



HAND BOOK
— OF —
DISEASES OF THE SKIN.

J. R. KIPPAX, M. D.



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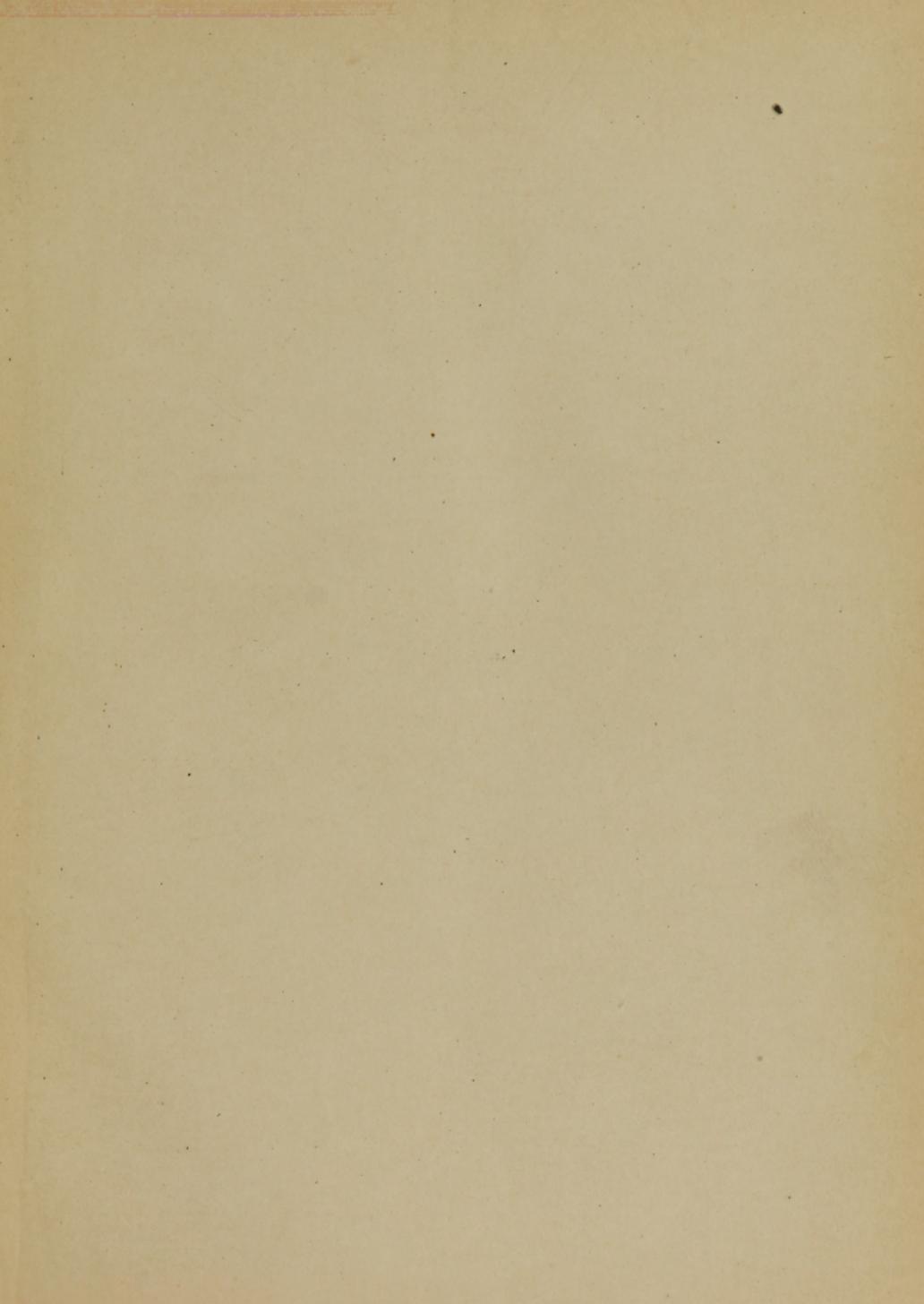
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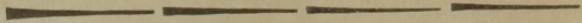
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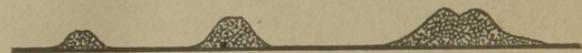
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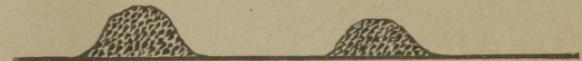
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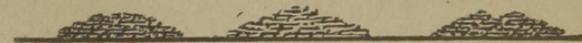
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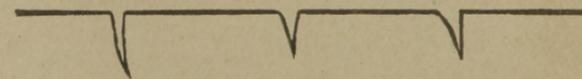
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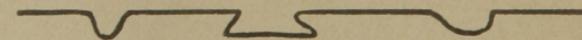
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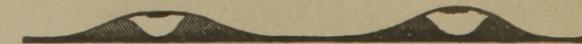


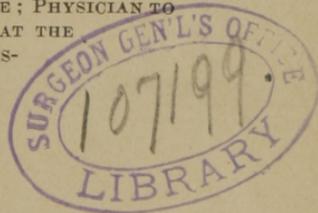
Diagram of the principal elementary cutaneous lesions—in profile—(after Piffard). See page 22.

A
HAND - BOOK
OF
SKIN DISEASES,
AND THEIR
HOMŒOPATHIC TREATMENT.

BY

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TO
ALL PRACTITIONERS
AND
STUDENTS OF HOMCEOPATHY,
TRUSTING IT WILL MEET
THEIR APPROVAL,
THIS HAND-BOOK
IS RESPECTFULLY DEDICATED.

PREFACE.

The design of the present Hand-book is to furnish such a digest of the essentials of practical dermatology, as will be serviceable alike to students and practitioners. And in preparing the manuscript I have steadily kept one purpose in view, to make it as thorough and practical as possible. To this end condensation has been more or less necessary, and if at times statements appear too absolute, it must be remembered that conciseness and the limits of the book, prevented any lengthy discussion.

The text consists of short general observations on the anatomy, physiology, and pathology of the skin, and on the symptomatology, etiology, diagnosis and classification of cutaneous diseases; followed by a detailed description of each individual affection, giving its clinical history and treatment. To this is added a chart, with diagnostic, therapeutic and dietetic hints, which it is believed will be found extremely useful.

Another feature in the work is the pronounciation of the various medical words used, and the introduction of definitions. The terms of measurement employed are arranged according to the metric system, but to make the work more generally useful, a table of English equivalents has been

appended. In regard to nomenclature, I believe matters have been simplified very materially, although originality is by no means claimed for the classification presented.

This Hand-book is virtually condensed from notes originally intended for a larger work, and is the result of careful study of the literature referred to in the bibliography, combined with clinical experience. And every effort within the limits assigned in the original plan has been made to lay before the profession a satisfactory compendium of dermatology in its present stage. As regards treatment, my experience leads me to say that the higher attenuations, and the single internal remedy, act most promptly. And general observation has demonstrated that cutaneous diseases disappear more rapidly, when internal and external treatment are combined.

With these prefatory remarks I give this work to the profession, trusting it may, to a certain extent at least, supply the present want for a concise and practical exposition of cutaneous affections and their Homœopathic treatment. To the publishers my thanks are due for the correctness and elegance with which they have executed their work.

J. R. KIPPAX.

CHICAGO, May, 1880.

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DISEASES OF THE SKIN.

PART I.

GENERAL OBSERVATIONS.

SECTION I. THE ANATOMY AND PATHOLOGY OF THE SKIN.

To a correct understanding of cutaneous diseases, a knowledge of the minute anatomy and physiology of the skin, as well as of the pathological changes that take place in it, is more or less necessary.

Like most tissues of the body, the skin is composed of fibres and cells. Its office is to protect the underlying structure from harm, to act as a partial respirator, and to prevent evaporation of the water which enters into the composition of the tissues.

The fibres are of two kinds: white fibrous tissue, and yellow elastic fibres. The white fibres give to the skin strength, and the yellow, elasticity.

The cells are of three kinds, namely; the cells of the rete, or stratum malpighii; secondly, those of the stratum lucidum; and thirdly, those of the stratum corneum.

The cells of the stratum malpighii are polygonal in form,

and are termed "prickle cells," from their resemblance to a chestnut burr.

Those of the stratum lucidum are transversely striated, and are arranged in two rows.

And lastly, those of the stratum corneum or horny epidermis are flattened, and are usually larger than the other cells.

These five elements, the two kinds of fibres, and the three sorts of cells, constitute the main part of the structure of the skin.

Anatomically, the skin may be divided into two layers, termed respectively the derma, and epidermis. And again, these two may be subdivided; the former, into the corium and papillary layer, and the latter into the rete malpighii, the stratum lucidum, and the stratum corneum or horny layer.

The derma constitutes the larger part of the skin, and is made up by the interlacement of elastic fibres and connective tissue. It contains as organs peculiar to the skin, prominently sebaceous and sweat glands.

The external surface of the corium presents elevations, called papillæ. These are largest about the female nipple and corona glandis, and smallest over the general cutaneous surface. They present an average of 50,000 to the square inch, and are the seat of the tactile corpuscles of Meissner.

An increase of the connective tissue elements is usually found in keloid, fibroma and scleroderma. And a fatty degeneration occasionally takes place in the new growth which destroys the connective tissue as in xanthoma. The papillæ may at times become enlarged in psoriasis, and the corium

may become the seat of such parasites as the Guinea worm, the acarus scabiei and the pediculus.

Next to the papillary layer of the derma comes the stratum malpighii or rete. The cells of this structure are mainly globular, excepting the two external layers which are fusiform, and fill up the interpapular spaces to a level a short distance beyond the apices of the papillæ. The deeper layers of this stratum are the abiding places of the cutaneous pigment.

A hyper-activity of rete cells exists in psoriasis, and epithelioma is supposed to take its departure from this membrane.

Beyond the stratum malpighii is the stratum lucidum, which consists of two layers of transversely striated cells. And after this comes the stratum corneum or horny epidermis. The deeper cells of the latter stratum are polygonal in shape while the more superficial are flattened. Its cells are increased in amount in congested conditions of the skin, as in psoriasis; in inflammatory diseases, as in eczema and dermatitis exfoliativa; and in general hyperplasia as in elephantiasis; they may be congenitally increased as in ichthyosis, or may become hypertrophied as in callositas.

The cell layers of both the stratum corneum and stratum lucidum may be elevated along with portions of the rete, by fluid forcing its way up from beneath; and thus they form the walls of vesicles as in eczema or herpes on the one hand, or those of bullæ, as in pemphigus on the other.

The organs of the skin are: Bloodvessels, lymphatics and nerves, sweat glands, sebaceous glands, and hair follicles; the appendages are, the hair and nails.

The bloodvessels after supplying the organs form a deep plexus in the deep layers of the derma. Branches from this plexus, ascend to just beneath the papillary layer of the derma, where they form a superficial plexus.

A hyperplasia of these vessels exists in telangiectasis. The superficial plexus is mainly affected in psoriasis, lichen and prurigo. Both plexuses may be implicated in eczema.

The lymphatics also form plexuses, generally one beneath each plexus of bloodvessels, and lymph spaces are usually present in the derma. They are found increased, both as to size and number in elephantiasis.

The nerves of the skin are surface branches of the nerve trunks that course beneath. They give to it, the sense of touch, and are intimately connected with the physiological and pathological changes going on around them. They undergo organic alteration in zoster, leprosy, dermatalgia and telangiectasis.

The sweat glands are convoluted tubuli, situated in the deep parts of the derma. They open on the external surface by an efferent duct which presents an oblique valve-like aperture. It is estimated that there are over two million of them in the human body, representing an average of eight miles of perspiratory tubing. By evaporation they tend to regulate the temperature of the body, and usually throw off about two pounds of fluid daily. They also act as auxiliary to the kidneys, in throwing off excrementitious matters. The natural perspiration is generally acid in reaction. It is however, normally alkaline in the axilla and between the fingers and toes, and after prolonged sweating.

These sweat producing structures may become functionally

disordered, as in hyperidrosis. Or they may be primarily affected as in dysidrosis, or secondarily disordered as in ichthyosis.

The sebaceous glands are small, sacculated organs, lodged in the substance of the derma. They are furnished with excretory tubes which open usually into the hair follicles, but occasionally upon the cutaneous surface. They secrete an oily substance called sebum, the office of which is to lubricate the skin and hair. They may be functionally disordered as in seborrhœa, primarily affected as in acne, or secondarily diseased as in elephantiasis and leprosy.

The hairs are peculiar modifications of epidermis and consist of shafts and roots. They are of three kinds: (1). Long hair, as that of the scalp; (2). Short, thick hair, as that of the eyebrows; (3). Fine, soft hair, found upon the face and body, and called *lanugo*. The outside of the shaft is made up of flat horny cells, next beneath are longitudinal fibres forming the bulk of the hair, and internally is a central medulla of nucleated cells. The color of the hair is mostly given to it by the pigment granules that are found in the longitudinal fibres. The root presents a bulbous enlargement which is closely connected with the papilla—a vascular eminence situated at the base of a finger-of-glove depression in the epidermis called the hair follicle. The follicles consist of two coats, an outer, *dermic*, and an inner, *cuticular*. The latter forms what is known as the root sheath.

Little muscles of the unstriped variety, called *arrectores pilorum*, are connected with the hair follicles. They are supposed to favor the exit of sebum by compressing the

sebaceous glands, and by erecting the hairs, give rise to the phenomenon, *cutis anserina* or goose-skin. The hair may be either hypertrophied or atrophied, or it may become texturally changed.

The nails are composed of altered cuticular cells derived from the three strata of the epidermis. They may become structurally changed, as in onychia. Or they may be primarily affected, hypertrophied as in onychiauxis, or secondarily so, as in psoriasis, syphilis and ichthyosis. Or, again, the vegetable parasites may here take up their habitat, giving rise to the condition termed onycho-mycosis.

SECTION II. SYMPTOMATOLOGY.

Symptoms are signs of disease. They may be either objective or subjective. Objective symptoms are those appearances which manifest themselves upon the surface, and are capable of ocular demonstration. Subjective symptoms relate solely to sensations which arise from within, and are cognizant only to the patient.

The objective symptoms of diseases of the skin embrace all the elementary cutaneous lesions,* whose physical characters may be roughly outlined as follows:

Macules are circumscribed discolorations of skin. They may be primary as in lentigo, or secondary as in Addison's disease. Sometimes they are physiological in character, as in pregnancy. They are met with in chloasma, nævus, purpura, morphœa and erythema.

Papules are small acuminate elevations of skin. They

*See frontispiece.

may be either true or false, and are frequently attended with itching. They are seen in acne, eczema, scabies, lichen, prurigo and milium.

Vesicles are small elevations of epidermis enclosing a transparent or milky fluid. There are three kinds, viz: serous, sweat and lymphatic. The serous are present in eczema, herpes, scabies, impetigo contagiosa and zoster. The sweat are seen in sudamina and dysidrosis. And the lymphatic are observed in elephantiasis.

Bullæ are blisters or large vesicles. They may be either primary or secondary. They are primary in pemphigus, leprosy, and hydroa. And are secondary or accidental in dysidrosis, eczema and urticaria.

Pustules are small collections of pus covered by cuticle. They are met with in acne, eczema, impetigo contagiosa and ethyma.

Tubercles are small solid fleshy swellings in the skin, covered with epidermis. They are seen in acne, tricophytina, sarcoma, and leprosy.

Wheals are red or whitish elevations of skin, resembling the sting of the nettle. They are the result of vaso-motor disturbance, and are fugitive and capricious in character. They are pathognomonic of urticaria, but are an occasional result of medicinal poisoning.

Scales are collections of altered cells of the stratum corneum. They are observed in eczema, pityriasis, psoriasis, ichthyosis, seborrhea, tricophytina, etc.

Fissures are linear solutions of the continuity of the skin, and take place in eczema, leprosy and psoriasis.

Crusts are formed by the drying up of discharges. They

are found in eczema, ecthyma, impetigo contagiosa, sycosis, leprosy, etc.

Ulcers are *circular* solutions of continuity of the skin, usually followed by cicatrices. They form in lupus vulgaris, leprosy, scrofuloderma, furuncle, etc.

Of subjective symptoms, *sensations of heat, burning, and tingling*, are the most common. They are met with in varied degrees in all hyperæmic and inflammatory cutaneous affections.

Pain is a general accompaniment of acute inflammation, as in herpes, etc.

Hyperæsthesia or oversensitiveness of the skin is frequently met with in dermatalgia, and in the early stages of leprosy.

Anæsthesia or loss of sensibility is present in the later stages of leprosy, and in syphilis.

Pruritus or itching is one of the most prominent and annoying of the subjective symptoms. It may be due to local causes, or may be entirely dependent on reflex conditions.

SECTION III. ETIOLOGY.

The etiology or causes of diseases of the skin may be conveniently considered under two heads: I. Internal or constitutional causes. II. External causes.

