

some time before the whole of the thickening about the joint was got rid of; but there was no more difficulty in placing the foot to the ground, or of fully extending the limb.

I can call to mind two instances in which I have no doubt this peculiar derangement of the joint had occurred, but in which I failed to recognise it, not having had my attention previously drawn to the subject. The first was a carter, who consulted me "for something which was wrong with his knee". He stated that it came on suddenly when he was at work, and he found himself unable to walk without pain and difficulty; but after a short time the joint got all right, and he felt no inconvenience, until it returned again, and this happened on several occasions, and at last he became permanently unable to walk without a considerable limp: he described the sensation as if he felt the joint suddenly locked. At first, I suspected it was a case of loose cartilage in the joint; but after a careful examination of the joint, I could detect nothing unusual. It was quite moveable and free from pain, and I was at a loss to account for it. I prescribed rest and an embrocation. The patient returned in a week, precisely in the same condition, and I again examined the joint, without being able to discover any deviation from the ordinary condition of the parts. The limb, however, in a short time without further interference, recovered its usual functions, and the patient was able to resume his employment. I have no doubt that this was a case of internal derangement of the knee-joint, occurring as it sometimes does spontaneously. It is probable that finding the motion of the joint free, I might have omitted to try full extension of the limb, and thus the only indication which exists in these cases was overlooked; and this is a point of practical interest. Full extension of the limb is interfered with to so slight an extent, that unless special attention is given to this peculiarity, it may readily escape observation—more especially as the patient is sometimes able to move the affected joint naturally when sitting down, although he is compelled to keep the leg stiff in walking.

The second case, in which I believe this derangement of the joint escaped observation, occurred when I was house-surgeon to the hospital at Newark-upon-Trent, in 1842. A girl, of strumous habit, was admitted as in-patient, with acute inflammation of the synovial membrane of the knee-joint, which, under the usual treatment, was very much relieved; but before the joint was in a fit condition, she left the hospital of her own accord, and while walking home had a fall, and the joint became again inflamed, excessively painful, and much enlarged, from effusion into the synovial cavity. She was unable to walk, as the least motion of the joint gave her acute pain. This second attack was much more obstinate than the former; and she derived so little benefit from leeches, blisters, lotions, rest, etc., that she resolved to consult a celebrated bonesetter, whose name I forget, but who enjoys in that locality the same celebrity, with about equal merit, as our worthy friend Evans Thomas monopolises in Lancashire. I was not apprised of her intention of going to the quack until a day or two after she had done so, when I met her walking in the street, and she told me the story herself. He said, as usual, that the knee-cap had slipped upwards, and he used considerable force in what he called "putting it in"; but the patient declared that immediately after she was able to walk; and the joint now appeared nearly in its usual state. I was quite unable at the time to explain or satisfy myself what was the real state of the case; but I could not deny the facts that I had been treating the case unsuccessfully for several weeks, and that in a few days, by some means or other, an ignorant pretender had removed the difficulty. I have now little doubt that in addition to the synovial inflammation (or rather perhaps at the time she went to the quack), as the exciting cause of that inflammation, this girl's knee was affected with this internal derangement, and that the man, by his manipulations, practised with the pretended object of replacing the patella, had effected all that was necessary to remove the real cause of the mischief. It is possible that some of the wonderful cures we hear of, and

which, in some instances, are difficult to explain, may be analogous to that just related.

A similar derangement of parts may occur in other complicated joints, as the shoulder or hip, and these eluding the ordinary examination of a medical man, are unconsciously remedied by the rude handling and rough manipulations of these ignorant pretenders. A small balance of good to place against the incalculable amount of mischief which these unscrupulous gentlemen inflict upon the limbs and lives of those who entrust themselves to their care.

Liverpool, February 1855.

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

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NO. VI.

