

ORIGINAL COMMUNICATIONS.

ON THE ORIGIN AND TREATMENT OF CHRONIC DISEASES OF THE SKIN.

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NO. II.

GENERAL TREATMENT. *Alteratives.* Next in efficiency to arsenic may be mentioned the *iodide of potassium*. This medicine, although it exerts its most potent influence on the periosteum, has also a specific, though a limited influence, on the dermis. It has been found useful in squamous and tubercular diseases, especially in lepra and lupus non-exedens; and its energy is considerably increased, if some mild form of mercurial, such as Plummer's pill, is administered with it. And here I may mention the triple compound known by the name of Donovan's solution, which consists of a chemical compound of iodine, mercury, and arsenic. It will occasionally succeed when all its elements, uncombined, fail. It is, however, a dangerous medicine, and should be used with extreme caution. Mercury and iodine are, both of them, when uncombined, far more dangerous than arsenic alone; but the triple salt is especially liable to undermine the general health. I have seen much and long continued mischief from its indiscreet administration. In an obstinate case of lupus exedens, in which Donovan's solution disagreed with the patient, I found much more advantage from the chloride of arsenic and the iodide of potassium, given in separated doses; the iodide twice, and the arsenic thrice a day. But certainly, in other cases, the triple compound, in doses of ten minims of the solution three times a day, has exerted a curative effect which every other medicine failed to do. I propose hereafter to relate some cases illustrative of its action.

Liquor Potassæ. This medicine has obtained a just reputation in cutaneous diseases. Its use is, however, much limited. It will control the squamous diseases to a certain extent; but they relapse too frequently to entitle it to the reputation which it has acquired.

Tar is a very popular remedy; but, besides being objectionable on account of the offensive exhalations resulting from full doses, it irritates the skin in delicate subjects in a fearful degree; and even where it is efficacious and harmless, its effects are by no means permanent or satisfactory.

The *Tinctura Cantharidis* has in my experience done little more than excite counter-irritation in the urinary and intestinal mucous membrane; and I have long struck it out of my list of remedies.

The *Vegetable Decoctions or Extracts*, such as the smilax sarsaparilla, solanum dulcamara, galium aparine, and urtica urens, are useful chiefly in those states of the system which are benefited by diluents, diuretics, and sudorifics; and I doubt much whether any of them possess the alterative or specific virtues which have been attributed to them. The galium is perhaps the most useful; but, after watching its effects for many months, I have been driven to the conclusion that, even in cases most favourable to its administration, the benefit derived is only of temporary duration.

As it is not my intention to speak of remedies I have not fully tried, I have nothing to say of the many alteratives in high repute on the continent; but I cannot conclude without adverting to the use of the mineral acids, which have been extolled as alteratives, but which I have never found efficient alone, although they are useful combined with quinine, bebeerine, etc., when tonics are required.

Diet. An entire change of diet has sometimes acted, in a way not easily explained, so as to be salutary for a time in cutaneous diseases; but the effect does not continue. Rules for diet, where there is neither fever nor anæmia, have been minutely prescribed by authors. Salted provisions, acids, butter, cheese, sugar, tea, coffee, etc., have been interdicted. These rules appear to me arbitrary and irrational, and not justified by experience. There is but one

rule which seems rational. Let the patient be guided by his own instincts, taking as much nourishment as is required for the wants of the system, and no more. The actual quantity required must be regulated by experience. The same holds good as regards stimulants. Patients undergoing severe fatigue should be protected against exhaustion. The idle and strong require no beverage but water. Plethora and anæmia should both be avoided. Emaciated patients are commonly benefited by a fatty or oleaginous diet; and those who are full and robust are often relieved by a restricted diet, the best method of enforcing which is to moderate the appetite by nauseating doses of the potassio-tartrate of antimony.