I. THE INTERNAL CAUSES which are also the most numerous, admit of arrangement and description as follows:

1. *Hereditability*.—An inheritable state in which diseases or taints may be handed down from parent to child. As striking examples, syphilis, leprosy, psoriasis, and ichthyosis, may be mentioned.

2. *Constitutional Tendencies.*—By which is to be understood a disposition either hereditary or acquired, to the development of certain, usually inflammatory diseases, under favorable conditions.

3. *Organic and Functional Diseases of the Internal Organs.*—Their name is legion. A few may be cited. Derangements of the alimentary canal, are frequent causes of cutaneous eruptions, notably of eczema, urticaria and acne. Uterine diseases may complicate or give rise to the same troubles. Disease of the kidney is a common cause, or aggravating condition in eczema. Derangement of the nervous system plays a prominent part in a variety of disorders. And affections of the liver have considerable influence in shaping the course of cutaneous affections.

4. *Age and Sex* are important conditions influencing disease. Certain affections are found to appear at stated periods of life, and are peculiar to one or the other sex. The congenital syphilide appears during the first months of infant life. Icthyosis manifests itself in the second year. And impetigo contagiosa is in the majority of cases an affection of childhood. Of the parasitic affections, tricophytina, excepting when it attacks the beard, is more common in children, while tinea versicolor is oftenest met with in adults. Acne appears about the time of puberty. Epithelioma rarely shows itself before middle life, and is of more frequent occurrence in males; while lupus originates in childhood and is more common in females.

5. *Certain articles of food*, may, under peculiar conditions become essential factors in the causation of cutaneous eruptions. Of these should be noticed: shell-fish and straw-

berries as common causes of urticaria; buckwheat as giving rise to irritating conditions, and pruritus; stimulating drinks and highly seasoned food, as aggravating influences in eczema, urticaria and acne.

6. *Drug Poisoning*.—The overdosing with such drugs as Mercury, the Potassium Bromide and Iodide, Copaiba and Valerian, Chloral and Salicylate of Soda, is frequently productive, in Old School practice, of cutaneous complications. Notably may be mentioned the eczema mercuriale, the urticaria caused by Valerian and Copaiba, the acne produced by the Potash salts, and the scarlatinal rash induced by Chloral and Salicylate of Soda.

II. THE EXTERNAL CAUSES, are:

1. *Climatic Influences*.—Some diseases are aggravated in, or peculiar to cold climates, while others flourish in tropical regions. And it may be accepted as a general rule, that in any locality, temperature will exert an influence, proportionate to the extremes of heat and cold to which the patient is subjected.

2. *Irritants*.—Want of cleanliness is the exciting cause of many skin affections. The tinea fungus riots in dirt, and filth is a condition favorable to the development of eczema and other cutaneous inflammations. Local irritants are often met with in particular occupations. Grocers, masons and bakers are often troubled with eczema, induced by handling flour or lime. Washerwomen and workers in dyes are also frequently the subjects of the same disease.

3. *Parasites*.—Of these there are many varieties, both animal and vegetable, each parasite producing its own char-

acteristic contagious lesion, and only requiring a favorable soil on which to fructify and grow.

SECTION IV. DIAGNOSIS.

The diagnosis of cutaneous affections is to the experienced eye an easier task than that of any other class of diseases. The predominance of objective symptoms which serve at all times as "key-notes," enables the physician with a little aid from the patient in the way of subjective symptoms, to ascertain positively the extent and nature of the lesion. The examination must in all cases be thoroughly instituted. The family history of the patient should be learned, and the occupation and habits inquired into. The physical characters of the eruption must be closely scrutinized, and the peculiar features of the extending edges of the patches accurately determined. To this end, it is necessary to examine all the affected portions of skin, special attention being given to the newest developments. The changes, if any, in the character of the eruption from the time of its first appearance should be carefully noted, and the stages through which the disease has already passed, satisfactorily mapped out. It must be borne in mind that the influences of temperment, age, sex or social surroundings may modify the general characters and aspect of a disease; and that complications may so mask a case as to render it difficult of recognition.

The examination is best conducted in daylight. A white light is the better substitute for sunlight. In difficult or complex cases, where the unaided eye is unable to solve the

problem, the skin microscope may be used with profit. Small slices of the part to be examined, can be easily secured by the use of the skin-grafting scissors, or if still thinner portions are needed, the cutisector may be employed. The temperature of parts, if desired, is readily taken by Seguin's surface thermometer.

Very material aid in making a diagnosis is frequently derived from remembering the locality attacked. The following table after Fox, gives the main points:

The scalp, is the most common seat of seborrhœa, the tinea, eczema, sebaceous cysts, psoriasis and alopecia areata.

The forehead, of acne.

The nose, of lupus and rosacea.

The cheeks, of lupus, rosacea and eczema.

The upper lip, of herpes and eczema.

The lower lip, of epithelioma.

The chin, of sycosis and tinea trichophytina.

The angle of the mouth, of syphilide.

The ears, of eczema.

The front of chest, of keloid and tinea versicolor.

Under the clavicle, of sudamina.

Region of the nipples, of scabies.

The side of chest, of zoster.

The elbows and knees, of psoriasis.

The interdigits and front of wrists, of scabies.

Back of the hands, of lichen and eczema.

The palms, of syphilide.

The buttocks, inner ankle and toes in children, of scabies.

The dorsum of penis, of scabies.

The scrotum, of eczema, psoriasis and chimney-sweepers' cancer.

The front of the leg, of dermatitis contusiformis.

The leg, if running around or lengthwise, of zoster.

The whole body, of pemphigus foliaceus and dermatitis exfoliativa.

And *the flexures of joints*, of eczema and scabies.

SECTION V. CLASSIFICATION.

Classification is generally resorted to in order to simplify the study of disease, and is as important in the department of dermatology as in any other branch of medical science.

The arrangement here presented is a modification of that recently adopted by the American Dermatological Association.

CLASS I.

Disorders of the Glands.—(1). Of the sweat glands: Anidrosis. Bromidrosis. Chromidrosis. Hyperidrosis. Miliaria. Sudamina.

(2). Of the sebaceous glands: Comedo. Cysts. Milium. Molluscum sebaceum. Seborrhea.

CLASS II.

Inflammations.—Erythema. Intertrigo. Dermatitis contusiformis. Pityriasis. Urticaria. Acne. Sycosis.—Eczema. Dysidrosis. Pernio. Strophulus. Prairie itch.—Herpes. Zoster. Hydroa. Pemphigus.—Impetigo contagiosa. Ecthyma.—Lichen planus. Prurigo. Lichen simplex.—Psoriasis. Dermatitis exfoliativa.—Anthrax. Furunculus. Hydro-adenitis.

CLASS III.

Hæmorrhages.—(1). Of connective tissue: Purpura.

CLASS IV.

- Hypertrophies*.—(1). Of pigment: Chloasma. Lentigo.
 (2). Of epidermal and papillary layers: Callositas.
 Cornu cutaneum. Clavus. Icthyosis. Verruca.
 (3). Of connective tissue: Elephantiasis. Frambœsia.
 Rosacea. Scleriosis. Scleroderma.
 (4). Of nail: Onychogryphosis.
 (5). Of cutis: Dermatolysis.

CLASS V.

- Atrophies*.—(1). Of pigment: Leucoderma.
 (2). Of connective tissue: Morphœa.
 (3). Of nail: Atrophy of the nail.
 (4). Of cutis: Linear atrophy.

CLASS VI.

- New Growths*.—(1). Of connective tissue: Fibroma.
 Keloid. Xanthoma.
 (2). Of vessels: Nævus. Telangiectasis.
 (3). Of granulation tissue: Epithelioma. Leprosy.
 Lupus erythematosus. Lupus vulgaris. Rhino-scleroma.
 Sarcoma cutis. Scrofuloderma. Syphilides.

CLASS VII.

- Neuroses*.—Anæsthesia. Dermatalgia. Hyperæsthesia.

CLASS VIII.

- Parasitic Diseases*.—(1). Vegetable or dermatophytic:
 Tinea favosa. Tinea trichophytina. Tinea versicolor. Alopecias Areata.
 (2). Animal or dermatozoic: Elephantiasis. Guinea-worm disease. Mite disease. Phtheiriasis. Scabies.

PART II.

THE DESCRIPTION AND TREATMENT OF SKIN DISEASES.

ACNE, or *Stone-pock* IS AN INFLAMMATORY DISEASE OF THE SEBACEOUS GLANDS CAUSED BY THE RETENTION OF SEBUM, AND CHARACTERIZED BY THE FORMATION OF PAPULES, TUBERCLES AND PUSTULES.

It may show itself on any part of the body, except the palms of the hands and soles of the feet, but generally selects as seats, the face or back. It may appear either as a separate and independent affection, or exist as a complication of other follicular diseases.

The eruption usually manifests itself in the form of pin-head or pea-sized elevations situated around the glandular orifices, attended by more or less peri-follicular and periglandular inflammation. When the inflammation is superficial, the disease is apt to run a mild course, presenting only slightly reddened elevations, with or without a central yellow suppurating point (*A. vulgaris*). On the other hand, when the inflammation extends to the gland structures, considerable disturbance may be occasioned, ending in the formation of little abscesses, and resulting cicatrices (*A. indurata*). In debilitated states of system, such as attains in anæmia and chlorosis, a form of this affection,

Acne may be either *acute* or *chronic*. The acute variety may run its course in a few days or weeks, while the chronic may last for years. It occurs mostly in light-complexioned young people, about the time of puberty. And is more common at that period because the hair follicles and sebaceous glands are then in a state of physiological hyperactivity, and hence more liable to suffer functional derangement, and to take on diseased states. It is often a reflex affection depending on irritation, derangement or disease of other organs, and more especially functional disorders of the sexual system.

The severer forms are usually induced by gastric derangement. And in young lads, masturbation is a frequent cause. An acne eruption may be produced by the over-use of certain medicinal substances as the Potassium Iodide and Bromide. The same result may also come from the injudicious use of tar; and persons who work in tar factories or habitually handle tar, are apt to have this trouble (artificial acne).

The differential diagnosis of acne is exceedingly simple, if the chief characteristics and history of the disease are borne in mind.

Treatment:—The treatment is both internal and local.

The diet should be light and unstimulating; all highly seasoned food, and exhilarating drinks should be avoided.

The external treatment will vary according to the extent, obstinacy, and stage in which the disease exists. Whatever comedos are present, should first be pressed out, either with the comedo extractor or a watch-key.

In the milder forms stimulating lotions may be used, but in the inflamed variety, soothing applications are called for.

Large and painful pustules should be lanced, and indolent tubercles, may be treated with the Acid nitrate of Mercury. The best way to apply the acid nitrate, is to touch the tubercles with a glass rod dipped in it, and dry them off with a piece of blotting paper.

In ordinary cases the best results will generally be obtained from the use of one of the following preparations:

Hypochloride of Sulphur, 1 gram., Rose water, 40 grams, mix. Iodide of Sulphur, 1 gram. Rose water, 40 grams, mix. Sulphur 1 gram, Ether and Alcohol each, 15 grams, mix. Mercurius cor., 1-8 to 1-4 gram. Alcohol and Rose water each, 30 grams, mix. Mercurius jod. or bijod., 1-5 to 1 gram, Emulsion of Almonds, 50 grams, mix. Rumex crispus tincture 5 grams, Alcohol and water each, 15 grams, mix. Potassium sulphide, 1 gram, Emulsion of Almonds, 30 grams, mix.

The Rumex lotion is adapted to all forms. The Sulphur preparations will be found useful in mild cases, and in the severer forms after the inflammatory symptoms have subsided. The Corrosive sublimate wash will also frequently prove of service.

The Iodide and Bin-iodide of Mercury, and the Potassium Sulphide lotions are adapted to the indurated forms. The parts should be rubbed with a soft nail brush and warm soap and water, every night, before applying the lotions. The soaps that have frequently been found useful, are notably, Sulphur and Iodide of Sulphur soaps, and the Juniper tar soap. Sea-salt baths about twice a week have occasionally rendered excellent service.

Of internal remedies, one of the following may be selected according to the indications, and administered *ter die*.

Antimonium crudum.—Small red pimples on the right shoulder, stinging when touched. Acne of drunkards.

ANTIMONIUM TART.—In obstinate cases, and when there is a decided tendency to pustulation. May be used internally and locally.

Aurum.—*Red pimples on the face*. In onanists with disposition to melancholy. After over-dosing with Potassium iodide.

Berberis. vulg.—Red, burning, gnawing pimples, sensitive to pressure, surrounded by red areolæ, and leaving brown spots. Adapted to the indurated form.

BELLADONNA.—Large, bright red pimples on back and scapulæ. Fine stinging in tips of pimples. Especially in young, full blooded people.

Bovista.—Large scattered pimples on the forehead. Hard red pimples, large as peas, on chest, worse from scratching.

Bromine.—The indurated form. Aggravated by smoking.

Calcium sulphide.—Painless pimples on the nape of the neck, forehead and chin. Crusty pimples on the face of young people.

Carbo veg.—Pimples on the nape of the neck. Red pimples on the face in young persons. Aggravated by eating butter or pork.

Causticum.—*Eruption on the face* more felt than seen. Papulous eruption between the eyebrows above the nose.

CHELIDONIUM MAJ.—Pimples and pustules in groups of three or four on the face, except the chin. Chiefly on the left side. Acne dependent upon liver derangement.

Eugenia jamb.—Pimples on the face which are painful for some distance around. At times useful in the indurated form.

GRANATUM.—Pimples on the forehead and left temple with sore pain. They suppurate, and on drying leave nodules. *Itching in different parts of the body, as if pimples would break out.*

Iodine.—Indurated acne, in scrofulous subjects.

Kali bich.—Face covered with a profuse eruption like acne. When pustules form they resemble small-pox pustules.

Kali carb.—Small pimples on face, chest and back, with redness and swelling. Aggravated during suppressed menstruation.

LEDUM.—Red pimply eruption on the face. *Small pimples on the root of the nose.* In brandy drinkers.

Lycopodium.—Red pimples *in clusters*, between the scapulae and on the nape of the neck.

Merc. sol.—Papular eruptions having bluish appearance.

Mezereum.—Single pimples on the thighs. Red pustules on the outer side of the extremities.

Nabulus serpentaria.—Pimples on the face, about the nose, upper lip and chin.

NATRUM MUR.—Acne accompanied by seborrhœa.

Nitric acid.—Many small pimples on the forehead, just below the hair. Painful pimples on the chin with hard red areolæ.

NUX JUGLANS.—Variously sized reddish pimples and pustules on face, chiefly around the mouth. Adapted to all stages of acne.

Nux vom.—Acne with dyspepsia and constipation.

PHOSPHORIC ACID.—Smooth red pimples with red areolæ on forearm, knees and leg. Large red pimples on the face and scapulæ, only sensitive to the touch. Acne in weakly persons, onanists, and victims of spermatorrhœa.

POTASSIUM BROMIDE.—Acne on face, neck and shoulders, with *peculiar yellow points*, which neither coalesce nor burst. Adapted to both the simple and indurated forms.

POTASSIUM IODIDE.—Papulous eruption all over, but especially on face and shoulders. Painful sensitiveness, worse at night.

Pulsatilla.—Acne in pale slender individuals. Aggravated by pastry and fat food.

ROBINIA.—Hard pimples which take a great while to suppurate. Great tendency of tumors to become indurated. In dyspeptics with sour stomach; worse at night.

Rumex crispus.—Dense rash of small red pimples. Eruptions aggravated by wearing flannel.

Sabina.—Papular eruptions during pregnancy.

Sarsaparilla.—Acne worse during the menstrual period.

Sepia.—Pimples on the mons veneris, legs and flexures of the joints. Ailments following vaccination.

SULPHUR.—In simple acne, and chronic cases.

SUMBUL.—Smooth, small, reddish spots on the forehead. Black pores on the face.

Veratrum alb.—Pimples on the right labium just before menstruation.

ALOPECIA or *Simple Baldness*, is an absence of hair, either partial or general. It is a symptom rather than a disease, and may exist as an accompaniment of a variety of affections.

ALOPECIA AREATA IS A PARASITIC DISEASE, CHARACTERIZED BY THE MORE OR LESS SUDDEN APPEARANCE OF VARIOUSLY SIZED WHITE BALD PATCHES.

It starts usually on the scalp, and generally from the parietal protuberances, but occasionally it commences in the beard. At times the whole body becomes affected. The disease is frequently unilateral, occurs mostly in young people, and is usually announced by the appearance of one or more nickel-sized, roundish or oval areas, devoid of hair. These are apt to extend quite rapidly, and in a few days may have attained the size of an inch or more. Other spots soon appear elsewhere, and in a short time the greater part of the side of the head may be bald. The hairs generally come out by the roots leaving a perfectly smooth polished surface, and do not break off as in *tinea tricophytina*.

