individual peculiarity of health may impress an inevitable peculiarity upon every disease which the man suffers, and yet leave it not less the same disease as that which bears the same name in the many. The peculiarity of the man's health may be an uncommon frequency or infrequency in the habitual number of his pulse, and this may be carried forward into all his diseases. Thus, whenever he is ill, his pulse will be much more or much less frequent than in just proportion with other symptoms which constitute the disease than experience says it ought to be. And thus I have known some cases in which the unduly slow pulse of health was still the unduly slow pulse in disease, even in severe disease, and the patient has been thought much less ill than he really was. And I have known many cases in which the unduly rapid pulse of health was still the unduly rapid pulse in disease, even in trivial disease, and thus the patient has been thought much more seriously ill than in fact he was.

In the treatment of disease our business is with the individual, and our experience of the many goes to fit us for our dealings with the one. Yet it may not exactly fit us. But if to it be added a prior experience, had of the individual now the subject of treatment, then it becomes a perfect experience, and as nearly infallible as the nature of the things to which it is applied will allow it to be.

Original Communications.

DYSCROMATODERMA; OR, DISCOLOURATION OF THE SKIN.

By ERASMUS WILSON, F.R.S.

[Concluded from page 7.]

My third proposition relates to the therapeutical management of these curious complaints, with the view of establishing a principle of treatment. If the theory which I have advanced be correct, if melasma be a consequence of hæmic dyscrasis resulting from a depression of nervous tone; then, the principle of treatment must be, to restore nervous power; to improve digestion and assimilation; and to stimulate the skin to a more healthy local function.

In practice we should direct our treatment, firstly, to the regulation of the digestive and assimilative organs, to establish a healthy basis for further operations, and with the conviction that improvement of digestion and assimilation will directly improve the nutrition of the nervous system, and indirectly the nervous function. Secondly, a comparatively sound state of the nutritive and assimilative functions being established, we should have recourse to those remedies, known as neurotonics, that act directly on the nervous substance, and with the purpose of giving strength and energy to the nervous system. Thirdly, and, concurrently with the two preceding stages of the medicinal course, we may prosecute the local treatment, namely, stimulation of the skin, to restore the healthy tone of the tissues, and their active agents, the local vessels and local nerves.

The treatment which, in my hands, is most successful in restoring the tone and function of the digestive and assimilative organs is, nitromuriatic acid with gentian or orange-peel; a mild sedative aperient, such as equal parts of compound extract of colocynth and extract of henbane, once or twice or three times a week, as may be necessary; or, where the want of action of the alimentary canal seems to depend on nervous irritability, a quarter of a grain of extract of belladonna at bed-time every night; or again where a loaded state of the vessels of the liver is present with a sluggish circulation of the portal vein; then an occasional dose of calomel or blue pill, followed by an aperient draught. When the digestive organs are sufficiently strengthened to bear iron we shall find an useful remedy in the tincture of the sesquichloride, or in the conjunction of this preparation of iron with phosphoric acid and tincture of orange-peel or with infusion of quassia.

For specific operation on the nervous system and nerves, the best remedies are: quinine, citrate of quinine and iron; and, lastly, when all has been got out of the preceding remedies that they can give, arsenic; either the liquor arsenici chloridi; the liquor potassæ arsenitis or the arseniate of soda. The formula which I published many years ago, of the ferro-arsenical mixture, can hardly be improved upon.

For local treatment, the best remedies are: the juniper tar soap, used as an ordinary soap, and well rubbed into the affected parts of the skin, night and morning; or, where additional stimulation is required, frictions, with the hypochloride of sulphur ointment; or, in more inveterate cases, especially of epheles of the forehead and face, pencilling with a solution of caustic potash or carbolic acid, one part to four or eight of distilled water, according to the degree of reaction required. The reaction should not amount to more than a slight erythema and simple exfoliation of the cuticle, and the

remedy may be repeated as soon as the skin acquires its natural state, and until the discoloration is entirely removed. The juniper tar soap should be continued during the period of use of the caustic potash and carbolic acid solution, as well as when the simpler process is followed.

