

YANDELL (L.P.)

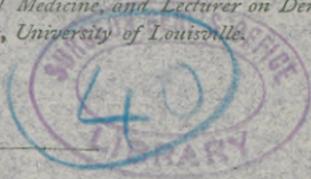
A REPORT
ON
DERMATOLOGY

READ BEFORE THE
KENTUCKY STATE MEDICAL SOCIETY,

AT ITS
ANNUAL SESSION, APRIL, 1876.

BY LUNSFORD P. YANDELL, JR., M. D.

*Professor of Therapeutics and Clinical Medicine, and Lecturer on Dermatology
and Venereal Diseases, University of Louisville.*



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To many practitioners dermatology, if not entirely a *terra incognita*, is at least a dark and mysterious region of disease. Like most of the specialties, it is hedged about by a most formidable array of strange and enormous names. Besides this, the searcher after its hidden truths is met on its very threshold by such a babel of classifications, as is well calculated to discourage all but him of most abundant time and indomitable perseverance.

Such a state of things is, to my mind, unjustified by the facts. I am convinced that a practical and useful knowledge of skin diseases is within the easy compass of every physician. The difficulties of the subject are chargeable, not to dermatology, but to the dermatographer.

The adoption of some classification is necessary, or at least convenient, for the purposes of teaching and book-making. A thorough acquaintance with the anatomy, physiology and chemistry of the subject, is of unquestionable value; but, to be perfectly frank, without such knowledge, and even without being able to differentiate between a papule, vesicle, pustule, squama, or macula, you may, in the majority of curable dermatoses, readily recognize the proper treatment and usually accomplish a cure.

Cutaneous eruptions, like pain, itching, cough, the fluxes, the dropsies, and most of the functional and organic insanities of the system, are but *local evidences* of constitutional departures from health. They are simply the voice or the signs of morbid conditions; and the science and art of dermatology consist in the correct interpretation of this language, and in the power to remove the cause of complaint. Clinical observation has so far proved our most trustworthy source of knowledge in the therapeutics of skin diseases; and, addressing as I do, busy practitioners, I shall confine myself in this paper to the results of personal clinical observation without any attempt at instruction in classification or nomenclature. And in so brief an essay I can not, of course, attempt an exhaustive discussion of the subject, but shall limit myself to a few practical suggestions.

Excluding from dermatology the specific diseases, such as syphilis, variola, scarlatina, rubeola, etc., maladies in which cutaneous eruption, though usual, is not an unvarying symptom, and in which the cutaneous manifestation is not the chief feature of the disease, and therefore not properly belonging to this specialty, we have yet remaining a numerous host of so-called skin diseases.

The first and most vital truth to be learned in dermatology is that these maladies must be *treated with reference to their cause*, instead of allowing the name and physical features of the eruption to determine their management. It is also important to recognize the facts that most dermatoses are not self-limited, and that they usually depend on a combination of causes.

What are the causes of these affections? Concerning the animal parasites, most dermatologists are agreed as to their nature, effects, and proper method of destruction. Concerning the vegetable parasites, on the other hand, there is much contrariety of belief; some totally denying the existence of cutaneous disease due to such cause; others contending for but one vegetable parasite, and holding that this, modified by circumstances, produces the so-called varieties; and others

again believing in a considerable number of vegetable parasites, each producing different symptoms on the skin.

These two classes alone of all the dermatoses, have any claim to be considered local diseases; and I am convinced that, as a rule, neither form of parasite is apt to find a lodgment in perfectly healthy persons with well kept skins. Some constitutional defect may usually be found.

The chronic skin affections have their origin chiefly in the strumous diathesis. The acute skin affections have their chief source in malaria.

Alcohol, improper and insufficient food, lack of cleanliness, excessive heat and cold, and other irritants, together with certain organic functional disturbances, may constitute either predisposing or exciting causes. Menstruation, gestation, lactation, dentition, digestion, traumatism, and mental emotions, are frequent exciting causes.

How may we recognize the strumous dermatoses? Just as we would any other scrofulous symptoms. By the complexion, the hair, and other features, and by the history of the case.

The malarial dermatoses are to be determined by the pale, large, flabby tongue, on which often the teeth-prints are visible, and by periodicity of some sign or symptom, discernible in some of the senses, or secretions, or functions of the system.

Constitutional treatment is most important in a majority of cases. Local treatment is essential in some, and useful in most cases.

Animal parasites seldom withstand destruction by mercurial ointments, sulphur, or the cocculus indicus. Vegetable parasites are almost infallibly eradicated by bi-chloride of mercury solutions, carbolic acid and cantharides. In both these classes of parasitic diseases constitutional building up, by food and tonics, is generally required.

Strumous dermatoses yield to the remedies which are successful in other manifestations of the strumous diathesis. Cod liver oil, syrup of the hypophosphites, and syrup of

iodide of iron, are of inestimable value; arsenic sometimes seems to assist.

Malarial dermatoses demand the remedies employed in the malarial fevers, inflammations, neuralgias, etc. First in potency stand quinia and its substitutes. Of coequal necessity in these cases is iron. Arsenic, by reason of its antiperiodic power, is, in proper cases, serviceable.

First find the cause, is the golden rule in dermatology, as it is in other branches of medicine; and with this accepted and remembered, it becomes superfluous to enumerate appropriate remedies for the diseases not included as parasitic, strumous or malarial.

Moist eruptions are best locally treated by absorbent powders and astringent ointments. Dry eruptions are best locally treated by washes, baths, emollients, and by ointments.

The best diet should be given in all dermatoses, and depleting remedies should never be administered under any circumstances.

A few words in explanation of my meaning of the terms struma and malaria, may not be out of place. Ancient writers enumerate many diatheses. Most of these are now discarded, but almost universally the strumous diathesis is still accepted. Struma may give evidences of its active existence at birth, or may remain many years latent in the system. Bad hygienic surroundings, depraved habits, exposure to the vicissitudes of temperature, bodily injuries and acquired diseases, are among the most usual excitants of its development into activity.

Malaria is a subject on which there is a wide range of opinion, and concerning which but little is definitely and indisputably known. Whether the cause of intermittent fever arises from the emanations of living or decaying plants, or has its origin in microscopic vegetable organisms, or is due to certain changes in the constituent elements of the atmosphere, or is chargeable to the excess or deficiency or change of some normal constituent of the blood, it is not my province to discuss in this paper. But whatever that

cause may be, and by whatever name called, I hold that it is the most prolific source of acute disease of the skin. Whether or not there be, as has been suggested, a malarial diathesis, this much is beyond reasonable doubt, there is such a thing as latent malaria, and this, like struma, may be germinated, incubated, ignited, crystallized, by vicissitudes of temperature, dentition, physical injuries, improper, or excessive, or insufficient food, etc. Finally, in all affections of the skin, whatever be their origin, the symptoms present may require special medication.

What I have said of skin diseases, I believe to be true of diseases of other portions of the body. The idea now frequently enunciated that malarial affections and complications are more frequent than in former years is, I think, untenable. The truth is, we have come to study disease more in the light of clinical observation than formerly. We are learning more of the natural history of disease, and paying less attention to the natural history of the *materia medica*. The habits of diseases are like the habits of animals and plants—they do not change from year to year. We have come to recognize malaria more readily; but malaria has not, according to my experience, been nearly so abundant as in many other years of the immediate past.