At times little fine lanugo or downy hairs appear on the affected part; these, however, are seldom more than transients, and soon fall off and disappear. After this manner the disease may run indefinitely.

It was for some time a mooted question with dermatologists as to whether this was a parasitic affection, or merely a tropho-neurosis.

Malassez in the *Archives de Physiologie* for 1874, demonstrated its parasitic nature. He found a number of spherical and ovoid double contoured highly refractive bodies, among the epidermal scales. The spores were either annular or formed incomplete rings, and were seldom found on the hairs.

Treatment.—The treatment is mostly parasitocidal, and consists in epilating with a broad lipped forceps the mar-

ginal hairs, and applying Acetic acid, tincture of Cantharides, tincture of Iodine, or equal parts of Glycerine and tincture of Capsicum, to the patch. This treatment is to be followed by a bi-chloride of Mercury ointment, (1-8 gram. to 30 grams,) applied for a fortnight, and changed morning and evening. A weak Phosphorus lotion may at times render excellent service, in promoting the new growth of hair.

The principal internal remedy is PHOSPHORUS, and the next NATRUM MUR. (*bis in die.*) Others may be indicated for alopecia in general as follows:

Aloes.—When the hair comes out in lumps leaving bald patches.

Calcarea carb.—When the bald spots are on the *temples*.

Calcium sulphide.—Bald spots on the head, after headaches.

Carbo veg.—Falling off of hair after severe illness, or after parturition.

FLUORIC ACID.—When there is a syphilitic taint.

Graphites.—Bald spots on the sides of the head.

Helleborus.—Falling of hair from eyebrows and pudendum.

Kali carb.—Dry hair rapidly falling off with much dandruff.

Mancinella.—Falling off of the hair after severe acute diseases.

Phosphoric acid.—Alopecia as a result of debility.

Vinca minor.—The hair falls out in single spots, and white hairs grow there.

ANÆSTHESIA by which is meant partial or complete

insensibility of the skin, is encountered in such diseases, as leprosy, syphilis, hysteria, and in various affections of the brain and spinal cord. It may result from traumatism, the local use of freezing mixtures, Carbolic acid and the like, or arise from the toxic effects of Opium, Chloroform or Lead.

ANIDROSIS IS A FUNCTIONAL DISORDER OF THE PERSPIRATORY APPARATUS, CHARACTERIZED BY INSUFFICIENT SWEAT.

It may be congenital, or exist as an accompaniment, in psoriasis, elephantiasis or ichthyosis.

Treatment.—Turkish baths will be found of service. The internal remedies occasionally indicated, and administered *quotidie*, are:

ÆTHUSA.—The skin has a dry white leathery appearance.

Natrum carb.—The skin of the whole body becomes dry and cracked.

Phosphorus.—The skin is dry and wrinkled.

PLUMBUM.—Dry skin with absolute lack of perspiration.

POTASSIUM IODIDE.—The skin is dried up, and rough like hog skin.

ANTHRAX or *Carbuncle*, IS A PHLEGMONOUS INFLAMMATION OF THE SKIN, CHARACTERIZED BY NECROSIS OF THE CELLULAR TISSUE, WITH SUPPURATION, AND THE DISCHARGE OF THE NECROSED MASSES CALLED CORES, WITH PUS, THROUGH CORRESPONDING SIEVE-LIKE OPENINGS.

It usually commences with severe burning pains in the part affected, and is accompanied by more or less fever. As the disease progresses, the painful spot becomes hard and swollen and assumes a purplish hue. It is usually circumscribed, and varies in size from a fifty-cent piece to a saucer. In a few days little openings corresponding to the number

of *cores*, form on the surface, and give to the part a cribriform appearance. The whole mass, now gradually sloughs away, leaving an ulcer with everted edges, which granulates slowly, and leaves when healed, a permanent cicatrix.

Anthrax seldom appears before adult life, and attacks mostly the skin of the nape of the neck, shoulders, forehead and buttocks. It is more frequent in winter than in summer, and occasionally displays an epidemic tendency. It may run a mild course with but little constitutional disturbance, or it may be so severe as to terminate fatally.

Treatment.—The diet should be nourishing, and directed mainly to keeping up the strength of the patient. In debilitated cases, a jelly made by simmering together equal parts of finely cut mutton, beef and veal, may be used. Brandy and egg, or milk and egg will sometimes prove serviceable.

The local treatment consists in the early application of ice and salt bags to the swelling. They invariably lessen the extent of the disease. Later if suppuration threatens, a free crucial incision must be made, and hot flax-seed poultices applied. If the sloughing is extensive, charcoal and yeast poultices, may be used. The sloughs should be picked out, as fast as they form, and the ulcer washed with a weak solution of Carbolic acid.

Strapping with soap plaster in the early stages has been recommended. And the practice of using caustics instead of the knife is advocated by some surgeons.

Of internal remedies, ARSENICUM ALB. bears the palm. Others may be used according to the indications, and repeated *pro impetus ratione*.

Acomite.—As an occasional remedy, when there is much inflammation with high fever.

ANTHRACINUM.—Burning pain not relieved by Arsenicum.
Evidences of blood poisoning.

Apis mel.—Continued extension of the erysipelatoid inflammation with stinging burning.

ARCTIUM LAPPA has great reputation. Used both internally and locally.

ARSENICUM ALB.—Large painful and malignant carbuncles. Great prostration. Excessive burning, as from hot coals. Better from warm applications.

Belladonna.—Bright redness, with throbbing pain.

Carbo veg.—Dark blackish appearance of the sore, with fetid discharge.

China.—Debility from excessive suppuration.

Lachesis.—Bluish-purplish looking carbuncles, with evidences of blood poisoning. Nightly burning, obliging one to rise and wash parts in cold water. Cerebral symptoms.

NITRIC ACID.—When there is a predisposition to anthrax.

Phytolacca.—Tendency to carbuncles, especially on the back and behind the ears.

Secale cor.—Carbuncle on the arms. Aggravated by warm applications. Gangrenous tendency.

SILICEA.—To promote healthy granulation.

LINEAR ATROPHY OF THE SKIN, IS CHARACTERIZED BY WHITE OR CLARET-COLORED DEPRESSED SCAR-LIKE STREAKS OR SPOTS.

The *streaks*, which are the commoner form, are usually from two to five millimeters broad, and from two to several centimeters long. The *spots* may vary in size from a pin's-

head to a pea or larger. They both present a smooth depressed scar-like appearance, and may be either white or claret-colored. They occur mostly on the thighs, but may form on any part of the body.

Linear atrophy may occur at all periods of life, runs a chronic course, and seldom affects the general health of the patient.

It is supposed to be due to the cessation of the trophic nerve influence in localized areas.

Treatment.—*Cocculus* may be given *indies* to check the formation of the claret spots. *Graphites* or *Sulphur* for the white spots, and *Sabadilla* for the streaks. Usually, however, medication is unavailing. The diet should be directed to keeping up a proper and healthy state of system. Cod liver oil as a nerve food may be thought of.

ATROPHY OF THE NAIL, MAY BE EITHER CONGENITAL OR ACQUIRED, AND IS CHARACTERIZED BY A DEFICIENT GROWTH OF NAIL SUBSTANCE.

The nails are usually brittle, thinner than normal, and devoid of the natural lustre and smoothness. They frequently present a worm-eaten appearance, and have a deadened leaden hue.

Atrophy of the nail may exist as a local affection, or as is more generally the case, occur as a result of other diseases, such as eczema, psoriasis, or syphilis.

Treatment.—The principal internal remedy for simple atrophy of the nail is *SILICEA*, *bis in die*.

BAKER'S ITCH is an inflammation induced by the irritant action of flour. *See Eczema.*

BALDNESS, *see Alopecia.*

BARBER'S ITCH, *see* Tinea Tricophytina.

BOILS, *see* Furuncle.

BOTTLE-NOSE, *see* Rosacea.

BRICKLAYER'S ITCH is an inflammation excited by the irritant action of lime. *See* Eczema.

BROMIDROSIS or *Osmidrosis* IS A FUNCTIONAL DISORDER OF THE SWEAT GLANDS, CHARACTERIZED BY OFFENSIVE SWEAT.

It may be either general or local, the more common local forms being those of the axillæ and feet. The hands and feet are frequently cold, and present a bluish appearance, due to inactive circulation. Sometimes the disorder is due to the saturation of long worn socks and boots. The odor varies, being at times almost imperceptible, and in other cases so strong as to be truly disgusting.

An osmidrosis may exist, as a symptom in general diseases. Fox mentions the "rank" sweat in rheumatism, "the putrid" sweat in scurvy, the "musky" sweat in chronic peritonitis, the "mouldy" sweat in itch, the "sweet" sweat in syphilis, the "stale beer" sweat in scrofula, and the "fresh-baked brown bread" sweat in intermittent fever.

Treatment.—The most rigid cleanliness should be observed. The parts may be bathed in Alum or Carbolic acid water and afterwards dressed with diachylon plaster, closely applied. The juniper-tar soap is the best to use in the ordinary bath.

The internal remedy may be selected from the following, and administered *ter die*:

Cantharis.—Sweat smells like urine.

CONIUM MAC.—Strong, fetid, acrid, irritating sweat.

Dulcamara.—Fetid sweat, with copious discharge of limpid urine.

Ledum.—Putrid sour sweat at night.

Lycopodium.—Sweat smelling like onions.

PETROLEUM.—Fetid sweat in the axilla.

Rheum.—Sour smelling sweats.

Rhus tox.—Acrid smelling sweat.

Sepia.—*Offensive footsweat*. Sweat smells sour or like elder blossoms.

SILICEA.—OFFENSIVE FOOT-SWEAT, with rawness between the toes.

Stannum.—Mouldy, musty-smelling sweat.

STAPHYSAGRIA.—Sweat smelling like rotten eggs.

Veratrum alb.—Bitter smelling sweat.

Zincum.—Profuse sweating of the feet of a bad odor.

CALLOSITAS, or *Callosity*, CONSISTS OF A YELLOWISH OR WHITISH, NICKEL-SIZED, HORNY ELEVATED PATCH. It may be caused either by continued pressure or friction.

It is observed on the hands of mechanics and laboring men. On the foot it is caused by the friction of the boot, and appears mostly on the ball of the great toe, and on the outside of the little toe. It is found more in men than women.

Treatment.—Occasionally it disappears spontaneously. If it proves a source of annoyance, it may be removed by the knife, otherwise it is advisable not to interfere with it. *Graphites* and *Silicea* are respectively the main remedies for callosities on the hands and feet. They may be taken *ter die*.

CANCER.—The main variety of cancer with which the dermatologist, strictly speaking, has to deal, is the epi-

thelial. The others belong to the province of the surgeon.
See Epithelioma.

CARBUNCLE, *see* anthrax.

CHLOASMA IS A COLORATION OF THE SKIN, CHARACTERIZED BY THE FORMATION OF ROUND OR OVAL PATCHES, NICKEL-SIZED OR LARGER, HAVING A YELLOWISH OR BROWNISH COLOR.

It occurs more in women than in men, and selects the face as its common seat. In women it is frequently found associated with and dependent upon some physiological or pathological change in the uterus. In men it sometimes occurs in connection with tuberculosis, and after long continued malarial diseases.

Treatment.—Local applications are of temporary benefit. That most commonly used is the Merc. cor. lotion, varying in strength from 1-10 to 1 gram in 30 grams of the Emulsion of Almonds. It may be painted on the parts night and morning. The Calcium chloride solution 1:10, is also of service.

The internal remedies most useful in chloasma, and usually given *bis in die*, are:

Argentum nit.—Slight brown spots on the upper part of the chest and on the hands. Peculiar discoloration of the skin from bronze color to black.

Antimonium crud.—Brown liver-colored spots on both shoulders.

Ferrum met.—In chlorotic individuals.

GUARANA.—Yellow spots on the temples. Liver spots on the arms.

LAUROCERASUS.—Hepatic spots on the face.

LYCOPodium.—Hepatic spots on the arms. Several brown spots on inner side of both thighs.

PETROLEUM.—Brown spots on the wrists. Yellow spots on the arms.

SEPIA.—Yellow streak like a saddle on the nose and cheeks. In pregnant or nervous women.

Sulphur.—Hepatic spots on the back and chest. Yellow and brown spots.

CHROMIDROSIS IS A FUNCTIONAL DISORDER OF THE SWEAT GLANDS, GIVING RISE TO A COLORED PERSPIRATION.

It occurs most commonly in hypochondriacs, and in unmarried women associated with uterine disorders. The secretion is usually fitful in its character, and may be excited by emotional conditions.

Treatment.—*Nux vom.* is the most important remedy. It may be given *ter die*.

CLAVUS, or *Corn*, IS A SMALL, USUALLY SPLIT-PEA-SIZED, FLAT HORNY FORMATION, MORE OR LESS DEEPLY SEATED, AND PAINFUL ON PRESSURE.

It may be either *soft* or *hard*. It resembles a callosity when hard, and a wart when soft. Its most common seat is upon the outer surfaces.

Treatment.—First of all the patient must consent to wear easily fitting shoes or boots. And next the corn may be gotten rid of, by poulticing and paring it down, so that eventually it can be removed without pain.

Flexible or arnicated colloid may be used as a dressing for painful soft corns.

Corn-plasters often prove valuable aids in protecting the corns.

In some cases caustics are of service after the horny growth has been thoroughly softened by poultices.

If the corns are inflamed and painful, a *Veratrum viride* or *Arnica* lotion 1:10 may be resorted to instead of the poultices.

ANTIMONIUM CRUDUM, *ter die*, is the principal internal remedy for *hard* corns, and *Sulphur* for the *soft* variety.

COMEDO, IS A DISORDER OF THE SEBACEOUS GLANDS, CHARACTERIZED BY SMALL BLACK-TOPPED SEBACEOUS POINTS.

Each black-topped point, or comedo, vulgarly known as a *grub*, is usually about the size of a pin's head. The disease shows itself generally on the forehead, cheeks and chin. It appears mostly in young people, and is a frequent accompaniment of acne. It differs from milium in that the sebaceous duct in comedo is patulous, in milium it is closed. The face looks as if sprinkled with gunpowder in comedo, in milium it appears studded with white millet-seed like points.

If left to itself, comedo rarely runs longer than four or five years. Matrimony is said to hasten its departure.

Treatment.—The diet should in the majority of cases be regulated so as to exclude oily and fatty foods and pastry. In some cases, however, Cod liver oil may be needed.

The individual comedos should be squeezed out by the means of a watch key, or comedo pressor, and a Sulphur lotion, composed of sublimed Sulphur, 10 grams and Alcohol 25 to 50 grams applied, and allowed to remain on all night.

The principal internal remedies are *BARYTA CARB.* and *SELENIUM*. Others may be indicated as follows, and administered *ter die*:

Belladonna.—Comedos in young full-blooded people.

Cicuta.—Black spots on the skin.

Digitalis.—Black comedos on the skin of the face, which suppurate.

Mezereum.—Small comedos on the nose and cheeks.

Nitric acid.—Black sweat pores in the skin of the face.

Sabina.—Comedos that can be easily pressed out, in the cheeks and about the nose.

Sulphur.—Blackish pores in the face.

Sumbul.—Numerous black pores on the face. Skin pale.

CONDYLOMATA, OR *Mucous patches*, ARE CONTAGIOUS LESIONS PECULIAR TO SYPHILIS, AND CONSIST OF ROUND, OVAL OR OBLONG, PALE OR ROSY, USUALLY ELEVATED SPOTS, COVERED WITH A WHITISH PELLICLE.

They vary in size from a pin's head to a fifty-cent piece or larger, and select as seats, notably, the muco-cutaneous surfaces. They are seen mostly about the anus, throat, mouth and genitals, and usually appear upon the skin in connection with the papular syphilide.

Their secretion is contagious.

Treatment.—Keep the parts clean and dry. If the excrescences are troublesome, excise them with the knife and afterwards apply a *Merc. cor.* lotion, strength 1-10 to 1-5 gram to 50 grams of water.

The internal remedy may be given *quater in die*, and is indicated as follows:

CINNABAR.—For fan-shaped fig-warts accompanied by tetter.

Euphrasia.—Fig-warts at the anus.

Merc. cor.—Dry fig-warts.

Merc. nit.—Filiform fig-warts.

Merc. precip. ruber.—Fissured condylomata.

Merc. sol.—Conical fig-warts.

NITRIC ACID.—Pediculated and moist fig-warts. Fig-warts on the glans.

Sarsaparilla.—Flat fig-warts.

Staphysagria.—Cock's comb shaped fig-warts.

Sulphur.—Soft spongy fig-warts.

THUJA.—Cauliflower excrescences. Fig-warts on the scrotum and prepuce.

CORNU CUTANEUM.—The most remarkable case of human horn on record is that of a Mexican named, Paul Rodriguez. It measured fourteen inches in circumference.