### ORDER V. PUSTULE (CONTINUED).

**DIAGNOSIS OF PORRIGINOUS DISEASES.** Although it is often impossible to diagnose some of the varieties into which Willan has divided the genus porrigo, it is quite practicable, in every case of disease of the scalp, to form such a diagnosis as shall determine the proper treatment: and in order to make this task the more easy, it will be convenient to study these diseases respectively as they affect children and adults; for although no absolute rule can be laid down, still it is so exceedingly common for certain forms of scalp disease to attack children only, that the division will be found useful in practice.

### I. PORRIGINOUS DISEASES IN CHILDREN.

Children of all ages, like adults, are subject to an eruption of almost every kind of skin disease in the scalp, in common with the general surface of the skin. Leprosy, eczema, lichen, and most other cutaneous diseases may appear in the scalp, and are for the most part easily diagnosed, because they generally appear at the same time on the limbs or trunk; but it may be observed that the hair, by entangling within its folds the scales or crusts, tends to obscure the primary form of the disease. Besides these general affections, children are subject to certain forms of scalp disease which rarely attack the adult subject. I have observed three diseases of this kind, sufficiently distinct from each other, but as I cannot identify each of them with Willan's varieties of porrigo, I find it difficult to give them a name. Two of them are contagious, the third is not so.

1. The first variety I shall describe is that in which the hair falls off in small patches, leaving a smooth, white, and sometimes shining surface, without the slightest pubescence or eruption, the hair surrounding the patches retaining a healthy luxuriance. This occurs, it is true, in adults, but it is not the same disease; for in children it is almost invariably contagious, in adults, never. Willan describes a disease which he calls porrigo decalvans, the description of which includes both the infantile and adult diseases: neither of them exhibiting visible pustules.

2. Children are often affected with an eruption of papules or minute pustules on the scalp, which appear in an annular, serpentine, or circular form, in separate patches. One or two only appear at first; afterwards, several. These spots appear nearly bald at first sight, but a crop of hair covers them, which, as compared with the natural hair, scarcely deserves the name. It is scanty, short, discoloured, coarse, stiff, and without gloss. The appearance is that of pale yellowish tow. Each hair grows from a small papule or pustule, and is easily detached. The parts generally itch. A patch or two will occasionally be seen on the neck or shoulders, and more rarely on the arms. It is eminently contagious, and is almost entirely confined to children under the age of puberty. It is rarely seen except in schools, and of these establishments it is the very pest. This form of disease only, deserves the name of ring-worm. It is described by Willan under the name of porrigo fur-

furans, but he has observed it to occur "principally in adults, especially in females".\* [The two contagious diseases above described, which we may designate *porrigo decalvans* and *porrigo furfurans*, are both due to one and the same cause—the crowding of children together in one apartment or dormitory.]

3. There is a pustular form of disease affecting the scalp of children, which is not contagious. This has often been mistaken for ring-worm; and thus some authors have been betrayed into the error of describing ring-worm as a non-contagious disease. This disease differs in no respect from *impetigo* of the scalp. It often attacks children at the breast (*crusta lactea*), and may extend over the ears, eyes, and face, which are covered with scabs (*porrigo larvalis*). It is not contagious; although it is possible that the true ring-worm may become pustular in certain subjects. The contagious forms of these diseases, when they are really pustular, are best diagnosed by the history of the case. In young infants and in adults we rarely meet with contagious diseases of the scalp. In children *at school* every eruption on the scalp must be viewed with great suspicion; and I know of no method of arriving at absolute certainty when a crust appears on the scalp not bearing the peculiar character of ring-worm; but, as a general rule, pustular eruptions covered with thick scabs are not contagious, even though they may affect half the children in the school. They depend upon dietetic and hygienic conditions.

## II. PORRIGINOUS DISEASES IN ADULTS.

Adults are not subject to ring-worm. Their scalp diseases are usually some common form of chronic cutaneous disease accidentally affecting the scalp; but it is worthy of notice that syphilitic ulcers often attack the scalp, and should be carefully diagnosed. Baldness in adults, occurring in defined patches (*alopecia*) is not a contagious disease, and should not be confounded with the *porrigo decalvans* of children, which may probably be produced by the contagion of ring-worm.