Before proceeding to treat of the management of these diseases separately, I am anxious to direct special attention to the *constitutional origin* of cutaneous diseases, as a fact ever to be borne in mind in conducting their treatment. In many cases, indeed, the due consideration of this point constitutes the secret of success; and, if I might select one condition of the system in which its importance cannot be exaggerated, I would instance the cases in which local congestion of some internal organ is associated with the cutaneous affection. The local treatment of the latter may give a fatal character to the former; and, on the other hand, in many cases the removal of the organic congestion by proper means will often alone effect the cure of the eruption. The lungs, the liver, the heart, the brain, the kidney, the stomach, the bowels, and the uterus—any or all of these may be faulty when the skin is diseased; and when we treat the skin affection without previous inquiry into the state of the organic structures and functions, we are acting in the dark. This is so self-evident a statement, it commends itself so readily to one's common sense, that no one will dispute it; yet many cases of long continued and inveterate skin-disease have recently come under my notice, in which this visceral complication has been wholly unobserved and disregarded in practice. And this remark applies not only to the practice of little experienced and less observant practitioners, but to physicians and surgeons connected with hospitals and dispensaries. Within the last few months, our periodical medical literature has given evidence that the mind of the practitioner is apt to be occupied with the question, What application will cure this or that eruption? rather than with the all-important inquiry, Are the viscera sound in structure, and normal in function? An inquiry recently appeared in one of the journals as to the best treatment of pityriasis capitis; and several succeeding numbers of the journal contained a note from some respectable practitioner, earnestly recommending some special application or other, which had seldom or never failed him. And at a meeting of one of the medical societies last year, an accomplished physician introduced and handed round the room an ointment which he represented to be an effectual remedy for eczema rubrum—a disease which invariably arises from a condition of the system which no local application whatever can alone remedy.* Pityriasis capitis is occasionally a local disease, but it seldom happens that it is so; and there is generally no local remedy for it. Of eruptive diseases combined with visceral diseases, examples are very numerous. Pruritus and prurigo are common in jaundice with diseased liver. Psoriasis and lepra are often complicated with stricture of the large intestines, and will not yield till the stricture is dilated. Acne is sometimes indicative of pulmonary tubercular disease, of hæmorrhoidal affections, or of hepatic or uterine disease; but these are less likely to be overlooked than the functional affections of those organs, often themselves the source of cutaneous disease.

CASE. A widow in her fiftieth year, of stout proportions, but flabby, leuco-phlegmatic habit, and irritable nervous system, consulted me in 1848 for psoriasis palmaris in both hands, which had proved very irritable and troublesome for three months. Her health had been much disordered; and

* The ground on which the ointment was recommended, was that no medicine had been given, except purgatives, in a case which it cured.

she had consulted the late Mr. Callaway, whose prescriptions had materially benefited her health, without improving the condition of the skin, which was now stated to be the only complaint of any importance. I simply, therefore, prescribed five minims of Fowler's solution to be taken three times a day. She fancied that the drops had in one week disagreed with her, and given her certain pains in the head, and other symptoms, which she called "bilious". She therefore abandoned it. Two years afterwards, meeting her accidentally, I inquired after her disease. She replied that her hands had been quite well for a long time; and that, after her last interview with me, her headache and sickness increased so much, that she consulted a physician, who prescribed something "for the bile", which cured her hands. Here was functional disorder, concealed by the patient, or overlooked by her, sustaining a disease of the skin, which yielded to remedies addressed to the general disorder.

A vitiated state of the blood is, without doubt, a most frequent associate of chronic eruptions. And this may arise either from defective nutrition, or from imperfect defecation.

Of cutaneous affections, arising from defective nutrition, every hospital and dispensary presents numerous examples. They are chiefly of the pustular class, appearing in the form of ecthyma, impetigo, or porrigo. Even the contagious forms of the latter disease appear to be sustained by that vitiated state of the blood which defective nutrition produces, and are best treated by the preparations of iron and other tonics.