DERMATALGIA, IS AN AFFECTION OF THE SKIN CHARACTERIZED BY PAIN, AND IS UNATTENDED BY STRUCTURAL CHANGE.

It attacks principally parts that are covered with hair, and occurs oftener in women than in men. The affected parts are very sensitive to external impressions, and the pain may be either continuous or intermittent, slight or severe. It is usually [of a burning character, worse at night, and may last a week or longer.

Treatment.—The galvanic current, at times affords magic relief.

The following remedies may be compared and administered *pro impetus ratione*: Baryta, Bell., Bryonia, China, Ferrum, Manganum, Nux mosch., Nux vom., Phos., Sepia, Spigelia, Sulphur, etc.

DERMATITIS CŒTUSIFORMIS, usually described as *Erythema nodosum*, MAY BE DEFINED AS AN ACUTE AFFECTION, CHARACTERIZED BY OVAL OR ROUND PURPLISH NODULES, VARYING FROM THE SIZE OF A HICKORY-NUT TO THAT OF A FIST.

The attack is generally ushered in by slight febrile dis-

turbance, more or less loss of appetite, malaise, and wandering rheumatic pains. The nodules are developed suddenly and appear in crops. They are firm and hard, tender to pressure and reddish or purplish in color as they are first formed, but grow darker and softer as they grow older. They develop mostly on the anterior surface of the leg, with their long diameters running lengthwise of the limb. Occasionally they appear on the arms and face, and are marked by a dark red periphery. They never suppurate, but disappear by absorption, and fade away in color like bruises.

The disease is seen mostly in young persons, especially females, and is often associated with rheumatism and chorea.

It occurs more frequently in spring and fall, seldom last, longer than two or three weeks, and tends to spontaneous recovery. Relapses are apt to take place.

Dermatitis contusiformis is supposed to be due to embolism in the cutaneous vessels, and is somewhat allied to purpura.

Treatment.—The local treatment consists in cold or warm Arnica or Hamamelis dressings, and if the part affected is the limb, a horizontal position should be maintained.

RHUS VENENATA, is the principal internal remedy. Others may be used according to the indications, and given *pro impetus ratione*.

Apis mel.—Inflamed erysipelatous appearance of the nodules. Stinging, burning pains. Relieved by cold dressings.

ARNICA.—Yellow, blue, and reddish-blue spots. Pain as if beaten. In lying-in women.

PTELEA TRIF.—Red spots on the lower extremities, alike in position on both. After an hour or so change to purple

color. The spots become dirty yellow, and leave the appearance of a bruise.

Rhus venenata.—Red spots from half an inch to two inches in diameter, especially on the legs below the knees, painful and changing color into bluish then greenish yellow.

DERMATITIS EXFOLIATIVA, more generally described under the name *Pityriasis rubra*,—a term, however, that is apt to mislead, as the scales are not *branny* as in ordinary *Pityriasis*, but *flakey*,—MAY BE DEFINED AS A DISEASE USUALLY INVOLVING THE WHOLE SURFACE, AND CHARACTERIZED BY A HIGHLY REDDENED SKIN, AND THE ABUNDANT EXFOLIATION OF EPIDERMIS IN THE FORM OF LARGE THIN WHITISH FLAKES.

It commonly begins in the form of small and red flakey patches, which rapidly increase in size, unattended by either thickening of the skin or itching. The flakes vary in size, from a nickel to several centimeters in diameter, and when removed, leave the skin red and shining. Handfuls of these armor-like plates may be shed in twenty-four hours.

This is a rare disease, occurs mostly in adult life, and may be either acute or chronic. It involves the papillary layer alone and is supposed to be due to a disturbance of the trophic nerves.

Treatment.—Soothing local applications, such as bran baths or a decoction of walnut leaves followed by oily inunctions, and later by the tarry preparations, are important aids.

The internal treatment should be directed if need be towards bringing about a healthy condition of the system.

ARSENICUM ALB. is the principal remedy and may be

administered *quater in die*. Others may occasionally be called for, notably, Ars. jodat., Kali ars., Piper methysticum, Clematis and Phosphorus.

DERMATOLYSIS, IS A HYPERTROPHY OF THE SKIN ASSUMING THE FORM OF PENDULOUS PURSE-LIKE FOLDS.

It seldom appears before the age of puberty, though occasionally congenital. It runs a slow course, and may be confined to certain regions, or appear on any part of the body.

Treatment.—If the folds are large they may be ligatured and excised.

The *Bromide of Ammonium* has some reputation in arresting the disease. Staphysagria and Carbo animalis may be studied.

DYSIDROSIS, MAY BE DEFINED AS AN INFLAMMATION OF THE SWEAT STRUCTURES OF THE HANDS AND FEET, AND IS CHARACTERIZED BY REDNESS AND SWELLING OF THE PARTS, WITH DISTENSION OF THE SWEAT DUCTS, IN THE FORM OF SAGO-LIKE POINTS, AND THE DEVELOPMENT OF BULLÆ.

It appears more in summer than in winter, and attacks symmetrically the sides and palmar surfaces of the fingers, the palms, and sometimes the soles of the feet. It selects as its victims the nervously debilitated, and tends to run a definite course of two or three weeks duration. Usually after the disease has existed for some time, the epidermis becomes macerated, and peels off, leaving the skin sore and painful.

Treatment.—The local treatment consists in using soothing applications, notably alkaline baths to which a little starch has been added, and afterward wrapping the parts up in Carron oil.

Clematis and *Natrum sulph.* are the most important internal remedies, and may be given *pro impetus ratione*.

ECTHYMA IS CHARACTERIZED BY THE DEVELOPMENT OF LARGE, ISOLATED PAINFUL PUSTULES, SITUATED UPON HARD AND INFLAMED BASES, AND FOLLOWED BY DARK-BROWN CRUSTS.

The pustules are roundish or oval, flattened, of a yellow or yellowish-red color, and are surrounded by a bright red areola. Slight febrile disturbance usually precedes their outbreak. After a few days the contents of the pustules dry to form flat dark brown crusts, which when removed leave extensive excoriations, and resultant temporary scars and pigmentation. Ecthyma may occur at any time of life and selects as its victims the badly nourished and cachectic. The neck, shoulders and back are its most frequent seats. It is a superficial lesion, and rarely extends beyond the papillary layer.

It may be confounded with eczema and impetigo contagiosa, but is more apt to be mistaken for the large, flat, *pustular syphilide*. Ecthyma, however, develops more rapidly, has more heat and pain, and has slight ulceration and brownish crusts; while the syphilide has a more or less deep ulcer, with abrupt edges, and a blackish crust.

Treatment.—The patient should be well hygiened and given a good generous diet. The affected parts may be anointed once or twice a day with a weak white precipitate ointment (0.1 to 0.3 grams to 50 grams.) After pustules burst, if ulcers show but little tendency to heal, a weak Carbolic acid wash may be used.

The appropriate internal remedy may be selected from the following, and administered *pro impetus ratione*:

Antimonium crud.—Pustules on the face in fat people. Yellowish or brownish scabs.

ARSENICUM ALB.—Red or white pustules with intense burning. Thick crusts, leaving well-marked scars. In cachectic individuals.

Cicuta.—Confluent pustules about the face, forming yellow crusts.

Cyclamen.—Pustules on the feet and toes.

Kali bich.—Pustules all over the body, having a small brown scab on top. Pustules at the root of the nails, spreading over the hands. Pustules resembling small pox.

MERCURIUS.—Suppurating pustules, which either run into one another, discharging an acrid fluid, or which remain sore, become hollow, and afterwards raised and cicatrized.

Piper nigrum.—Large pustules leaving marks on the face.

Rhus tox.—Pustules upon a red base.

Secale cor.—Pustules on the arms and legs, with tendency to gangrene. In cachectic, scrawny females with rough skin.

TARTAR EMETIC.—Large, round, full, burning pustules, with red areolæ, forming in two days, and leaving deep scars.

Cistus and Nux juglans may at times be indicated.

ECZEMA MAY BE DEFINED AS A CATARRHAL INFLAMMATION OF THE SKIN, RUNNING THROUGH THE STAGES OF ERYTHEMA, PAPULATION, VESICULATION, PUSTULATION, INCRUSTATION, AND SQUAMATION, AND CHARACTERIZED BY THE PRESENCE OF A DISCHARGE, HAVING THE QUALITY OF STIFFENING LINEN.

It may be either acute or chronic, may commence abruptly or gradually, and may run its course in a few weeks, or last for years.

The disease is frequently though not always ushered in by more or less febrile disturbance, lassitude and loss of appetite, which are soon followed by an eruption of one or more reddish patches of variable size, accompanied by heat and burning. In a day or two, or at times even in a few hours, little pin-points are seen on the reddened surface, and vesicles make their appearance, attended with more or less intense itching. The vesicles are made up mostly of serum containing a few leucocytes and a little fibrin, and rarely last longer than twenty-four or forty-eight hours. The *itching* is now the most prominent subjective symptom. The period of redness and vesiculation is called the FIRST STAGE.

As the vesicles mature the clear serum becomes cloudy, and pustules are formed which either rupture spontaneously or from friction. After rupture their contents dry upon the surface in the form of characteristic *yellowish-green scabs*. (And it may here be noted that in proportion to the amount of leucocytes contained in the effusion, the disease will be either decidedly vesicular or decidedly pustular.)

This is the SECOND *or* EXUDATIVE STAGE, and may be of indefinite duration. The advancing border of the disease may be marked, either by the formation of new papules and vesicles, or by the simple exfoliation of the stratum corneum.

This latter phenomenon, which has led so many to deny that eczema has *always* a stage of discharge, can be explained by the fact, that succeeding the primary congestion, there is an exudation from the vessels, which may instead of lifting up the layers to form vesicles, ooze through, and float the corneal layer of cells. (E. erythematosum).

After a time the exudation lessens, the crusts grow thinner, the effusion ceases, the surface becomes dry, white scales take the place of crusts, and the disease is in the THIRD STAGE.

Occasionally the skin becomes much infiltrated and thickened, or in more aggravated forms takes on a decided tendency to fissure. If, however, the patches tend to recovery, the scales become finer and more adherent, and the skin gradually returns to its natural condition without a scar.

According as the disease is mild or severe, or accompanied by an amount of pustulation and crusting, out of proportion to the amount of inflammation present, it has received the names of *E. simplex*, *E. rubrum* and *E. impetiginosum*.

ACUTE ECZEMAS are characterized by redness and swelling, with other symptoms of inflammatory action, followed by minute vesicles, which run their normal course, and are always attended by itching. These eczemas may vary somewhat in their general characters, according to their location and the temperament of the patient.

In nervo-bilious subjects they tend to become irritable, in gouty subjects they are apt to be inflammatory, and in scrofulous individuals they run speedily and freely to the formation of pus.

When occurring *on the scalp*—a common seat in infants—the disease passes rapidly through the erythematous and vesicular to the pustular stage, and is followed by the formation of thick greenish-yellow crusts, covering a raw red and cracked surface. Post-cervical adenitis is its common accompaniment.

On the face, the eruption is often symmetrical, and may

be present in different stages. It is usually a very stubborn form in adults. In children, eczema in this locality has been given the title of *crusta lactea*.

On the head, the inflammation elects to extend to the hair follicles, and passes rapidly into the pustular stage.

On the ears, there is generally considerable inflammation and swelling. The vesicles may be well developed, but proceed to early pustulation. Small abscesses may at times be formed.

In the axillæ, enlargement of the axillary glands, with the formation of abscesses are quite frequent.

On the nipples, it is usually accompanied by severe pruritus, and a copious discharge of yellowish or reddish serum.

On the genitals, there is commonly considerable attendant heat and redness. Moisture is always a prominent symptom.

On the arms, legs, and thighs, it proves one of the most obstinate forms. It is attended by intolerable itching, and is apt to pass rapidly through the erythematous, and be prolonged in the pustular stage.

The flexures of the joints and the clefts of the nates are oftener affected with the severer type, than other parts of the body.

On the hands and feet, it is usually symmetrical, and frequently assumes the fissured form, with but little exudation and crusting.

In young children "scratch-marks" are scattered with more or less profusion, over the affected surface.

CHRONIC ECZEMAS may either start as primary affections, or with acute or sub-acute symptoms, the disease halting

either in the second, or more frequently in the third stage. They are more common than the acute variety, and may be said to exist, whenever eczemas take on definite lines of action, or show a tendency to repeat themselves, and are accompanied by secondary changes.

On the scalp, chronic eczema is frequently accompanied by falling off of the hair. Adults of a lymphatic and scrofulous habit, and especially women at the meno-pause, are apt to be troubled with this lingering form. It tends to spread to the ears and eyebrows, and may be followed by warty thickening of the skin.

On the cheeks, chin, and upper lip, it is very intractable. The parts are more infiltrated than in the acute form, and may be covered with bran-like scales.

On the ears, it is very obstinate when it attacks females at the climacteric.

On the nasal mucous membrane, it may form crusts, which adhere for years, and give rise to annual returns of erysipelas of the face.

On the mammae, it may result in the formation of fissures and abscesses. Glycosuria is a common accompaniment.

On the perineum and anus, there is always more or less moisture with a decided tendency to fissure.

On the genitals, thickening of the scrotum is apt to take place.

On the hands and feet, it sometimes commences by the appearance of fissures, which are red and painful, and give forth a viscid secretion, which dries into scales.

On the legs, especially in old people, it is prone to take on an inflammatory state, with a tendency to the formation of

ulcers. Infiltration is always a common feature of chronic eczema.

Eczema, attacks more frequently light, florid complexioned individuals, and is a commoner affection in this country, than in Europe. In Chicago, according to my experience, it constitutes about forty-five per cent. of the entire number of skin diseases. Like the individual who makes a failure in life, eczema usually travels from head to foot as age advances. It appears more particularly on the head in infancy and youth, descends to the trunk and genitals as adult life approaches, and appears on the lower limbs as its victim is tottering to the grave.

Some individuals are so constituted that their skins are ever ready, on the slightest provocation to take on diseased states. In such persons anything which tends to lower the average degree of health, is apt, other things being equal, to give rise to an attack of eczema.

Dyspepsia in its influence through mal-assimilation, is after this manner, a very potent cause. Diseased states of the kidneys or bowels, and an inactive skin, whereby the proper excretory functions are interfered with, frequently produce and keep up the disease. Gouty and rheumatic patients are prone to attacks of eczema. In children, dentition plays an important part. Pregnancy at times occasions an outbreak. Blacksmiths, grocers, bakers, washerwomen, and workers in lime, from the irritating nature of their employment, are liable to the types known as grocer's, baker's, washerwoman's, etc., itch.

At times eczema becomes substitutive. And so occasionally it may be seen to disappear from the skin in connection

with the development of a bronchitis, leucorrhœa, or intestinal catarrh, or *vice versa*. Its disappearance is thus looked upon as a consequence, not a cause of the latter.

Of local causes or those which give rise to *artificial eczema* may be mentioned: Excessive use of Mercury, Croton tig., Cantharides, Mustard, Rhus ven. and Rhus tox., strong potash soaps, and the contact of aniline dyes and pediculi. An attack may sometimes occur from the injudicious use of Turkish baths.

Eczema is due to faulty innervation, by which cell proliferation and capillary congestion, with their consequences are produced. The papillary layer is its principal seat and the *modus operandi* of its development is as follows: An exudation of serum takes place from the congested vessels, which floats the over-supply of new cells, and the two push on to the rete, from the papillary layer, separate the cell elements of the stratum malpighii and stratum lucidum, and uplift the cuticle so as to form first papules, and then vesicles.

The diagnosis of typical eczema presents but little difficulty. It is only in the irregular and imperfectly developed cases that mistakes may arise.

In the erythematous stage it may be confounded with erythema, but the subsequent course of the disease soon disperses any doubt. In the papular stage, it at times resembles lichen. Lichen affects particularly the outside of the limbs, and is a decidedly *plastic* inflammation, while eczema is a *serous* one. In the vesicular stage, eczema, herpes, zoster, and scabies, may bear considerable resemblance. The points of difference are: the vesicles of herpes are larger

than those of eczema, and appear mostly on the face and genitals. The eczematous vesicles may be irregularly distributed over the body. Eczema is never attended by the neuralgic pain of zoster, and the eruption does not follow the course of the nerves. It is seldom accompanied by the intense *nightly* itching, so characteristic of scabies. The presence of acari, and the rapid disappearance of the disease under parasitocidal treatment, will at once decide the question. In the stage of incrustation, it may be mistaken for impetigo contagiosa and tinea favosa. The crusts of impetigo contagiosa, are superficial and appear as if stuck on. Those of favus are cup-shaped and of a sulphur-yellow color. Eczema crusts are greenish-yellow.