PROGNOSIS OF PORRIGINOUS DISEASES. Although, as a general rule, cutaneous affections yield to rational treatment as readily when located in the scalp, as elsewhere, yet they so emphatically depend upon the state of the general health, that it is by no means safe to predict their speedy recovery.

TREATMENT OF THE VARIOUS FORMS OF PORRIGO. In describing the treatment, it will be convenient to take the diseases above described *seriatim*.

TREATMENT OF PORRIGO DECALVANS. The existence of a parasitic vegetation either as a cause or consequence of this disease has long been suspected, and at length demonstrated by Dr. Robin<sup>†</sup> of Paris, whose observations have been recently confirmed by Dr. Jenner and others. And I may observe in passing, that there is not a more interesting or important branch of microscopic pathology than the investigation of the natural history of those minute animal and vegetable parasites which prey upon man in disease. At present, however, too little is known of these living forms to enable us to say that any of them constitute or originate a special and corresponding form of disease. I therefore cannot give my adherence to that local treatment of these diseases which is directed simply to the destruction of the parasites by poisoning them, and the success of which requires a much more extended series of experiments for its demonstration than has yet been published. The principles of treatment to which I wish to beg attention are founded on the general law that parasites do not prey upon healthy structure. The porriginous parasite cannot exist upon the scalp of a healthy person of adult age; and it is very doubtful whether it can take root in the scalp of a child whose

blood is in a perfectly healthy state, and whose vital functions are normally and vigorously carried on. Where there is debility or disease, on the other hand, these diseases rage and spread. Children crowded into close apartments with insufficient diet and restricted exercise, seldom escape ring-worm in some form. Local treatment is here of little or no avail. What is wanted is constitutional health and vigour. And the only treatment of the disease which I have found at all satisfactory has been directed to this point chiefly, viz., the restoration of the health. This has to be accomplished in a variety of ways in different cases; and in each case we must use our best endeavours to rectify whatever is obviously wrong in the general habit of body. In the strumous subject, especially if in an emaciated condition, the cod-liver oil is the medicine required, together with a sufficient animal diet, wholesome air, and active exercise. In pale, apathetic subjects, whose chief characteristic is *anæmia*, the sulphate of iron, administered for many weeks together with or without quinine, will often cause the hair to grow. In gross subjects, when the tongue is loaded and the bowels constipated, the sulphate of magnesia with dilute sulphuric acid will sometimes succeed. When the general health is apparently restored, and the baldness continues, a course of arsenic will generally restore the hair. It appears to have a specific action on the hair bulbs. The space allowed me will not allow of the introduction of cases illustrative of the above modes of treatment, although I have the records of many.

The treatment of the more common forms of ring-worm, in which the hair is scantily and morbidly secreted, should be conducted on precisely the same principles. The *local* treatment required is very simple. It consists in keeping the parts clean without irritating the skin. For this purpose, the hair of the whole scalp should be cut close with well-pointed scissors every week or ten days, and sponged with soft tepid water five or six times in the twenty-four hours, and covered with a light linen cap. The use of the razor is objectionable, as it produces irritation, and the same objection applies to all kinds of soap. The *porrigo decalvans* requires similar treatment.

The treatment of the pustular disease of the scalp, whatever be the form of the crusts, and whether the disease be contagious or not, should be conducted on a similar plan. Local cleanliness, general attention to the health, purgatives, tonics, alteratives, wholesome diet, pure air. If, *with these*, we combine local applications, escharotics, sulphureous acid, tar, creasote, or any other nastiness, the disease will probably get well, and the local medicament will have the credit of the cure. But try any of these applications without cleanliness and attention to the general health, and they will fail: or, if they appear to succeed, it will happen in this way; these diseases have a limited course, and when they spontaneously recover (as they always do sooner or later), our ointments and lotions, as in the former case, get the credit of the cure. Thus we prop up our theories, be they ever so contradictory, with facts which, even in the same order of succession will equally serve to confirm our own views, whatever they may be.