In the cases which follow, the greater proportion, indeed almost all, were examples of melanæmia, two only, out of the nine, being instances of leucanæmia; and of the nine cases seven were those of ephelis. The predisposing cause was nervous exhaustion, prostration, and debility, sometimes occasioned by a moral shock, sometimes by sorrow and anxiety, or by fright or over-exertion, or over-active growth; and sometimes by visceral disorder, or by eruptive fever as in the instance of small-pox. The duration of the disease when the cases first came under my notice, varied from one year to twenty.

It may be well, also, in conjunction with the treatment of the disease, to pass in review the general symptoms of melanæmia, as deduced from the reported cases. They may be grouped under three principal heads, nutritive, gastric, and nervous. The symptoms evincing disordered nutrition, are: thinness and spareness of habit; softness of muscle; pale and discoloured skin. The symptoms denoting weakness of the digestive organs, are: loss of appetite; dyspepsia; weight at the epigastrium; flatulence; sometimes nausea and sickness; sometimes constipation, but, in general, there is little change in the action of the bowels. The symptoms shewing feebleness of the nervous powers, are: debility, languor, lassitude, listlessness, restlessness; depression of spirits; melancholy; nervous irritability; giddiness, dimness of vision; sometimes sleeplessness, headache, feeble action, and palpitations of the heart; loss of energy and courage; in one case there existed nervous monomania; in another there was "misery and despondency." Besides these, the general symptoms of melanæmia, there were other associated symptoms showing the connection between this distressing disease, and disorder of the nervous system, for example: neuralgia; alopecia areata; steorrhœa; urticaria; prurigo; and eczema.

In reference to ephelis, one of the commonest of the dyschromata, and a frequent example of melanopathia; it may be well to make a few explanatory remarks. Ephelis is a melasma occurring in well defined but irregular patches, of a size varying from a quarter of an inch to several inches in diameter; it is, essentially, a melasma partialis or melasma figurata, as distinguished from melasma generalis or melasma diffusa, or nigredo cutis. The term "ephelis" takes its origin from the discoloration produced in the skin by the action of the sun, and therefore, signifies simply "sunburn." It belongs to the nosological group of maculæ or stains, and is well defined by Plenck as follows:—"Ephelis est macula fusca, lata, solitaria, vel agminata."

The colour of ephelis varies from a slight shade of brown, or bronze, to the deepest tint of black. It is chiefly met with on the face and neck or backs of the hands, or other parts of the surface that are habitually exposed to the air and light. It is unaccompanied with hyperæmia or any roughness or morbid change in the epidermis, other than the alteration of colour; and is commonly smooth and uniform with the rest of the skin. Its customary seat is the forehead, the upper lip, the cheeks, and the neck; but it is also seen, not unfrequently, on parts of the skin which are ordinarily covered by the clothes.

Ephelis being essentially a brown stain, identical with that which is left on a part of the skin that has been previously irritated and influenced by the heat of the sun, a "macula fusca" as Plenck calls it, is somewhat jarring to our understanding to read of "ephelis alba," a term applied to that state of deprivation of pigment of the skin which is more properly denominated leuco-

pathia or alphasia partialis vel figurata. Ephelis alba is intended to signify a white patch similar in shape and size to the brown or black patches of ephelis fusca or melasma figurata, and allied to it, in a certain degree, as being a disorder of chromatogenesis.

Plenck makes six genera of Maculæ, as follows:—Maculæ fuscæ, rubræ, lividæ, nigræ, albæ, et incerti coloris; but the true maculæ of the skin may, without inconvenience, be reduced to three; namely, *M. fuscæ*, *nigræ*, et *albæ*. The genus *Maculæ fuscæ* includes the lighter tints of black, the browns and the yellow; or, as he designates them, *fuscedo cutis*; *ephelis*; *lentigo*; and *flavido cutis*. The genus *Maculæ nigræ* embraces the deeper tints of black, namely, *nigredo cutis*; *melasma*; and *melas*; and the genus *Maculæ albæ*, *albor cutis*, and *alphos*.