In the squamous stage, it may be confounded with psoriasis, seborrhœa, dermatitis exfoliativa, and the foliaceous variety of pemphigus. Psoriasis never has a history of discharge, and the scales are silvery white. In seborrhœa, the scales are oily and larger than in eczema. Dermatitis exfoliativa presents large, thin, easily detached "flakes," which when removed leave a dry, reddish, glazed surface. Foliaceous pemphigus starts from bullæ, and the scales are thick and parchment-like.

Treatment.—The diet should be regulated so as to bring in as many of the oleaginous principles as possible in place of the nitrogenous. Pork, pastry and stimulating drinks should be strictly forbidden.

The local treatment consists in first allaying the acute inflammatory symptoms, if any exist. This is best done by the use of bran washes, poppy fomentations, or emollient poultices of marsh mallow, boiled starch or linseed meal.

In simple cases where there is but little inflammatory disturbance, and the discharge is the principal feature, the parts should be dusted two or three times per day—after the removal of whatever scabs are present—with equal parts of Oxide or Carbonate of Zinc and starch, or Lycopodium powder. Glyceral tannin is sometimes used with benefit for the same condition.

When there is much itching, temporary relief is afforded, by the application of cloths wrung out in hot water. If the itching should prove obstinate, one of the following lotions may be resorted to:

Carbolic acid, 0.5 gram, Glycerine, 4 grams, Bran water, 100 grams, mix. Hydrocyanic acid dil., 2 grams, Glycerine, 8 grams, bran water, 60 grams, mix. Grindelia robust tinct., Glycerine, *a a*, 4 grams, bran water, 40 grams, mix. Pyroligneous oil of Juniper, 20 grams, Olive oil, 40 grams, mix. Borax, 1 to 3 grams, lime water, 50 grams.

The first three are adapted to itching attending acute eczemas, but the Pyroligneous oil of Juniper should be used only after the inflammatory symptoms have subsided. Great relief has been occasionally experienced from galvanism.

At times oleates or ointments answer better than either lotions, or dusting powders, and this especially, when, as is apt to be the case, there is, outside of the discharge feature, an unnatural dryness of the skin. The Benzoated oxide of Zinc ointment is the one most commonly used. Its action is, however, protective rather than curative. It allays irritation and keeps the air from the surface, and thus aids much in performing a cure. The Oleate of Zinc is at times preferable to the ointment. Diachylon plaster or the Oleate

of Litharge, spread on strips of linen, and closely applied to the affected part, is useful both in acute cases, and in the severer and more chronic forms occurring on the legs in old people.

White precipitate ointment, having the prepared strength of from 0.1 to 0.5 grams of White precipitate to 50 grams of Cosmoline, vies with Graphites cerate in the decidedly pustular eczemas of children.

The Red precipitate ointment, varying in strength from 0.5 to 3 grams in 50 grams, will often prove serviceable in localized eczemas, when other means fail.

Chrysophanic cerate not too strong may be used in the squamous stage with considerable benefit. The staining it leaves, is, however, one great objection to its use.

The special unguents, such as *Iris vers.*, *Arctium lappa*, *Dulcamara*, and *Croton tiglium* cerates, are adapted to those individual cases of eczema, where the medicine that names the cerate, is the remedy for the disease.

Ointments should as a rule be applied night and morning, and all scales should be removed, and the parts bathed before every application.

The tarry compounds, notably the Oil of Cade and the Pyroligneous oil of Juniper are the most important local aids, where eczema has become chronic, or has arrived at the third stage. They may be applied in strengths, varying from 10 to 30 grams of the tarry preparations to 30 grams of Olive oil. The affected parts should be well rubbed with oil, once or twice a day, for fifteen minutes at a time.

When there is much infiltration, and the tarry compounds fail, the Oleate of Tannin, made by triturating and boiling

5 grams of Tannin in 30 grams of Oleic acid may be tried. If this fails, it should be remembered that a mixture of alcohol and Sapo viridis, in the proportion of 15 grams of the former to 30 grams of the latter, often acts serviceably. And as a dernier resort, the soft soap treatment may be employed. The parts should be scrubbed with a soft brush, dipped first in hot water and then in Sapo viridis for five or ten minutes, or at least until an abundant lather is produced, and the skin bleeds slightly. They should then be washed off, and some oily substance, preferably the Oleate of Litharge, closely applied on strips of linen. This process is to be gone through regularly, night and morning. And generally it may be said that the worst cases of infiltrated eczema improve rapidly under this treatment.

The appropriate internal remedy will usually be one of the following, according to the indications, and may be administered *pro impetus ratione* in acute cases, and *ter die* in chronic cases:

Aconite.—In the simpler forms of eczema, and when there is much febrile disturbance. Acute cases in plethoric persons.

Alumina.—Hard crusts on the scalp and arms. Gnawing itching, worse in the evening. Aggravated on alternate days, and from eating new potatoes.

AMMONIUM CARB.—Eczema in the bends of the extremities. Excoriations between the legs, and about the anus and genitals. Aggravated by hot poultices. In children.

Argentum nit.—Eczema on the genitals. In children who eat too much sweets.

Arsenicum alb.—Eczema on the face, legs and genitals. *Intense burning of the surface.* Itching worse during the first hours of sleep. Useful in chronic cases.

Baryta carb.—Moist crusts on the scalp. Swelling and induration of the glands. In fat timid children that take cold easily.

Belladonna.—Eczema on the face with scarlet redness. In children during dentition.

Borax.—Eczema on the scalp and face. Red papulous eruption around the cheeks and chin. The child starts from sleep while being laid down in the cradle.

Bovista.—Grocers itch. Skin of fingers usually dented by use of scissors or other instruments. Thick crusts. Swelling of the upper lip.

Bromine.—Eczema covering the head as with a cap, with profuse oozing of dirty, nasty smelling discharge. Glands of the neck swollen.

Bryonia.—Eczema all over, especially *on the back*. Eruption slow in making its appearance.

Caladium.—Eczema on the genitals. Itching and burning, worse at night. Attacks alternating with asthma.

CALCAREA CARB.—Thick crusts with yellow pus beneath, on the face, legs, and flexures of the extremities. In big bellied children with light hair and blue eyes. Aggravated from drinking milk, and after washing.

Calcium sulphide.—Eczema spreading by new pimples beyond the main excoriation. Soreness and moisture in the folds between the scrotum and thighs. Unhealthy skin, even slight injuries maturate. Itching on rising in the morning.

Cantharis.—The inflammatory stage. Eruption mostly

on the right side, with burning and itching. When complicated with urinary troubles.

Carbo veg.—Eczema on the legs. Vesicles on the knees. In cachectic individuals, accompanying dyspepsia.

Carbolic acid.—Vesicular eruption on the hands. Itching better from rubbing, but leaving a burning pain.

Chamomilla.—Excoriations between the thighs in children and infants. Child fretful, must be carried about.

Cicuta.—Eczema on the face with *yellow scurf* on the skin like dried honey. Thick whitish scurf on the chin and upper lip, with oozing.

Clematis.—Moist eczema on the neck and occiput, itching terribly.

Crotalus.—Vesicular eruption on the septum narium.

CROTON TIG.—Eczema on the face, genitals and scrotum. Swelling and redness of the face and eyelids, which are covered with small vesicles. *Two-story pustules*. A perfect picture of all the stages of eczema in regular course.

Dulcamara.—Thick brown crusts with reddish-brown on the temples, forehead and chin. Eruption precedes the catamenia.

GRAPHITES.—Thick crusts, and a raw surface with deep rhagades. Worse on the chin, behind the ears, on the palms of the hands, and on the left side. Humid eruption with secretion of corrosive serum smelling like herring brine. Itching worse in the evening and at night.

Helleborus.—Small vesicles on the fingers of the right hand, humid for a long time and then covered with scurf.

Hydrastis.—Eczema along the border of the hairy scalp. Oozing after washing.

Iris versic.—Eczema of the face. Pustular eruption around the nose and lips, and on the cheeks.

Juglans cin.—Vesicular eruption on the upper and front part of the chest with burning and itching. Stitch-like pain under the right scapula.

Lachesis.—Eczema on the legs.

Lappa.—Grayish-white crusts. Moist bad smelling eruption on the heads of children.

Lycopodium.—Eczema beginning on the back of the head, and extending to the face. Bleeds easily and is covered with thick fetid crusts. Inclined to constipation.

Merc. iodat.—When other remedies fail, and there is a decided syphilitic taint.

MERC. PRECIP. RUBER.—Eczema of the hairy parts, and of the anus with fissures. Eczema of the umbilicus.

Merc. sol.—Yellow crusts with inflamed areolæ. Patients perspire easily. Itching worse at night and when warm in bed.

Mezereum.—Honey-like scabs around the mouth. Discharges profuse, excoriate the surrounding parts. Unbearable itching as if the head were in an ants nest.

Natrum mur.—Eczema raw and inflamed, discharging a corrosive gluey fluid. Worse in the edges of the hair and on the genitals and legs.

Nitric acid.—Vesicles on the inner side of the left hand. Moisture and itching in the anus.

NUX JUGLANS.—Burning itching vesicles upon a cracked surface, with a greenish discharge which stiffens linen. Large blood boils on the shoulders and hepatic region.

Oleander.—Oozing behind the ears, and on the back part

of the head. Smooth shining surface covered with drops of serum.

Petroleum.—Moist eczema on the genitals. Excoriated running spots on the skin. Skin of hands cracked and rough. Eruption between the toes.

Piper methysticum.—Skin dry, scaly, cracked and ulcerated, especially when it is thick, as on the hands and feet.

Piper nigrum.—Eczema on the lips.

RHUS TOX.—In acute eczema. *Small yellow vesicles with red areolæ. Nightly itching. Aggravated by changes in the weather and by wet weather.*

Rhus venenata.—Fine vesicular eruption on the upper extremities. Groups of watery vesicles on the fingers. Fissures on the ends of the fingers. *Upper lip swollen and covered with vesicles.*

Sarsaparilla.—Thick scabs on the face. Scabby eruption on the nose and face, like *milk crust*.

Sepia.—Eczema, in rings. During pregnancy and nursing.

Silicea.—Eczema on the arms. *Scabs behind the ears.* Cervical glands swollen.

Staphysagria.—Yellow acrid offensive moisture oozes from under the crust. Scalp painfully sensitive. Cross words injure feelings. Eczema of the feet.

SULPHUR.—Eczema around the margin of the hairy scalp, from ear to ear, posteriorly. Crusts and pimples and easily bleeding surface. Genitals, legs and bends of the extremities specially affected.

Sumbul.—Eczema on the left side of the scalp in infants.

Tart. emet.—Vesicular eruption about the nose, eyes, neck and shoulders. Early pustulation.

Viola tricolor.—*Discharge of yellow water or pus*. Humid eruption with much vermin and nightly itching. Urine smells like cats urine.

ELEPHANTIASIS IS A CHRONIC DISEASE CHARACTERIZED BY GREAT HYPERTROPHY OF THE SKIN, AND SUBCUTANEOUS CONNECTIVE TISSUE, USUALLY CONFINED TO THE LOWER LIMBS AND GENITALS.

It has been variously known as elephantiasis arabum, elephant leg, Barbadoes leg, and tropical big leg. It is more prevalent in low malarial districts, and in tropical climates. It attacks males more than females, is neither hereditary nor contagious, and rarely appears before puberty.

The disease is generally ushered in with a chill followed by febrile symptoms. An inflammatory swelling of the leg, soon makes its appearance, accompanied by an inflamed and painfully distended condition of the lymphatics and glands of the groin. In a few days the febrile symptoms subside, but the swelling remains, never entirely disappearing. Recurrent inflammatory attacks take place at variable intervals, which leave the leg always larger than it was before. In the course of a year or more, the febrile attacks cease, but the parts continue growing until they reach an enormous size.

The etiology of elephantiasis is obscure. Recent investigations would, however, lead us to infer that it is due to the action of a parasite, the *filaria sanguinis*, in obstructing the lymphatics. It is supposed that the mosquito plays an important part in the development and transportation of the undeveloped filariæ.

Treatment.—A milk diet is the best for the elephantiasis patient, and if it is a possible thing, a change of climate should be made.

Esmarch's bandage has been employed with good result, as has also prolonged compression of the main artery of the part. Excision of the sciatic nerve is recommended in some cases, and amputation as a dernier resort should not be forgotten.

Relief, and occasionally beneficial results come from the use, of Hamamelis or Chaulmoogra oil dressings.

MYRISTICA SEBIFERA, *quater in die*, is the main internal remedy. *Hydrocotile asiatica*, has been recommended, as have also *Anacardium orientale* and *Elæis guineensis*.

EPHELIS, or *Sunburn*, IS A VARIETY OF SKIN DISCOLORATION, DUE TO THE DEPOSIT OF PIGMENT, EXCITED BY THE ACTION OF THE SUN'S RAYS.

Temporary benefit accrues from the use of local applications strong enough to cause exfoliation of the corneal cells.

The Merc. cor. lotion, strength 5 grams to 30 grams, and the Muriate of Lime lotion, strength 5 grams to 40 grams, are the ones most commonly used. VERATRUM ALB., ROBINIA and *Kali carb.* are useful internal remedies. They may be administered *ter die*. *Bufo* is indicated when the face tans quickly.

EPITHELIOMA or *Epithelial cancer*, may start either as a flat infiltration, a wart or other growth.

The earliest sign is often a simple crack, or little hard, pale dusky lump, which sooner or later fissures, and is then either moist, or covered with a brownish or yellowish crust.

The growth gradually increases in size and finally breaks down into superficial ulcers. The typical ulcer is roundish, split-pea sized or larger, has hard sharply defined edges, and secretes a scanty, yellow, viscid fluid. This form may con-

tinue for years, running along as an apparently local affection without in any way undermining the patient's health.

It is usually met with in men, especially smokers, and selects as its favorite seat, the lower lip. On the scrotum it constitutes the *chimney sweeper's cancer*. When occurring on the upper two-thirds of the face it forms the *rodent ulcer* of English writers.

At times epithelioma commences in the form of papules, which are at first movable, but later tend to run together, and form reddish or purplish colored walnut-sized aggregations. These eventually break down and form extensive ulcers. They are attended sooner or later by sharp lancinating pains which become almost unendurable as the disease advances. The ulcers are usually roundish, have hard everted, indurated and undermined edges, secrete an offensive pale yellow viscid fluid, and bleed easily. As the destructive process continues, tissue after tissue gives way to the invader, the lymphatic glands become enlarged and suppurate, and the patient ultimately succumbs from exhaustion. This form attacks by preference the mucous membrane and cheeks, but may appear on any part of the body. Its course may be either slow or rapid, and when left to itself it usually destroys life in from two to five years.

Occasionally epithelial cancer develops as wart-like growths or cauliflower excrescences that vary in size from a split pea to a hazel-nut, and ultimately break down, forming irregularly shaped granulating, easily bleeding excavations, which slowly run the course of other epitheliomatous ulcers.

Epithelioma is supposed to originate from the endothelium of the lymphatics. It may be confounded with syphilis and

lupus vulgaris. The history of the cases, however, are different. Syphilitic formations are always more rapidly developed than epitheliomatous. The ulcers of syphilis are generally multiple, have an abundant secretion, and are devoid of pain, while those of epithelioma are usually single, with scanty secretion, and severe lancinating pain.

Lupus vulgaris is commonly a disease of childhood; epithelioma is an affection of middle life. The discharge from the epitheliomatous ulcer is generally offensive, while that from *lupus* is not.

Treatment.—The treatment is mostly local. The growth should be removed by the knife, the galvano-caustic, or what is perhaps preferable, Marsden's Arsenical mucilage, (Arsenous acid 40 grams, mucilage of gum acacia 20 grams, mix.)

The *Chromium chloride*, used as a paint, has been recommended, and *Hydrastis* dressings may at times be used with benefit.

THUJA is the principal internal remedy. Favorable mention may be made of SEPIA, *Arsenicum alb.*, Condurango, Lapis alba, and red clover blossom tea.

ERYTHEMA, though strictly a symptom, meaning simple redness or hyperæmia, and occurring in the course of a variety of diseases, is, *by common consent, the name given to AN INFLAMMATION OF THE SKIN, CHARACTERIZED BY THE APPEARANCE OF MACULES, PAPULES OR TUBERCLES, ATTENDED BY MORE OR LESS ITCHING AND BURNING.*

The first symptom may be the appearance of one or more erythematous or slightly reddened patches, of variable size and shape. They may be circular in form, the redness gradually disappearing in the centre and extending at the peri-

phery, (*E. annulare*.) Several of the circles may run together and by blending in segments, give to the redness a serpentine aspect, (*E. gyratum*.) Occasionally variegated concentric rings may be formed (*E. iris*.) But generally the disease appears in the form of distinct papules, (*E. papulatum*,) or tubercles, (*E. tuberculatum*,) of variable size and shape, having a bluish color and lasting about a week. All these varied forms of manifestation are but stages of one and the same process, and not separate affections.