CASE. A rickety child of two years of age, living in an under-ground apartment, with large head and open fontanelle, was brought to the dispensary, with large patches of purulent incrustation spread over the scalp, the hair having fallen off. The health was very far from right, and the child had been troubled with ascariides in the rectum. She was treated with a full dose of wine of iron twice daily, and an occasional aperient. A bath of salt water was ordered to be used night and morning. The disease had existed unchecked for seven months; and four months of this treatment had scarcely elapsed, when the scab had fallen off, leaving a healthy surface; the hair was rapidly growing; and the health was greatly improved. A case very similar to this is now recovering under Dr. De Jongh's cod-liver oil.

Imperfect defecation is unquestionably a source of extensive cutaneous disease, as well as of other derangements of the health. In various ways, the circulation becomes deranged by constipation, as is familiar to every practitioner; but the vitiation of the blood itself, by the absorption of fecal matter, has been rarely set down as a cause of disease, and certainly presents interesting points for inquiry. The absorbents appear to have an elective power of admitting or rejecting the substances presented to their mouths; and it is natural to suppose that that portion of the food which has not been taken up, but passed into the rectum as feculent matter, would be the last thing to enter subsequently into the blood by absorption. Yet, it is an established fact, that the absorbents of the rectum are capable of very active operation, when broth or other nutrient fluids are injected; and that medicines, administered by the rectum, find their way into the blood as readily as by the stomach. Now, in persons of costive habit, the fecal contents of the lower bowel often become dry and hard; and they present presumptive evidence that their more fluid parts have passed into the circulation by absorption. We know that bile can be thus absorbed; and certain symptoms, common to constipation, can be in no way better explained than by supposing that the blood has become vitiated by the absorption of liquid fecal matter; poisoned, in fact, by a retrograde action of the eliminative function. An analogous and still more serious result is observable when the excretive action of the kidneys is interrupted or suspended; and something similar occurs when the cutaneous exhalation is checked, or subjected to retrocession or reabsorption. Nothing, in fact, is more poisonous to the human body than its own excretions, solid, liquid, or gaseous. The total suppression of the gaseous elimination, performed by the lungs,

is suddenly fatal; of the liquid excretion by the kidneys, fatal in a few hours or days; that of the solid defecation by the bowels destroys by a slower, but not less certain process. And it is equally true that a partial suppression or imperfect action of these eliminative functions, will produce a proportionate amount of disturbance or disease.

CASE. A young woman had suffered for several years from a scaly eruption. Her health was tolerably good; and the functions were well performed, with one exception—the bowels were much constipated at all times, sometimes remaining inactive for a whole week, and never acting without medicine. Aperients were employed in connexion with the arsenical solution; and the skin gradually improved up to a certain point, but then remained stationary, and the bowels became more costive than ever. The existence of stricture being suspected, an examination was made, and the sphincter was found morbidly contracted, the rectum being filled with hardened feces. The sphincter was dilated with bougies, and the accumulation removed; after which the skin rapidly recovered under the original treatment, the bowels acting spontaneously and regularly.

CASE. A gentleman in his seventy-second year, consulted me in February 1853 for a scaly disease (*Psoriasis inveterata*), which had tormented him for fifteen years. The disease had attacked nearly the whole of the trunk of the body, particularly in the dorsal regions, as well as the scalp and extremities. He was a stranger to rest; and, although in moderately good health, he had an intermitting pulse, and complained of feeling heavy after dinner. He had likewise suffered from stricture of the rectum for many years, requiring the occasional use of a bougie. The bowels were always extremely costive. His habits were abstemious. When he first applied to me, finding a hot skin and other symptoms of febrile action, I prescribed bleeding and a severe course of drastic purging, with due attention to keeping the stricture pervious. The medicines taken were colocynth, aloes, gamboge, and blue pill. A glycerine lotion was also ordered to be used sparingly. In two months' time the disease had entirely ceased to annoy him; the scales had nearly disappeared, leaving large patches of reddish-brown stains showing their former locality. In the following month, the purgatives having been somewhat neglected, the disease returned, but was soon checked by calomel, colocynth, scammony, aloes, senna, and sulphate of magnesia, in repeated doses. After this, the patient complained of debility, and a few doses of quinine were prescribed, with more moderate purging. In July, the skin became worse every way. He now took some croton oil with blue pill, which brought away some black offensive motions. The skin immediately put on an improved appearance, and the scales rapidly disappeared. Afterwards, the stricture being neglected, the psoriasis returned. The case is still under treatment, but the patient resides in Gloucestershire, and I have not seen him very recently.