Ephelis he denominates liver spot, probably from the hepatic colour of the tint of brown; and lentigo he compares in colour, figure and size, to lentil seeds. "*Lentigines sunt maculæ fuscæ, quæ, colore, figurâ et magnitudine, lentes referunt.*" Lentigo, popularly termed "freckles," presents divers hues of yellow, from a bright golden tint to a sallow brown, or a brown verging on green. Freckles are commonly developed on the face and hands under the influence of the stimulus of light and of the rays of the sun; but they are also met with on other parts of the body habitually clothed. They are an appendage of a weak and delicate or irritable skin, and are usually met with in young persons, mostly of fair complexion and of a weak or debilitated constitution.

Plenck divides ephelis into eight species, chiefly in reference to the nature of their cause; for example, he has: *E. solaris*; *ignealis*; *a vesicatorio*; *gravidarum*; *hepatica*; *dysmenorrhœalis*; *hæmorrhoidalis*; et *neonatorum*, *maculæ luteæ*; and, these causes, in different language may be stated as follows: 1. Ephelis from the direct action of an irritant upon the tissues of the skin, *e.g.*, *E. solaris*, *ignealis* et *a vesicatorio*. 2. Ephelis from a reflex action operating on the tissues of the skin, and originating in irritation of the stomach, liver, uterus or other abdominal and pelvic organs; the agent of reaction being the nerves and specially the nutritive or trophic nerves. The same explanation applies to lentigo; freckles may be either the effect of a direct irritant operating on the skin, as in the instance of the sun's rays; or they may be the effect of distant nervous irritations originating in the nervous centre; or in the irritation of internal organs, and very probably of the organs of nutrition. Of the latter kind are the "cold freckles" which are found on the covered parts of the skin in young persons, and in a similar situation in persons of mature age or of advanced life.

The following cases of melanæmia and melasma are taken without selection, chiefly from patients who have consulted me during the last few months.

CASE I. *Melanæmia; Ephelis Frontis et Labii Superioris; Nervous Prostration.* A lady, aged 38, married, the mother of four sons, ranging in age between 10 and 16, is the subject of dark brown stains of irregular form and size situated on the forehead and upper lip.

She is a person of delicate frame; but is at present enjoying better health than for some years past. She dates her loss of health to the birth of her last child, ten years back; she was confined prematurely and nursed her child too long; and suffered subsequently from menorrhagia and disorder of the womb. She has also suffered in health from residence in hot and cold climates; also from long and forced journeys.

Her complexion is sallow; and the conjunctiva is anæmic, brightly white with a dark shade, which gives the whiteness a peculiar pearl-like transparency and brilliancy. Superadded to the sallow complexion and to the brilliant anæmic eye, are the irregular blotches or stains of a dark brown on the upper lip, on the forehead, and scattered in smaller spots on the cheeks. Her

skin is fine and delicate, and that of the face irritable, so that she is unable to use soap.

She soon falls into a state of debility from over-exertion or other depressing cause; the debility is accompanied with nausea and sickness, and sometimes with severe nervous headaches, which are relieved by sickness. The action of the kidneys is natural, perhaps somewhat deficient in amount of secretion; and she has a slight tendency to swelling of the ankles. Her tongue is soft and pallid; the bowels sluggish and irregular; and she suffers from languor and lassitude; but soon picks up her strength in the bracing climate of Scotland. Her circulation is natural; her hands and feet habitually warm; but there is a slight *bruit* in the action of the valves of the heart. She has had no rheumatism.