Erythema usually runs an acute course, and appears symmetrically. It attacks by preference the backs of the hands and feet, the arms, the legs, and the forehead. It is mostly an affection of children, and young people. It attacks females more than males, and prevails in the spring and fall. Individuals who are troubled with it one year, are apt to have it again at the same time in succeeding years. When occurring on the fingers, it closely resembles chilblains. It may be commonly known by its superficial and protean character, and its symmetrical distribution.

Treatment.—When there is much itching and burning one of the following lotions may be used. Carbolic acid, 0.1 gram, distilled water, 25 grams, mix. *Grindelia robusta* tinct., 4 grams, distilled water, 40 grams, mix. Or *Veratrum viride* tinct., 4 grams, distilled water, 40 grams, mix.

When opposing surfaces are much inflamed they may be protected by dusting, with Oxide of Zinc and starch, by *Lycopodium*, or buckwheat powder.

The internal remedies to be administered *pro impetù ratione* are:

ACONITE.—Erythema excited by the action of the sun's rays.

Æthusa.—Appearance and disappearance of reddish-blue spots on the trunk and left leg. General malaise.

Ailanthus.—Irregular spots of capillary congestion. Dark almost livid eruption on the forehead.

ARSENICUM IODATUS.—Erythema especially of the face.

BELLADONNA.—Inflamed red patches. *Irregularly* shaped scarlet spots over the body. More on face and upper part of body.

Berberis.—Mottled spots as after a bruise on the right shoulder, left humerus, back of the hand and wrist.

Bryonia.—*Red round hot spots* on the malar bone, as large as peas.

Cadmium sulph.—Red spots on the extremities.

CHELIDONIUM MAJ.—Round red spots, size of a half dollar, accompanied with burning pain, on anterior surface of the forearms and face, disappearing in a few hours.

CHLORAL HYDRATE.—Bright red or bluish erythema over the whole body, permanent under pressure, mottled with livid patches and deep red spots. Pruritus of the whole skin.

Crocus sat.—Circumscribed red spots on the face, which burn.

Condurango.—Erythematous blotches on the face and arms.

Gelsemium.—Papulous eruption on the face resembling measles.

Gossypium.—Round little spots with pale red circles, around the knee caps, and over the shin bones, which itch very much.

LACTIC ACID.—Several bright red blotches on the anterior

surface of the leg, with slight burning and no itching. Relieved by cold. Eruption brightest at 8 A. M.

Laurocerasus.—Erythematous patches, terminating in dark red purple spots.

Mercurius sol.—Light red patches on the forearm and inner side of the thighs. Itching changed to burning by scratching.

MEZEREUM.—Erythema on the legs in old people.

NUX VOM.—Pimples on the face with itching burning. After drinking wine or alcoholic liquors.

Phytolacca.—Painful erythematous blotches of a pale red color.

Pulsatilla nut.—Erythema of the scalp. Dark blue or red eruption on the legs and ankles.

Rhus tox.—Ridges on the lower limbs.

Sabadilla.—Red streaks on the arms. Worse from cold.

USTILAGO.—Fine eruption of a deep red color, about the size of a pin's head, appearing on any part of the body, after scratching. On the neck it takes a circular form.

ERYTHEMA NODOSUM, *see* Dermatitis contusifomis.

FAVUS, *see* Tinea favosa.

FIBROMA, or *Polypus of the Skin*, IS CHARACTERIZED BY SESSILE OR PEDUNCULATED OUTGROWTHS FROM THE CONNECTIVE TISSUE, GENERALLY CLUB-SHAPED, AND VARYING IN SIZE FROM A PEA TO A LARGE PEAR.

The polypi or tumors are as a rule unattended with pain. They may either remain stationary or grow to a considerable size. In consistence the smaller are usually soft, and

the larger more elastic and fibrous. When large they are apt to take on ulceration.

Treatment.—The larger tumors may be removed by the knife, the galvano-caustic, or the elastic ligature. The smaller ones gradually disappear under the local use of the Acid nitrate of Mercury.

The *Arsenite of Calcareo* and *Lycopodium* are the principal internal remedies. They may be given *ter die*.

FISH-SKIN DISEASE. *See* Icthyosis.

FRAMBÆSIA, or Yaws, IS AN ENDEMIC, CONTAGIOUS DISEASE, CHARACTERIZED BY VARIOUSLY-SIZED, REDDISH PAPULES, TUBERCLES AND TUMORS, IN ALL STAGES OF DEVELOPMENT.

They start as pin-head sized points and gradually increase in size so as to resemble in their different stages of development, first a currant, then a raspberry, and lastly a cherry. Later on in their course they are apt to break down and ulcerate, pouring out a thin yellowish offensive discharge.

The disease rarely occurs twice in the same individual. It attacks mostly the face and genitals, and occasionally the upper and lower extremities. It is endemic in the West Indies and in some parts of South America and Africa.

Treatment.—The local treatment consists in using a *Jatropha* lotion, having the prepared strength of 5 grams of *Jatropha* tincture, to from 20 to 30 grams of distilled water, or else a weak citrine ointment.

The Iodides of Mercury and Potassium are the most efficacious internal remedies.

FURUNCLE, or Boil, IS A CIRCUMSCRIBED INFLAMMATION OF THE SKIN AND CONNECTIVE TISSUE, VARYING IN SIZE FROM A

SMALL PEA, TO A HICKORY-NUT, HAVING AN INDURATED AND INFLAMED BASE, AND USUALLY TERMINATING IN SUPPURATION AND THE FORMATION OF A "CORE."

The boil commences as a small, roundish, inflamed spot, tender to the touch, and surrounded by a bright red areola, which changes to purple as the disease advances. It gradually increases in size, becomes more and more sensitive to the touch, and the pain which is usually of a throbbing nature increases in intensity.

After running an increasingly painful course of five or six days, the rounded swelling suppurates and throws out a central slough called a "core." At times the suppurative stage is scarcely reached, and no core forms. It is then termed a "blind" boil. After the discharge, the pain, redness and inflammatory symptoms quickly subside, the patient feels relieved, and unless there are more to follow, his troubles are over. Generally, however, this is but a foretaste of things to come, and the end is not yet.

Furuncles may make their appearance on any part of the body, but attack by preference, the face, back and gluteal region, and may start either in the hair follicles, sebaceous glands or surrounding cellular tissue. They are usually dependent upon disordered blood-states, or depraved conditions of system, and are sometimes epidemic. They are more common at the extremes of life, but may occur at any age.

Treatment.—Patients should be well hygiened and given a good wholesome diet. In debilitated states the free use of porter may eradicate the tendency to boils. Brewers' yeast, in tablespoonful doses between meals, has the reputa-

tion of being a preventive. And the Muriate of Lime lotion 1:10, well rubbed on the parts when boils threaten, sometimes occasions their abortion. As soon as a boil has been diagnosed to be fully under way, the best local treatment is, to open it with the knife as soon as possible, and apply hot, limited, flaxseed or tomato poultices. The poulticing should be continued until the "core" comes away. Gelsemium or Lappa cerate is a good after-dressing.

The appropriate internal remedy will usually be one of the following, and may be used *pro impetus ratione*:

Absinthium.—Eruption of furuncles over the whole body.

Æthusa.—Painful boil on small of back.

Ammonium carb.—Boils on the cheeks and around the ear.

ANTIMONIUM CRUD.—Boils on the perineum.

Arnica.—Many small boils on the face.

Apis mel.—Boils on the pubis.

BELLADONNA.—In the early stage, if boil is inflamed and painful. Boils every spring. After measles.

BELLIS PERENNIS.—Boils beginning as slight pimples, and increasing to large, dark colored swellings, with aching pain. Mostly on the *neck* and lower jaw.

Bromine.—Boils on the arms.

Cadmium sulph.—Boils on the nose and buttocks.

CALCAREA CARB.—Boils on the forearms and hands.

CALCAREA MUR.—As a preventive.

Calcium sulphide.—When boils mature slowly.

Carbo animalis.—Boils at the anus.

Cina.—Boils on the head and face of children.

Gelsemium.—Large boils.

Kalmia lat.—Red inflamed spots like incipient boils.

Lappa maj.—Boils on the face, eyelids and all over.

Ledum.—Boils on the forehead.

Lycopodium.—Boils on the nates. Periodical boils.

Manganum.—Small boils.

Magnesia mur.—Boils on the nose which suppurate in 24 hours. Boils on the false ribs.

Merc. sol.—Boils on the ankles.

Natrum carb.—Boils behind the ears.

NITRIC ACID.—Numerous large boils on the scapulæ, nape of the neck, nates, thighs and legs.

Nitrum.—Boils on the thumb.

NUX JUGLANS.—Boils on the right arm. Indurated boils. Blood boils.

Nux vom.—Boils on the knees.

PHOSPHORIC ACID.—Boils in the axillæ, and on the nates.

Phytolacca.—Boils on the back.

RHUS RAD.—Boils on the face which do not mature. Blind boils.

Silicea.—Boils on the posterior portion of the thighs, and on the calves.

Stramonium.—Boils on the feet.

Sulphur.—Boils in the ear. Disposition to boils.

Zincum oxyd.—Boils on the abdomen.

GROCER'S ITCH, is an inflammation of the skin due to the irritant action of sugar. *See Eczema.*

GUINEA WORM DISEASE, is a common affection in tropical climates, due to the parasite, known as the *filaria medinensis*. The young worm when quite small bores its way into the skin, generally of one of the lower extremities, and

there takes up its abode. It remains in a quiescent state in the connective tissue for months, until it attains the length of three or six decimeters. More or less local irritation is by this time caused by its presence, and generally a pointed tumor surmounted by a bleb forms, accompanied by swelling and pain, which sooner or later breaks, showing the worm in situ. There is as a rule only one worm to each tumor.

Treatment.—The treatment consists in removing the worm two or three centimeters at a time, care being taken not to break it, and winding it around a quill until all is removed. The sore may then be dressed as an ordinary ulcer. Arsenicum alb. or Mercurius may be useful as an internal remedy.

HERPES, or *Fever blister*, IS AN ACUTE INFLAMMATION OF THE SKIN, CHARACTERIZED BY THE APPEARANCE OF GROUPS OF VESICLES, HAVING REDDENED, SLIGHTLY INFLAMED BASES, AND SITUATED FOR THE MOST PART ON THE FACE AND GENITALS.

The disease is generally preceded by malaise and slight febrile symptoms. A feeling of heat and distress, with redness and swelling, is usually present at the outbreak of the eruption, but gradually declines after its appearance. The vesicles appear in clusters, and are commonly bilateral. They are larger than those of eczema, but smaller than those of zoster. On the third day, as a rule, they either rupture or commence drying up, to form thin scales, which drop off in a day or two, leaving discolorations, which soon disappear. Herpes may occur on any part of the face or genitals but is commonly encountered about the red of the lips, the prepuce, labia, and mons veneris. It tends to recur

more on the male genitals than the female, and is apt to be mistaken for chancroid.

It is chiefly excited by cold, and may be symptomatic, as in the herpetic patches, called "cold sores," that appear on the lip and face in catarrh and pneumonia, and in the crisis of fevers.

Treatment.—The local treatment consists in the use of Camphor cerate, Calendula jelly, or Cologne water.

The internal remedies to be administered *pro impetuatione*, are:

ACONITE.—In the earlier stages with catarrhal fever.

Agnus castus.—Herpes on the cheeks with gnawing itching, worse from getting wet.

Alnus rubra.—Chronic herpes.

ARS. ALB.—Red herpetic skin around the mouth, with burning, worse from scratching.

Aurum mur.—Herpes on the prepuce and vulva. Herpes accompanied by intolerable itching.

BUFO.—Herpetic eruption after a cold.

Causticum.—Burning vesicles under the prepuce which become suppurating ulcers. Burning vesicles on the face, which when touched exude a corrosive water; afterward they dry up to a scurf.

CALCIUM SULPHIDE.—Herpes which tends to recur. After mercurial poisoning.

Clematis.—Itching blisters on the lower lip. Worse during increasing, better during decreasing moon.

Hamamelis.—Herpes on the nose.

Helleborus nig.—White vesicles on the lips.

KALI BICH.—Herpes after taking cold. Fluent coryza.

All the secretions and excretions are of a stringy and ropy character.

MERC. SOL.—Herpes on the prepuce with a tendency to suppuration.

NATRUM MUR.—Herpes occurring during fevers.

Sepia.—Herpetic eruption around the lips. Circular form of eruption.

SARSAPARILLA.—Herpes on the prepuce. After abuse of Mercury.

Upas.—Herpetic eruption on the upper lip, on the left side.

HYDROA, IS A DISEASE CHARACTERIZED BY THE ERUPTION OF ISOLATED VESICLES, WHICH TEND TO RECUR.

As a skin affection it stands midway between herpes and pemphigus, and is mostly a reflex of excited nerve states. It starts as little papules which ultimately become vesicles, and is usually preceded and accompanied by more or less pruritus. It attacks by preference the face, extensor surfaces of the limbs, and the genitals, is generally symmetrically developed, and runs its course in two or three weeks.

Treatment.—The water of the Salzburg springs, Austria, has considerable reputation in curing skin affections, and notably hydroa.

POTASSIUM IODIDE, KREASOTE and Magnesia carb., repeated *pro impetus ratione*, are the principal remedies.

HYDRO-ADENITIS IS AN INFLAMMATION OF THE PERSPIRATORY FOLLICLES AND ADJACENT CONNECTIVE TISSUE, ORDINARILY TERMINATING IN SUPPURATION.

It may occur on any part of the body except the soles of the feet, but is most common in the axillæ, around the

nipple, and on the perineum. It is usually an acute affection, and commences by the formation of one or more bright red and inflamed pea-sized swellings.

In a few days suppuration takes place, and a little abscess is formed which eventually ruptures, and terminates the disease. This affection has generally been described as a variety of furuncle, but it differs from it in being deeper seated, and in being devoid of a "core."

Treatment.—Hot fomentations may be used to allay the inflammation. Gelsemium or Lappa lotions, 1:10 are valuable aids, and tomato poultices at times prove serviceable.

PHOSPHORIC ACID is the internal remedy for hydro-adenitis in the axillæ.

Phosphorus, when around the nipples, and Nitric acid when on the perineum.

The indicated remedy may be repeated *pro impetus ratione*.

HYPERÆSTHESIA, by which is meant an increased sensibility of the skin, is commonly the result of some functional or organic derangement of the nervous system.

HYPERIDROSIS, IS A FUNCTIONAL DISORDER OF THE SWEAT GLANDS, CHARACTERIZED BY EXCESSIVE SWEATING.

It may be either general or local, symmetrical or unilateral. In the general form it occurs quite frequently in connection with various febrile disorders, and in such diseases as pneumonia, rheumatism and tuberculosis. In disturbances of the nervous system it is often unilateral.

The local form is most common on the head, hands, feet, and genitals. Hyperidrosis occurs in the young and the old alike, and affects females as well as males. Flat-footed

people are especially obnoxious to it. In its causation faulty innervation plays an important part.

The prognosis should always be guarded, as many cases prove intractable.

Treatment.—Water should be applied to the parts as seldom as possible, and in bathing, the juniper tar soap is the best to use. Dusting powders of *Oxide of Zinc* and starch, or French chalk and starch are often serviceable.

In some cases the best results are obtained from a Tannic acid lotion, prepared by dissolving 1 gram of Tannic acid in 5 grams of Glycerine, and 40 grams of rose water.

The commonly indicated internal remedies in hyperidrosis are:

BAPTISIA.—In critical sweats.

CALCAREA CARB.—Sweating from the slightest exercise. Cold clammy sweat on the lips at night. Foot sweat makes the foot sore.

Chamomilla.—Excessive sweating in women after confinement.

CHINA.—Exhausting night sweats. Sweats on the left side of the body.

Conium.—Sweats as soon as one sleeps.

Crocus.—Sweats on lower half of the body.

JABORANDI.—Copious sweating and salivation. Profuse secretion from most of the glandular structures of the body.

LACTIC ACID.—Profuse inoffensive sweating of the feet.

Nux vom.—Sweat on the upper half of the body.

Phosphorus.—Sweat on the right side.

Polyporus off.—(In 5 grain doses) for the excessive sweats of consumpti es.

Pulsatilla.—Sweat on the face.

SELENIUM.—Profuse sweats in the arm-pits and on the genitals. Sweat stains the linen yellow or white, and stiffens it. Sweat on the anterior surface of the body.

Sepia.—Sweat on the posterior surface of the body.

Silicea.—Sweat about the head in large-bellied children. Worse with change of moon.

Sulphuric acid.—Excessive sweating. Better from drinking wine.

Thuja.—Sweat only on uncovered parts.

Veratrum alb.—Cold sweats.

The indicated remedy may be repeated *pro impetus ratione*.