The treatment of the diseases of the adult scalp may be regulated on the principles already laid down: but, one word on

*Alopecia* in the adult. The falling off of the hair in separate and distinct patches in the early part of life before natural baldness would occur, and located in parts not usually affected with the baldness of age, is a disease which in both sexes has been but unsatisfactorily explained and very unsuccessfully treated. The disease may extend to the beard, or may be located in this situation only, the scalp escaping. I am not prepared with any explanation of its pathology, but I have accidentally discovered that some of these cases will yield to the internal administration of arsenic. A gentleman, about sixty years of age, who had been taking arsenic for some months for the cure of some eruptive disease, and who had for years been partially bald, addressed me one day when he called on me thus "Why, doctor, you have given me a new wig!"

\* Willan's "*porrigo scutulata*, popularly termed ring-worm of the scalp", differs little from the *porrigo furfurans*, except that the "scabs" are described as rather thicker than I have seen them. The contagious character of the disease, and the kind of subjects it attacks, make it very clear, however, that it is essentially identical with the disease I have described above. The treatment may have effected the difference.

† *Histoire Naturelle des Végétaux Parasites, qui croissent sur l'Homme, et sur les Animaux Vivants.* Par Charles Robin, M.D. (avec un atlas.) Paris: 1853. p. 702.

Over the whole of the bald portion of his head a thick and vigorous growth of hair about half an inch in length was visible. The part had been becoming bald for nine or ten years. This remarkable circumstance induced me to try arsenic in alopecia; and I have generally found it succeed. It fails in some cases, and I cannot tell why. I have also observed that when persons bald from age have occasion to take a long course of arsenic they frequently get a new crop of hair. A knowledge of this fact may be useful to the profession, but the less the public know of it the better.

**Scabies.** The itch is placed by Willan among the pustulæ, and very properly, since its pustular form is the most marked if not the most common. But it should be remembered that it may appear in the form of papules, or vesicles so small as to look like pimples to the naked eye (*scabies papuliformis*); or of vesicles of considerable size (*scabies lymphatica*); or of pustules like small-pox (*scabies purulenta*); or, it may assume such an ambiguity of character as to put on every form of cutaneous disease together or in succession in one and the same patient (*scabies cachectica*). Willan is unusually happy in these divisions.

**DIAGNOSIS OF SCABIES.** There is no more common error of diagnosis in practice than pronouncing an irritable eruption to be the itch, when it is a constitutional form of lichen only; or mistaking the itch itself for some other disease. The detection of the acarus is certainly the true test: but a hundred cases of scabies may occur in practice, in which the practitioner, unless he be an adept in microscopism, may not be able to trace these little beings to their hiding place. So that an unsuccessful search should not delude us into the notion that the parasite is not at work. The safer plan is to investigate with great care the history of the disease. If the patient is clean, has slept with no bed-fellow, and if no such eruption exists in the family or household where he resides, and if he has had the disease for several months, there are ninety-nine chances to one on the negative side of the question. But if a husband, a wife, and a family all complain of an eruption which has clearly been introduced by one of them from a suspicious quarter and appears gradually to have contaminated the rest, then it is almost certain, however respectable the patient may be, that he has contracted scabies. The most inveterate and obstinate cases I ever met with, occurred in the nursery of a nobleman at his country seat. The children had the disease again and again, and all the servants denied participating in it. At length, I insisted upon the nurses being stripped and examined, and on one of the younger nursery maids was found a number of unequivocal vesicles which, curiously enough, did not affect the forearms or hands. She was discharged, and the children were then easily cured.

**PROGNOSIS OF SCABIES.** The three former species of scabies ought to get well in a week or two; but the scabies cachectica, which is rarely met with in private families, may persist for many months, relapsing after all kinds of apparently successful treatment, unless proper attention be directed to the general health, and especially to the diet.