She gives the following account of the occurrence of the present affection. She had been travelling for four days over frozen snow, and the jolting was so severe and continuous as to produce a sickness resembling seasickness in one of the party. She was excessively fatigued by this journey; and, having two further days of exertion to go through, was, finally, thoroughly exhausted. She experienced nausea, sickness, and a feeling as though her liver were disordered; there was a yellowish tinge in her skin, and an orange colour of the urine, which induced her to apprehend an attack of jaundice. Suddenly, after these symptoms had continued for about a fortnight, she was surprised at perceiving that which she thought at the time to be a smudge of dirt upon her upper lip. It appeared, she believed, in the course of the night, and has remained until the present time, upwards of twelve months, varying a little in depth of colour with her health—being lighter when she is feeling well, and darker when out of health; but exhibiting no tendency to disappear.

The eruption of the *epheles* on her face, she thought, relieved the symptoms of general disorder under which she had been labouring; the nausea and sickness subsided; and she felt that the attack was gradually passing away.

Such is the history of a curious disorder, associated with *anæmia*; and of a nature difficult to remove, because of its dependence upon those obscure causes of mal-assimilation and malinnervation, which keep up the *anæmia*, now that the original causes have ceased. It was a question whether a long course of bromide of potassium, prescribed for the uterine affection, could have been the cause of the discoloration. I have no hesitation in saying, no, it was not; for similar cases are constantly occurring in which no bromide of potassium has been exhibited. Some, having in mind Dr. Addison's cases, have thought that the suprarenal capsules might be concerned. There is no good reason for believing that they are; although it is not unlikely that there may be some morbid action present in the solar plexus, or those of its filaments that preside especially over assimilation and healthy sanguification.

In the course of treatment which this lady has undergone for her complaint, she took two minims of Fowler's solution of arsenic three times a day for six months, and has latterly commenced the use of Donovan's solution. I stopped the latter remedy, believing that her digestive functions were not sufficiently established in power to enable her to derive advantage from arsenical medicines, and put her upon a course of general tonics, beginning with nitromuriatic acid and a mild bitter. Locally, I prescribed a stimulant plan of treatment.

CASE II. *Melanæmia; Ephelis Frontis; Melasma Diffusa; Nervous Prostration.* A lady, aged 34, unmarried, is the subject of *epheles frontis*, of two years duration. Her eye is *anæmic* and brilliant (*melanæmia*); she is thin, dyspeptic, nervous, and subject to depression of spirits. She complains of feeling ill, but without being able to define her illness.

She says that she had an attack of small-pox five years back; that she kept her bed for three weeks; up to this time she was stout and fat, but that since this illness she has been gradually getting thinner and weaker.

Two years ago she was much alarmed by a fire, which occurred in the house in which she was living; she stood for some hours on the wet pavement, without shoes or stockings, and exerted herself a good deal.

When all was over, her strength gave way, she felt thoroughly prostrated, and has been highly nervous ever since. It was after recovering from this shock that she first perceived the dark brown stains on her forehead, which have continued ever since, being sometimes lighter and sometimes darker in their hue. She first noticed them in the course of the supraorbital nerves, where, at present, they form two triangular patches, which spread upwards to the band of hair which covers the temples; and, at the upper part of the forehead, the apices of the triangles are connected by a transverse bar.

Her uterine functions are regular, and there is no trace of visceral disease; but she is impressed with the belief that her liver is out of order.

CASE III. *Melanæmia; Ephelis Frontis et Faciei; Tripling Constitutional Disturbance.* A lady, aged 35, the mother of two children, has *epheles* on the forehead and face. She reports herself as enjoying good health, and only seeks for the removal of the discoloured stains which mar her beauty. She is thin, somewhat sallow, and has a brilliant *melanæmic* eye. Her digestion is not strong, and she sometimes has fits of depression of spirits. Her habits are active; she is naturally energetic, but for some time past has lost her usual determination and courage. Nine months back she fractured her leg while hunting; but the stains on the face have been in existence for two years.

CASE IV. *Leucanæmia; Ephelis Frontis; Origin in Nervous Shock.* A lady, aged about 40, unmarried, has *epheles* of the forehead; the discoloration is most marked on the temples, in the course of the supraorbital nerves, and across the upper part of the forehead. The stains made their appearance eight years back, after severe affliction; and she first perceived the disorder in the form of two narrow bands, which followed the direction of the trunks of the supraorbital nerves.