ICTHYOSIS, or *Fish-Skin Disease*, IS A CONGENITAL CHRONIC DISEASE OF THE SKIN, CHARACTERIZED BY DRYNESS AND ROUGHNESS.

The mildest form of this affection, occurs in children of two years and upwards, and presents a dry harsh dirty looking skin, covered with a variable amount of furfuraceous scales (*Xeroderma*.)

In severer cases, or when further developed the papillæ become enlarged, the discoloration grows more marked, and the epidermal scales are lozenge-shaped, and are separated by numerous lines and fissures. (*I. simplex*.) In more extreme cases still, the scales form dry, hard, brittle plates of a yellowish or greenish hue, separated by white intervening lines, which mark the natural furrows of the skin. (*These plates never overlap one another*.) At times the scales become heaped up into black papillary horny projections. To this extreme condition the term *ichthyosis hystrix* has been applied, from its fancied resemblance to the quills of a porcupine.

In ichthyosis the whole surface of the body is usually more or less involved, and the front of the knees especially so. The face and flexures of the elbows and knees, however, generally escape. There is always attending the disease a characteristic diminution or absence of perspiration.

It is apt to be much worse in the winter time, so that the face and hands become extensively chapped and painful. The diagnosis is generally easy, as pityriasis is the only disease to which it bears any resemblance. In pityriasis it should be remembered, the skin is more or less hyperæmic, while in ichthyosis it is not. The scales in pityriasis are "branny" and fall off readily while those of ichthyosis resemble "fish-scales" and are more adherent.

Treatment.—A generous diet should be allowed the patient and Cod Liver Oil should be a standing order.

After every full bath—the Turkish bath being the best—the body should be anointed with either Olive, Chaulmoo-gra, or Cod liver oil, well rubbed in.

The *sapo viridis* treatment as recommended for the squamous stage of eczema, is often invaluable in ichthyosis. An infusion of *Quillaya saponaria* bark, sometimes works well as a local application.

ARSENICUM IODATUS is the principal remedy. Others may be indicated as follows, and given *ter die*:

Clematis.—When there are fine scales, with some itching.

Iodine.—Skin has a brown dingy color.

Potassium iodide.—Skin dried up. Rough like hog skin.

Natrum carb.—Skin of the whole body becomes dry, rough and cracked here and there.

PHOSPHORUS.—Skin is dry and wrinkled. Skin of hands is rough and dry.

PLUMBUM.—Dry skin. Absolute lack of perspiration.

THUJA.—Dirty gray cadaverous looking skin.

IMPETIGO CONTAGIOSA, IS AN ACUTE INFLAMMATORY CONTAGIOUS AFFECTION, OCCURRING MOSTLY IN CHILDREN AND CHARACTERIZED BY THE PRESENCE OF ONE OR MORE DISCRETE VESICLES OR VESICO-PUSTULES, GENERALLY UMBILICATED, VARYING IN SIZE FROM A SPLIT PEA TO A HAZEL NUT, AND FOLLOWED BY FLAT, LARGE STRAW-COLORED, USUALLY FUNGOID CRUSTS.

This disease is usually ushered in by a period preceding the eruption, characterized by more or less fever and malaise. After two or three days this stage is followed by crops of small vesicles, which gradually develop into vesico-pustules and pustules.

The vesicles which are at first small, grow rapidly and may at maturity have reached the size of even a split pea or a hazel nut. They are generally umbilicated and contain a lymph-like fluid with granular and subsequently pus cells. Red areolæ more or less extensive usually surrounds them.

In five or six days after their first appearance, their fluid contents begin to dry up, and eventually form flat shaped, *straw-colored* scabs about the size of split peas or hazel-nuts, *looking as if stuck on*.

In mild cases the eruption may be confined to the skin of the forehead and cheeks, its most usual seat, but quite frequently it extends to the arms and head, and may implicate the mucous membrane of the eyes, mouth and nasal cavity.

Impetigo contagiosa was first described by Tilbury Fox in 1864. It generally occurs in children of the poorer classes, though the rich are not exempt. It may be epidemic

but is mostly sporadic, and is both contagious and auto-inoculable. It tends to run a definite course and usually lasts from one to two weeks. At the Central Homœopathic Dispensary of this city, it constitutes about one per cent of all skin affections. Its most frequent cause is vaccination.

It can hardly be considered a parasitic affection, for although a fungus, similar to that observed in the vaccine crust has been seen in the scabs of this disease, none have as yet been found in the fluid of the vesicle, or vesico-pustule.

By bearing in mind that this affection occurs mostly in children, and frequently in those who are perfectly healthy, that it is preceded by more or less febrile disturbance, consists of isolated vesicles usually umbilicated, of split-pea size or larger, seated mostly on the face, following generally in the wake of vaccination, and presenting scabs having the characteristic appearance as if "stuck on," it can hardly be mistaken for any of the other forms of cutaneous trouble. The diseases with which it is most liable to be confounded are eczema and varicella. It may be distinguished from the former by the fact that the children attacked are usually healthy, while those of eczema are not; that the scabs are light yellow, flat and "look as if stuck on," while those of eczema are greenish yellow and adherent; that it is generally confined to the face and upper extremities, while eczema may attack any part of the body.

From varicella it may be known by the smaller vesicles and different crusts of the latter, together with the almost constant constitutional disturbance and the appearance of vesicles on all parts of the body.

Treatment.—The patient should be well nourished, and if

there is much inflammation around the vesicles, the soothing applications spoken of in eczema should be used. White precipitate cerate (0.5 grams of the white precipitate to 50 grams of Cosmoline,) is the best local dressing.

ANTIMONIUM CRUD., internally *quater in die* is the main remedy.

Aconite may be called for in oft repeated doses, if there is much febrile disturbance.

Euphorbium, is indicated when there is an irritable skin, with swelling of the face, and pea-sized yellow vesicles.

KALI BICH. stands next to Antimonium crud.

Tartar emet., is the remedy when the disease is exceedingly pustular.

THUJA.—After vaccination.

Silicea and Kali nitricum are at times indicated.

INTERTRIGO, IS A HYPERÆMIC AFFECTION CAUSED BY THE PROLONGED CONTACT OF TWO CUTANEOUS SURFACES, AND CHARACTERIZED BY HEAT, REDNESS AND AN ABRADED SURFACE, WITH MACERATION OF THE EPIDERMIS.

It is chiefly met with in fat persons, and in infants. It may occur whenever the skin hangs in folds, and is therefore more commonly seen about the nates, groin and axillæ, and in the folds of the neck and beneath the mammæ.

Treatment.—The local treatment consists in washing with cold water and Castile soap, and after drying with a soft towel, in dusting the parts with Lycopodium dust, or Oxide of Zinc and rice powder equal parts. Attrition of the surfaces should be guarded against.

The principal internal remedies, to be administered *pro impetus ratione*, are:

Borax.—Slight injuries ulcerate.

CALCAREA CARB.—When occurring in fat, scrofulous children.

CHAMOMILLA.—In infants. Aggravated by every cold change of weather. Child is cross and fretful.

Graphites.—Intertrigo between the thighs with discharge of a glutinous fluid.

Hydrastis.—Irritation maddening, with intense burning heat.

MERCURIUS.—Rawness with great soreness, worse at night.

Petroleum.—Intertrigo behind the ears.

Psoricum, Nux juglans, and Lycopodium may be compared in chronic and obstinate cases.

ITCH, *see* Scabies.

KELOID, IS AN AFFECTION OF THE SKIN, CHARACTERIZED BY THE DEVELOPMENT OF ONE OR MORE FLATTISH SMOOTH-SURFACED TUMORS, USUALLY UPON THE SITE OF CICATRICES.

The form of the tumor is very variable, and somewhat peculiar, in that it is usually made up of a central portion or body, having numerous prolongations or claws. It may vary in size from a five-cent piece, to several centimeters in diameter. Its usual seat is the sternum and mammæ, though it may appear on other parts. It is a disease mainly of adult life, and is seen oftenest in colored people.

The tumors are slightly painful on pressure, but do not tend toward ulceration. Spontaneous evolution occasionally takes place.

Treatment.—Excision is not attended by good results, as the tumor is prone to return in the scar. Galvanism by

means of surface applications, does more than anything else in the way of local treatment.

FLUORIC ACID, *ter die* is the principal internal remedy, and the next is *Graphites*.

Nitric acid and Sabina, are occasionally indicated.

LENTIGO, or *Freckles*, IS A SKIN DISCOLORATION DUE TO DEPOSIT OF PIGMENT IN THE RETE MUCOSUM, AND IS CHARACTERIZED BY ROUND YELLOWISH SPLIT-PEA SIZED SPOTS.

It appears for the most part on the cheeks and back of the hands, and is seen more in light complexioned, and especially red haired people.

Treatment.—The best local application, is the Mercurius cor. lotion, prepared by dissolving 0.1 gram of Corrosive sublimate in from 50 to 100 grams of Almond emulsion. It may be used morning and evening.

The internal remedies to be given *ter die*, are:

Ferrum mag.—Spots resembling summer freckles on back of hand and fingers.

KALI CARB.—Freckles on the face.

Lycopodium.—Freckles on the left side of the face and across the nose.

Nitric acid.—Freckles on the chest. Dark freckles.

Petroleum.—Freckles on the arms.

Phosphorus.—Freckles on the lower limbs.

SEPIA.—Freckles on the cheeks.

SULPHUR.—Freckles on the nose.

LEPROSY, IS A CONSTITUTIONAL DISEASE, OCCURRING ENDEMICALLY IN SOME COUNTRIES, AND CHARACTERIZED BY THE FORMATION OF A NEW GROWTH RESEMBLING GRANULATION TISSUE,

USUALLY RESULTING IN THE DESTRUCTION OF THE PARTS, WITH ANÆSTHESIA AND GREAT DEFORMITY.

This is supposed to be the leprosy alluded to in the Bible, and was the leprosy of Europe in the middle ages.

It occurs principally in warm climates and is common along the shores of the Mediterranean, and in India, Japan and China, in the Sandwich Islands, Brazil and the West Indies.

In the United States it has been seen among the Chinese in California, and in a Norwegian community in Minnesota. Leprosy exhibits several different phases, and according to the predominance of certain lesions or symptoms, may be divided into three sets, viz: The *tubercular*, the *macular*, and the *anæsthetic*.

A prodromal stage of gradual decline in health, running for weeks, months, or even years, generally precedes the more decided and characteristic features. Faint brownish patches of the size of a nickel or larger, often mistaken for syphilitic maculation, show themselves. Oftentimes an eruption of bullæ followed by slight scars and pigmentation is one of the first symptoms.

The maculæ as they increase in size peripherally, retain their brownish color at the edges, but gradually fade into dirty gray color in the centre. When first formed the patches are markedly hyperæsthetic, while later they may become completely anæsthetic. They may appear on any part of the body, but are commonly seen on the trunk, and extensor surfaces of the extremities.

In connection with the maculæ or independently, dull brownish-red tubercles, roundish in form, and varying in size from a pea to a large plum, may make their appearance.

These form in greatest numbers on the face, and by obliterating the natural lines, give rise to a peculiar *leonine* expression. After a time tubercles may appear upon the mucous membrane of the buccal cavity, nares and larynx. Ulceration takes place sooner or later, from the breaking down and softening of the tubercles. The hair and nails fall out. The fingers and toes become bent and crooked, caries sets in, and one by one the phalanges disintegrate or finally drop off. The average duration of leprosy is about fifteen years. The prognosis is unfavorable.

Treatment.—As tending to prevent the spread of leprosy, the sequestration of those attacked in infected districts, should be enjoined. A generous diet with plenty of fresh air and out door exercise, is of vital importance.

Cod liver oil, or what is better, Chaulmoogra oil may be taken in such quantities and as often as the stomach will permit.

Locally, warm baths with Gurjun oil are highly recommended.

The principal internal remedy is HYDROCOTYLE and the next *Piper methysticum*.

Others may be indicated as follows, and repeated *pro impetus ratione*.

CALOTROPIS GIG.—In tubercular leprosy.

GRAPHITES.—Leprous spots. Coppery annular raised spots on the face, buttocks, legs and feet. Ulcers on the toes.

Petroleum.—Tubercles on the face. Ulcers of the fingers and tibia. Numbness of the extremities.

Phosphorus.—In the latter stages.

SEPIA.—Swelling of the forehead and temples. Face thick and covered with tubercles. Gnawing ulcers on the fingers and toes. *Leonine* face.

Silicea.—Induration of nose with ulceration and discharge. Palsied hands. White spots on the cheeks. Shortening of the ham-strings.

Hura Braziliensis, Guano, Helleborus foetidus and Cuprum may be compared.

LEUCODERMA, or *Acquired Pie-bald Skin* IS A CUTANEOUS DISEASE, CHARACTERIZED BY LOCALIZED LOSS OF PIGMENT.

Congenital absence of pigment is called *albinism*.

Leucoderma is a rare affection, and seldom appears before adult life. The general health is as a rule good, though the nervous system may at times be implicated. The face, hands and genitals are usually the parts first invaded. The patches are either round or oval, and are of a milk white color. They may either increase in size or remain stationary, and seldom if ever, regain their normal color.

Of the *treatment* nothing encouraging can be said. Locally the pigmentation around the patch may be lessened by the use of strong Acetic acid. Galvanism may prove serviceable. Internally the SULPHIDE OF ARSENICUM *bis in die* will be oftenest used with benefit. Natrum, Nitric acid, Sumbul and the Phosphide of Zinc may be studied.

LICHEN PLANUS, IS A CHRONIC DISEASE CHARACTERIZED BY THE APPEARANCE OF DULL-RED, FLAT-TOPPED, ANGULAR-BASED, PIN-HEAD SIZED, GLAZED PAPULES, RUNNING A DISTINCTLY PAPULAR COURSE, AND ATTENDED BY MORE OR LESS PRURITUS.

It is a rare disease in this country, and is usually associated with a debilitated state of the system, depending upon

a faulty nutrition. The eruption generally makes its appearance in the form of solid, millet-seed sized papules, that in the early stages have a shiny aspect, but later on are covered with thin micaceous scales. They start abruptly from the skin, are irregular shaped, flattened on the top and frequently present in the centre an umbilicated depression, which is the opening of the hair follicle. They are usually discrete, but may be aggregated in patches, and as a rule develop slowly and occur symmetrically. Melasmic stains frequently, and little pits occasionally, remain after the disappearance of the papules.

The disease may occur at any time of life, attacks women more than men, and select as seats the front of the forearms and wrists, the thighs, abdomen, and the legs below the knees. It arises primarily as a disturbance of the trophic nerves of the hair papilla, with resulting hyperæmia and formation of new tissue.

The prognosis is usually favorable, except in the diffused form of the disease, the *lichen ruber* of Hebra, which is commonly associated with marasmus, and may terminate fatally.

Treatment.—The patient should be liberally fed and well hygiened. Local treatment may be resorted to mainly to allay the annoying itching. The Carbolic acid, Grindelia, or Hydrocyanic acid wash, alluded to in eczema may be resorted to. The pyroligneous oil of Juniper may prove useful in old cases.

ANTIMONIUM CRUDUM *quater in die*, is the principal internal remedy.

Others are indicated as follows:

Agaricus mus.—Eruption of small pimples with red areolæ and violent itching.

ARSENICUM ALB.—In chronic cases.

Chininum ars.—In the diffused form with threatening marasmus.

Iodine.—Small dry red pimples on the arms, chest and back, with jerking sensation while appearing.

Iodide of Sulphur.—Red pimples on the nose, chin and arms.

KALI BICH.—Papular eruptions on the forarms.

LEDUM.—Eruption of pimples on the forehead as in brandy drinkers. Eruption of small pimples like red millet seed over the whole body. Excessive itching on the backs of both feet, worse after scratching, and by warmth of bed. Relieved after scratching the feet sore.

NUX JUGLANS.—Red pimples on face, neck, shoulders and back. Little tubercles with hard scurf on the instep.

Potassium iodide.—On the face and shoulders.

Sarsaparilla.—Red dry pimples. Burning itching with chilliness.

Staphysagria.—Itching pimply eruption over the face and behind the ears, with rough skin.

LICHEN SIMPLEX IS A DISEASE CHARACTERIZED BY ROUND SOLID MILLET-SEED SIZED FLESH-COLORED OR REDDISH PAPULES, RUNNING A DISTINCTLY PAPULAR COURSE, AND ACCOMPANIED BY MARKED ITCHING.

It is one of the rarer diseases, and appears for the most part in summer time. At the dispensary it constitutes about three per cent. of all skin affections. The papules are usually seen on the outer aspects of the forearm, the neck and the

thighs. They last a week or more, and disappear by resorption. Frequently the disease attacks the backs of the hands, which may secondarily become inflamed, and give out a discharge. (*L. agrius*.)

When the papules are seated at the hair follicles, it has been termed (*L. pilaris*.)