Imperfect or abnormal action of the kidneys is a fertile source of cutaneous disease, and few subjects are more entitled to diligent investigation than the pathological relations of the skin and kidneys. The chemical constituency and the microscopical appearances of the urinary products in health and disease, have of late engaged the attention of several physicians of high repute, and the results of their inquiries are interesting. But if we ask what new and important therapeutical indications have yet been derived from their discoveries, the list is meagre and doubtful. What is wanted is a series of experiments on a large scale, developing at one view, 1st, the general symptoms of the patient's disease, together with the condition of the urinary excretions under that disease. 2. The treatment, and the urinary changes effected by it. 3. The changes produced (if any) in the general health, as a result of the altered condition of the secretions of the kidneys. 4. The condition of the skin, both before and after treatment, (a) as to its disease, if any exist; (b) as to its temperature; (c) as to its exhalations, as regards the quantity or weight given out in the twenty-four hours, and as regards likewise the chemical composition of the transpired vapour, so far as it can be ascertained.

These experiments could only be carried on in the wards of a hospital, and they would require a great sacrifice of time on the part of some zealous student, competent to the task, who had time at command; but no greater service could be rendered to medical science, provided that due attention were paid to the diet, and no purgative or other medicine be administered.

[To be continued.]

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ON THE TREATMENT OF MANIA.

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[Read before the Midland Branch of the Provincial Medical and Surgical Association.]

THERE is probably no disease or imperfection of the human body which has been so little understood, or so badly treated, as that disease or imperfection which produces maniacal symptoms: indeed, we know nothing of any disease at all; it is only from symptoms which we see produced that we give to a certain state of things the name of mania.

We cannot be surprised at the long-continued failure in the treatment of a disease of which we had not the slightest knowledge; neither need we go back half a century to discover errors of treatment—to the time when patients used to be bled about once a month, and chained up, starved, or whipped, in the interval; or else shut up in a dark room, with a hole in the door for their keepers to put a little food through, with instructions to mind their eyes, lest they should have the curiosity to take a peep at some naked, ragged, or dirty individuals, who would be almost certain to poke out their eyes for their curiosity. This system has happily passed away, but more recently than we are apt to believe; for, in a work written by one of our most eminent modern psychological writers, which I read a few years ago, I find instructions for attendants to take care of their faces when they fed patients through a hole in a door. The treatment of mania was certainly not understood when such instructions were given; and these instructions, I have no doubt, would not be given by the same eminent authority at the present time.

But, to take a more recent period, which approaches nearly to the present time; it is but a very few years ago (1847) when the Commissioners in Lunacy published a Report, having first sent a circular to the superintendents of all the asylums in England and Wales, requesting information as to their treatment of various kinds of insanity and mania. In the replies of the several superintendents, we certainly see a new light thrown upon the nature and treatment of mania. The nature of mania is becoming to be considered the very reverse of what it had been. We find some remarking that it is a disease of debility, requiring nutritious diet and exercise in the open air; yet the remedies used in 1847 are not adopted now; or if, in some rare instances, they may be, they will certainly not be used some years hence. They are generally too depressing, and not in accordance with the received theory that mania is a disease of debility. We find that, although general bleeding is given up, we have local bleeding; leeches to the forehead, the temples, and behind the ears; cupping on the back of the neck; counter-irritants, such as blisters, ointment of the tartrate of antimony, setons, even the actual cautery, and long gashes in the scalp; the use of emetics and strong cathartics, as croton oil. One gentleman only is mentioned as preferring gentle laxatives; strong cathartics being the general rule. We find also the use of several narcotics and sedatives, such as opium, henbane, conium, tartar emetic, and digitalis, with seclusion in a dark room, and a shaved head. I cannot here enter upon the particular effect of each of these remedies; but am under the conviction, from past experience, that they are the very things a case of mania does not require, and that they are generally injurious.