She is thin, nervous, subject to pains in the head when her liver is out of order, and dyspepsia; but considers that she enjoys a fair average health. Her eye is somewhat *anæmic* (*leucanæmia*); and the mucous membrane of the tongue pale; she is also troubled with occasional attacks of palpitations of the heart, which are obviously nervous, as there is nothing abnormal in the sounds or action of the heart in the interval of the attacks.

CASE V. *Melanæmia; Fuscado Cutis; Ephelis Crurum; Deranged Nervous Functions.* A lady, unmarried, enjoyed good health up to the age of twenty; she was plump and strong and cheerful. At this time she had a love-disappointment, and became depressed and weak. She was then attacked with neuralgic odontalgia, which recurred three or four times a year for a period of four years. Her next misfortune was the sudden and painful death of a sister; she was stunned by the shock, and, for two or three months afterwards, unable to sleep. She describes her waking sensations to have been as though a plate of iron clasped her head; as though she were a statue; and as though she were benumbed and dead.

She is now thirty-six years of age. The skin of her face has a brownish or dirty yellow hue (*fuscado cutis*); her eyes are bright, but heavy; the conjunctivæ have a dusky whiteness; the edges of the eyelids are pale, as are her lips and tongue. She is depressed in spirits, and haunted with the idea of having about her some

loathsome disease, which she fancies every one she meets must detect. This disease, she believes, produces swelling of her nose and wrinkles upon the eyelids and around the eyes. She has two or three circular spots of ephelis on the legs. Menstruation is regular, but deficient both in quantity of excretion and colour; the latter is brown, and sometimes pale.

The history of this poor lady's case seems to point to the shock which overpowered her nervous system sixteen years back, and from which she has never recovered, as the primary origin of her illness. The first effect of the shock upon the nervous system was neuralgia; then the shock was repeated, with the consequence of loss of sleep and a general feeling of lifelessness and torpor; and following on this, at a later period, defective hæmatisis and anæmia, with the presence of black pigment in the blood—melanæmia. The melanæmia, which is not strongly defined, has engendered a muddy discoloration of the skin of the face and several small patches of ephelis on the legs.

CASE VI. *Melanæmia; Melasma Palpebrarum; Alopecia Areata*. A gentleman, a lithographic artist, aged 45, consulted me for alopecia areata, of which he had several circular patches on the scalp. He suffers from dyspepsia, has a pale tongue, is languid and weak, and depressed in spirits, but without regarding himself as ill. His visit to me had reference, as I have already stated, to alopecia areata, and not to any derangement of general health. His complexion is dark; but the most striking feature of his face is a well-marked melanæmic eye, with a dark discoloration of the integument of the eyelids, which adds to the brilliancy of the abnormal eye.

When I directed his attention to the colour of the eye and of the integument around it, he called it a "flat darkness" and "flat shadow"—technical terms belonging to his own profession, which express very truthfully this appearance of the eye. He moreover remarked, that he never succeeded in getting the expression of his eye in photography, in consequence of this peculiarity. He said that it was regarded by his family as an indication of his state of health, being deepest when he was weak and unwell, and less apparent after change of air and when he felt better in physical strength. It also increased when he had an attack of dyspepsia.

He is unable to assign a cause for, or a period of origin of, this melanopathic discoloration; and he has no patches of dyschroma on any part of the body. Four years back he met with a frightful accident—a fall—which crushed his forearm. This accident produced a severe shock to his nervous system; he was insensible and suffered from vomiting at the time, and for some months afterwards experienced considerable nervous irritability. The attacks of dyspepsia have been more severe since this accident.

The alopecia areata showed itself suddenly, as is commonly the case with this disorder, about four months back.

CASE VII. *Melanæmia; Melasma; Alphosis; Stearrhæa Capitis; Alopecia Asthenica*. A gentleman, aged 48, late a military officer, applied to me for a stearrhæa flavescens of the scalp; and at the same time complained of dyspepsia, nervousness, and sleeplessness.