**TREATMENT OF SCABIES.** After the discovery of the acarus, it was ingeniously suggested that as all kinds of insects are easily suffocated by the application of oleaginous matter to their spiracles, it was probable that inunction with lard would be found as available *without* the sulphur or *with* it. This would be true if we could conveniently get access to the acarus. But lard has not proved efficacious; and, therefore, it is probable that the sulphur acts as a poison to the acarus; and this is confirmed by the fact that the fumes of sulphur are just as efficacious. Indeed, either mercury or iodine will cure the disease as well as sulphur; and the most elegant nostrum is a solution of the iodide of potassium (of such a strength as not to produce smarting), applied night and morning. This, with proper attention to cleanliness, will rarely fail in the three former kinds of scabies above described. But the scabies cachectica will not yield to any external application, even though this may be essential to the cure.

The *scabies cachectica* is as common in large schools, espe-

cially parochial and charity schools, as the ring-worm. It affects generally about one-third of the inmates, not always the weakest third. For many of them are apparently hale and plump, but covered with vesicles or pustules, some of them as large as boils. They itch intolerably, and though they will get nearly well under sulphur ointment, they will appear again and again, in spite of the utmost amount of cleanliness and constant bathing. I have recently been consulted about this disease in three or four different establishments, each containing hundreds of girls or boys from seven to fourteen years of age.

This is one of those cases which illustrate the important fact that parasites thrive only on the cachectic. The children have plenty to eat, are sufficiently clothed, lodged, and washed; but they have not sufficient exercise in the open air, and their diet is too uniform and circumscribed, and too farinaceous. Soup once a week, and boiled mutton once a week, is a sorry allowance for a pauper who cannot get at a herring, or a slice of bacon, or a few greens, or a little salad and vinegar. In fact, the palate is not consulted in these establishments; the only instinctive guide to diet which nature has given us, is repudiated, and in its place an absurd rule is set up, and a *chemical or mechanical* sufficiency is supposed to be all that nature can want; and there are some who will endure it; but some will sicken, and if they are not carried off by tuberculosis, they will become the prey of parasites. Intestinal worms, acari, vegetations on the scalp, all these and perhaps hydatids, cancer, lupus, and lepra in addition, are the result very often of cachexia dependent on artificial rules of diet, or on a scale of diet formed from an erroneous estimate of the laws of nutrition.

Let the victims of cachectic scabies have a reasonable variety of animal and vegetable food, with a little elective privilege in partaking of it, and plenty of active exercise in the open air; and in two or three weeks you may banish the disease from the establishment, even if it has existed for years.

I feel certain that this will meet the eye of many a medical officer of such institutions, who is annoyed with such cases; and I earnestly entreat that they would try the plan and publish the results in the JOURNAL. Such contributions would tend to make the JOURNAL what it ought to be: without them, and similar contributions from the provincial hospitals, no editor can supply what is most wanted.

[To be continued.]

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## BIBLIOGRAPHICAL NOTICES.

**MODERN TREATMENT OF SYPHILITIC DISEASES, BOTH PRIMARY AND SECONDARY;** comprising the Treatment of Constitutional and Confirmed Syphilis by a Safe and Successful Method: with numerous Cases, Formulæ, and Clinical Observations. By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. Third edition, entirely rewritten. pp. 345. London: 1854.

FEW of our readers can require to be informed that Mr. LANGSTON PARKER has for some years held one of the highest positions as an authority on the treatment of syphilis. He cannot, therefore, be in the position of one who requires the aid of the reviewer to enable him to bring to light a first work; but as his book has undergone an entire revision, and in some parts has been rewritten, it is incumbent on us to describe a few of its more salient features.

An experience of nearly twenty years, the tabulated records of more than eight thousand cases, and the entire revision of the present work, are the claims to attention set forth by Mr. Parker in his preface; and the validity of such claims cannot be questioned.

The work is divided into two parts, of which the first