It appears from the Commissioners' Report, published in 1847, that the medical officers of nearly all the asylums in this country were using some of these remedies. The Lincoln Lunatic Asylum was, however, an exception, in which it was said that nothing was done; for which its medical officers were severely criticised. It was in this same year (1847) that the then junior physician of the asylum became anxious to adopt more active treatment, and was determined to try what medicine could do for the cure of mania.

There happened to be in the house at that time two violent cases of mania, a male and a female, both about the same age, and with very similar symptoms—a great propensity for muscular action, as jumping, dancing, breaking furniture and windows, raving obscenely, and with various delusions, tearing their clothing and bedding. The treatment of these cases, and the result, produced a strong impression on the medical officers and governors of the institution; and I propose to give some of the particulars of them—at least, of the male case.

CASE. — was admitted on the 3rd of February, 1847, with apparent good bodily health, but subject to constipation. He had various mental delusions, raved obscenely on love matters, and fancied he had married a prostitute. He was very restless and active, dancing with great energy.

Feb. 4th. The treatment commenced. He was confined in a single-bedded infirmary, the room being darkened by closing the shutters. He took ten grains of calomel at night; and a saline mixture was also given. He danced in the room during the whole night, putting his body in all sorts of positions that would exercise muscular power; and raved on love matters.

Feb. 5th. He continued to rave incoherently, and to dance about the room.

Feb. 6th. He was much worse, and violent. He never remained in bed; he broke the windows, the table, and the top off the bedstead, in order, he said, to give him room to dance. He could not, he said, remain in bed by night or day. One grain of muriate of morphia was given, to be repeated at night.

Feb. 7th. The mania continued, and he took four grains of the muriate of morphia at intervals, in one-grain doses, but had no sleep. He had no sleep since the first night he came, when he took no morphia. He continued to break the furniture, and danced about the room quite naked.

Feb. 8th. He complained of confinement and darkness. He took hyoscyamus with camphor, instead of the morphia.

Feb. 9th. He remained much in the same state.

Feb. 10th. The opium was tried again. A drachm of Battley's sedative solution was given every hour for the first six hours, without producing any effect but increased excitement. At 5 p.m. a three-drachm dose was tried, and repeated at nine o'clock, again at ten, and again at midnight, making in all sixteen drachms, without producing any sleep.

Feb. 11th. He was in a miserable state; tore his bed-clothes, and strewed them about his room. He had bruised himself in various places. Besides dancing as usual, he commenced to knock his fists, his knees, and his feet, against the wall. Two attendants were with him, to prevent him from doing this; but his knuckles were bleeding, and his knees bruised: his countenance had become anxious. I heard the attendants pitying him, and grumbling; saying, if they would only let the poor fellow out for about two or three hours, he would run it all off. Here the physician confessed that the opium and seclusion had failed. The patient was dressed; and the door of the room being opened, he rushed out in excessive joy, and began to dance as usual. I ordered a man to play the violin to him, and let him dance. After he had danced to the music, he sat down to rest; then danced again, until he began to be tired. He was then taken into the garden, where he ran and walked: he then said he was tired, and rather hungry. He had a mutton chop given him, and a pint of porter. He asked to go to bed; and slept during the night—the first sleep he had since his admission.