Observing that he possessed a strongly marked melanæmic eye, which was brilliant and white with a transparent tint of blackness, but without any alteration of colour of the integument of the eyelids, my first question to him was: "Have you any dark blotches about your skin?" His answer: "No; but I have some white patches;" and he immediately proceeded to show me a patch of alphosis in the submaxillary region, in which, besides the achroma of the skin, the hair growing on the patch was white. Further: on examining his body, the skin of the abdomen was found mottled with melasma and alphosis. In the hypochondriac and inguinal re-

gions were two large and irregular patches of alphosis, and several of small size on the scrotum. The deep brown tint of the abdomen, increasing in blackness around the white patches, he regarded as his natural colour; but I had no difficulty in proving to him that neither the dark nor the light skin were normal, but that both were extremely exaggerated; and, in one or two smaller patches, the skin preserved its natural tint of brown, while that which surrounded them had an abnormal tint of blackness. It will be remembered that he made no complaint to me of the melanopathia and the leucopathia, and would not have mentioned them but for my inquiry, founded on a diagnosis of dyschroma; such diagnosis being suggested by that remarkable abnormal phenomenon, the melanæmic or melasmic eye.

This gentleman was obviously anæmic; and the brilliant, deep, liquid eye contrasted strangely with the pale, yellow, muddy, and ill-nourished skin of the face and scalp. There were other symptoms betokening a deep-seated malassimilation; his tongue was pale, and circulation languid; but there was nothing to lead to the suspicion of organic disease. He told me that the leucopathia and melanopathia had followed an attack of small-pox which he had had more than twenty years before; but that the affection of the scalp (stearrhæa flavescens), for which he consulted me, was only of four or five weeks standing; that, like a preceding attack, it had come on with dyspepsia; that the dyspepsia had resulted from a "moral shock"; and that the dyspepsia was accompanied with a wretched feeling of "misery and despondency".

CASE VIII. *Leucanæmia; Ephelis Faciei; Extreme Nervous Depression*. A lady, aged 40, is the subject of ephelis, dispersed in patches of a dirty black colour upon the forehead, face, and neck, down to the level of the clavicles. The stains have existed for about two years. Her complexion is pallid and bloated; the eye pale, bright, and watery (leucanæmia); she is weak, languid, and extremely depressed in spirits; her appetite is bad, and digestion deranged. She is a native of the West Indies, and has visited London to see the International Exhibition; but she hardly feels that she has energy enough to go there; her sole desire and constant want is to return home by the first mail.

I endeavoured in vain to obtain some distraction for this poor lady, and I succeeded in detaining her a week only. Upon my frequent inquiry as to the cause of her restlessness and misery, she gave me a very inadequate one—the want of success of a relative. Her case was a marked illustration of the mental and nervous prostration that so frequently accompanies the anæmia associated with melasma—melanæmia.

CASE IX. *Ephelis Dorsi Manûs; Exhaustion of Nervous Powers from Overgrowth of the Body; Dyspepsia; Deep-seated Neuralgia of the Lower Limbs*. A gentleman, aged 38, very tall and thin, is the subject of ephelis fusca of the backs of the hands and in the popliteal regions. He complains also of severe neuralgic pains in the legs. He suffers from dyspepsia; has a melanæmic eye; his complexion is swarthy; he feels weak, and he is easily exhausted by exertion. These symptoms appear to be the consequence of nervous debility induced by overgrowth of the body; and, although growth has now ceased for some years, the powers of the system, and especially of the nerves, have not as yet been recovered. There is nothing to excite suspicion of an organic lesion.

KING'S COLLEGE HOSPITAL. In consequence of Mr. Bowman's retirement from King's College Hospital, some beds were transferred into other hands. The six which fell to the share of Mr. Fergusson and Mr. Partridge, were by them liberally placed at the disposal of the two assistant-surgeons, Mr. Wood and Mr. Smith.