Treatment.—The lotions recommended in lichen planus to allay the itching may be used in this disease. Bran baths may also be of service, Cyanide of Potassium, Borax and Corrosive sublimate washes of weak strength, occasionally prove useful. A very good unguent in mild cases is that prepared by adding 1 gram of the Iodide of Sulphur to 50 grams of Cosmoline. In the inflamed variety the white precipitate (0.5 gram to 50) ointment or Glyceral tannin is of use.

The indicated internal remedy will generally be one of the following, and may be given *quater in die*:

Alumina.—Red pimples on the face. Pimples on the neck and back. Intolerable itching of the whole body, especially when becoming heated in bed.

Ammonium mur.—Pimples on the back of the hands desquamating next day.

Anatherium.—Red pimples with itching and burning. Scarlet skin with burning.

Antimonium crud.—Small red pimples on right shoulder. From digestive derangement.

Arsenicum alb.—In chronic cases with burning itching.

Belladonna.—Papular eruption on the hands like lichen agrius.

Bovista.—Red pimples on the foot.

Bryonia.—Pimples on the abdomen and hips.

Castanea vesca.—Several small pimples on the right thigh, back of the left ear, and on the left upper lip.

Caladium.—Pimples on the mons veneris. Soreness of pimples to the touch.

Iodide of Sulphur.—Red pimples on the nose, chin and arms.

Kreasotum.—Forehead covered with pimples the size of millet seeds.

Ledum.—Small pimples like red millet seeds over the whole body. In brandy drinkers.

Mercurius.—Pimples on the labia. Voluptuous itching. Itching changed to burning by scratching.

Nabulus serpent.—Pimples on the face about the nose, upper lip and chest with itching.

Natrum carb.—Pimples on the face and lips. White pimples on the nose.

Nux juglans.—Red pimples on the face and neck. Pricking itching.

Plantago maj.—Hard white fattened isolated papules on the inside of the thigh. Some papules have a red point in the centre.

Phytolacca.—Pimples with itching on the left leg. Worse first part of the night.

Rumex crisp.—Red pimples on calves of the legs, with itching worse immediately after undressing.

Sepia.—Pimples close together on the face. Pimples on the legs, and in the bends of the joints.

SULPHUR.—Pimples on inner part of the thighs. In simple cases.

Tilia.—Eruption of small red, rather deeply seated pimples, with violent itching and burning like fire after scratching.

LUPUS ERYTHEMATOSUS, or *Erythematous scrofulide*, HAS BEEN DEFINED AS CHARACTERIZED BY ONE OR MORE USUALLY ROUNDISH OR OVAL, VARIABLY SIZED, REDDISH PATCHES, COVERED WITH FINE, THIN, WHITISH OR GRAYISH, FATTY, ADHERENT SCALES.

The disease appears at the outset as pin-head sized, pale red spots or patches, situated for the most part upon the cheeks and nose. Their centres, occasionally marked by comedo-points of a greenish hue, usually correspond to the orifices of the hair follicles, which are widely distended and patulous. They tend to coalesce and form patches, and are covered with firmly adherent fatty scales. These patches extend gradually by their peripheries, at times healing in the centre, where the skin presents a whitish sunken, as if thinned, appearance. Lupus erythematosus is one of the rarer skin affections, and usually tends to become chronic. It seldom occurs before the twentieth year of life, attacks females more than males, and more especially those who are subject to disorders of the sebaceous glands. It is generally confined to the face, and when fully developed presents a peculiar configuration that has been likened to a bat with outspread wings. The body of the bat corresponding to the nose and the wings to the cheeks.

From lupus vulgaris, it is distinguished by the fact that the tubercles and ulcers of the former are never seen in the latter. The sebaceous glands are disordered in lupus erythematosus, not in lupus vulgaris. Lupus vulgaris appears

during childhood; lupus erythematosus is a disease of adult life.

The prognosis should be guarded, as relapses are liable to occur.

Treatment.—The diet should be of the best quality and generous. Fresh air and frequent bathing are valuable adjuvants. Saponaria bark or Sulphur baths are often of service; and Oil of Cade at times acts favorably. A mixture of equal parts of Oil of Cade, alcohol, and Sapo viridis, applied *bis in die*, is frequently followed by the best results.

In severe and obstinate cases resort may be had to the curette or scoop.

IODINE, *ter die*, is the principal internal remedy. Guaraca, Hydrocotyle, Cistus, and Apis may be compared.

LUPUS VULGARIS, or *Tubercular scrofulide*, IS A DISEASE OF THE DERMA CHARACTERIZED BY VARIOUSLY SHAPED, PEASIZED OR LARGER, YELLOWISH OR REDDISH ELEVATIONS, WHICH USUALLY TERMINATE IN ULCERATION AND CICATRIZATION.

It usually begins in the form of yellowish or reddish solid points, at first disseminated but later tending to aggregate in patches. They are firm and painless, and gradually enlarge to form papules and tubercles that vary in size from a pin's head to a split pea, and are covered with a thin layer of adherent epidermis. (*L. tuberculosus*). Later the process may terminate either by insensible absorption of the lupus tissue, commencing with its degeneration and followed, without ulceration, by thinning of the textures with marked scaliness (*L. exfoliativus*), or terminating in a free breaking down of the neoplasm with destruction of the infiltrated

structure and resulting ulceration followed by atrophic cicatrices, (*L. exedens*).

Lupus vulgaris, is one of the most chronic and obstinate of skin affections. It occurs mostly about the age of puberty, selects scrofulous subjects, and attacks by preference, the face and extremities. The cartilages, fibrous tissues and mucous membrane are its favorite seats.

It is a rare disease in this country, though common in Europe. It may at times be mistaken for syphilis. The hard rapidly developed tubercles of syphilis, however, differ greatly from the soft slow growing ones of lupus. The ulcers of syphilis have sharply defined borders, and discharge a copious offensive secretion; those of lupus are illy defined, and have a slight and inoffensive discharge. The crusts of syphilis are bulky, and of a greenish color; those of lupus are scanty and of a brownish-red color. The cicatrices of syphilis are soft and whitish; those of lupus are shrunken and yellowish.

Lupus may also be confounded with epithelioma. But if it is remembered that the hard everted edges of the latter are never seen in the former, and that the former is a disease of childhood and youth, while the latter is confined mostly to adult life, the mistake will rarely be made.

Treatment.—An abundant supply of fresh air and outdoor exercise, along with a nutritious diet, is of the utmost importance in the treatment of this disease.

In the earlier stages the Biniodide of Mercury ointment (0.5 gram to 25 or 50 grams) will be found serviceable.

Later the papules or tubercles may be bored with an irido-platinum needle dipped two or three times in Squibb's

fused Nitrate and allowed to cool. Smaller and less painful punctures can be made with these needles than with any other appliances.

The Arsenical mucilage alluded to in the treatment of epithelioma is also useful. And a ten per cent. ointment of Pyrogallic acid has of late been highly recommended. In severe cases the curette or scoop may be resorted to.

ARSENICUM ALB. *ter die*, is the main internal remedy. Others may be indicated as follows:

Aurum mur.—When starting from the nasal mucous membrane.

Calcium sulphide.—Lupus on the elbows.

CISTUS.—Lupus on the face. Worse from cold air.

GRAPHITES.—Lupus on the nose.

GUARACA TRICH.—Lupus of an ochre-red color. Yellow spots on the temples.

Hydrastis.—Ulcers on the legs. Exfoliation of the skin.

HYDROCOTYLE.—Ulcers with abundant discharge of pus.

Kali bich.—Ulcers painful to the touch. Worse in cold weather.

Lycopodium.—In recent cases.

Nitric acid.—Lupus on the lobules of the ears.

STAPHYSAGRIA.—Ulcers on the alæ of the nose.

MILIARIA, or *Prickly heat*, IS A DISEASE OF THE SKIN DUE TO A DISORDERED ACTION OF THE SWEAT GLANDS, AND CHARACTERIZED BY THE FORMATION OF NUMEROUS PIN-HEAD SIZED REDDENED PAPULES, OR VESICO-PAPULES, ATTENDED WITH HEAT AND TINGLING.

The usual seat of the eruption is the trunk, but it may also appear upon the face, neck and arms. It is extremely

fitful in its character, frequently appearing and disappearing many times in twenty-four hours.

The disease occurs more during summer time, and when the weather changes suddenly to hot. Superfluous clothing is a quite frequent cause. Miliaria is apt to relapse in successive years.

Treatment.—A weak Carbolated bran bath, followed by dusting with either the Nitrate of Bismuth and starch, or Lycopodium powder, is the best local treatment.

Internally, BRYONIA, repeated *pro impetus ratione*, is the principal remedy. *Arsenicum alb.*, Centaurea, Hur. Brasilensis, and Raphanus may be studied.

MILIUM, IS A DISORDER OF THE SEBACEOUS GLANDS, CHARACTERIZED BY THE FORMATION OF WHITE, ROUNDISH, SEBACEOUS POINTS, BENEATH THE EPIDERMIS.

These points occur mostly on the forehead and eyelids, are more common in women than in men, and vary in size from a millet-seed to a split pea.

The "skin-stones" or cutaneous calculi occasionally met with are generally milia which have undergone calcareous degeneration.

Treatment.—The local treatment consists in opening each milium with the knife and removing the more or less hardened contents. To prevent the return of the milia the skin may be washed in Saponaria bark water, and afterwards gently rubbed.

The CALCIUM IODIDE, *bis in die*, is the most important internal remedy, and the next, *Staphysagria*. Tabacum may be thought of.

MITE DISEASE, is found in the south-western states,

especially along the Mississippi river, and is due to the *Lep-tus irritans*, or irritating harvest-mite, or "jigger."

It occurs mostly in summer and autumn, along the banks of rivers and in swampy places.

The mite burrows in the skin, generally of the ankles and legs, and causes considerable irritation, resulting in the formation of papules, vesicles and pustules.

Treatment.—Mild parasiticides, of which *Sulphur ointment* is the type, will readily remove the trouble.

MOLLUSCUM SEBACEUM, IS A DISEASE OF THE SEBACEOUS GLANDS, CHARACTERIZED BY ROUNDISH, PEA-SIZED TUMORS, UMBILICATED IN THE CENTRE, AND OF A PINKISH-WHITE COLOR.

The umbilicated appearance is given to the tumor by the distended gland duct, from which a white, cheesy matter may be squeezed.

At times the disease appears to be semi-epidemic, but it has not as yet been clearly demonstrated to be contagious.

It is mainly a disease of children, and attacks more especially the face, though it may appear on other parts.

Treatment.—In the early stages touching the parts once or twice a day with the Acid nitrate of Mercury is often of decided benefit. If the tumors are large, they may be removed by the knife.

SILICEA, *ter die*, as an internal remedy ranks first, and Teucrium next. Bryonia, Potass. iod., Lycopodium, Natrum mur., *Calc. ars.* and Bromine complete the list.

MORPHŒA, IS A RARE DISEASE, CHARACTERIZED BY ROUNDISH DIRTY ALABASTER LOOKING PATCHES, CIRCUMSCRIBED BY LILAC-TINTED BORDERS, AND VARYING IN DIAMETER FROM ONE TO FIVE CENTIMETERS.

It usually commences as a delicate purple-colored spot, in the centre of which a pale area shows itself. This central spot becomes more and more decided as it grows, and finally assumes the appearance of a piece of white wax, depressed and surrounded by a lilac-tinted ring.

At times the patches become the seats of irregular deposits of pigment, and as the disease progresses atrophic changes are apt to take place in the affected parts.

Morphœa occurs more in women than in men, and selects the course of the left supra-orbital nerve as its most frequent seat. It runs an extremely slow course, and occasionally terminates in spontaneous recovery. It may be mistaken for scleroderma, leprosy, or leucoderma. It never has the sclerodermic hardness of scleroderma. Leprosy never has the waxy patches of morphœa. Leucoderma is simply a pigmentary disease, and as such does not present the textural changes of morphœa.

Treatment.—The patient should be well fed, and have a daily allowance of either the Cod liver or Chaulmoogra oil. Locally, the constant galvanic current, with daily Phosphorated oil inunctions are beneficial.

PHOSPHORUS, *ter die*, is the internal remedy.

NÆVUS, *Port-wine stain or mother's mark*, IS A CONGENITAL FORMATION, SEATED IN THE SKIN AND SUBCUTANEOUS TISSUE, AND MAY BE EITHER PIGMENTARY OR VASCULAR.

Pigmentary nævi are dark-colored, slightly elevated, sharply defined spots, varying in size from a pin's head to a fifty-cent piece. When covered with hair they are called "mouse marks."

Vascular nævi are the commoner of the two, and may be

either *arterial* (fire-marks) or *venous*. They are of a reddish or purplish color, and may be large or small. They are met with on all parts of the body, have a variable course, and may elect to increase in size, remain stationary, or disappear.

Treatment.—The pigmentary *nævi* may be slowly removed by applications of Collodion paint, (Collodion 40 grams, and Merc. cor 0.5 gram) repeated at intervals. The vascular *nævi* are best treated either by electrolysis, or the subcutaneous ligature.

CARBO VEG., *bis in die*, is the principal internal remedy for the pigmentary *nævus*, and THUJA for the vascular. Calcearea and Condurango may be compared.

NETTLE-RASH, *see* Urticaria.

ONYCHAUXIS, manifests itself by simple increase in the normal growth of the nail.

Treatment.—GRAPHITES, *indies*, is the remedy.

ONYCHIA IS AN INFLAMMATION OF THE MATRIX OF THE NAIL.

It may occur in the course of such diseases as eczema, psoriasis and syphilis, or may be due to local injury.

Treatment.—For simple onychia, FLUORIC ACID, *quater in die*, is the internal remedy. And when occurring from a bruise or other injury, ARNICA both internally and externally, proves serviceable.

ONYCHOGRYPHOSIS, is characterized by a twisted, bent condition of the nails, which are thickened and of a yellowish or brownish color. It affects mostly the nails of the toes and fingers, and generally attacks old people.

Treatment.—*Graphites* and *Silicea*, are the main remedies. Either may be administered *bis in die*.

ONYCHO-MYCOSIS, is a disease generally confined to one nail, and is due to the ravages of one of the vegetable parasites.

See Tinea tricophytina.

PARONYCHIA, *vulgarly called Run-around*, IS AN INFLAMMATION SITUATED AROUND AND BENEATH THE NAIL, TERMINATING IN SUPPURATION.

It attacks mostly the thumb and fingers, and makes its appearance as a dusky-red, extremely painful border, either completely or partially surrounding the nail. In a few days the pain becomes throbbing in character, and pus forms, attended at times by more or less constitutional disturbance.

A form of this affection is sometimes caused by ingrowing of the nail, and more especially the nail of the big toe.

Paronychia differs from whitlow or felon, in that the latter involves all or nearly all the structures of the fingers, and appears for the most part on the *palmar* surfaces.

Treatment.—Locally, the pith of the common *bulrush* has been used with good results.

NATRUM SULPH., *quater in die*, is the principal internal remedy. In slight cases *Graphites* often proves beneficial, and when suppuration is tardy, Calcium sulphide renders excellent service. Rana bufo is useful, when there are red streaks up the arm.

PEMPHIGUS, IS A CUTANEOUS DISEASE, CHARACTERIZED BY THE APPEARANCE OF BULLÆ, USUALLY IN GROUPS OF THREE OR FOUR, AND VARYING IN SIZE FROM A PEA TO A HICKORY NUT.

It is almost always chronic and may exist in either of two forms, viz: *P. foliaceus* and *P. vulgaris*.

Pemphigus vulgaris is most common upon the limbs and more especially about the ankles. Occasionally it appears on the mucous membrane and other parts of the body.

The blisters or bullæ are rounded or oval, and rise abruptly from the skin sometimes to the height of a centimeter or more, and may be attended by slight itching. Their contents are at first colorless, but later they become cloudy or milky. They usually appear in *successive crops*, each bulla running its course in from four to five days.

Acute pemphigus is rarely met with, excepting in children. It runs its course in from three to six weeks, and relapses are prone to occur.

Pemphigus foliaceus, attacks the body generally, and is often a fatal though rare form of disease.

It usually commences by the appearance of a single *flaccid* bulla on the sternum, and from there spreads over the whole surface.

The bullæ differ from those of pemphigus vulgaris, in that they do not become tense, but remain flaccid, and dry up to form yellowish parchment-like flakes, which vary in size from one to four centimeters.

Treatment.—The patient should be placed on a full animal diet, with plenty of fresh air and exercise.

Such means should be used as may tend to bring the health up to its accustomed standard.

Locally, bran, starch or gelatine baths, are of decided benefit. The continuous bath, as recommended by Hebra, may be resorted to in some cases.

RHUS TOX., repeated *pro impetus ratione*, is the principal internal remedy for acute pemphigus *vulgaris*.

ARSENICUM ALB. *ter die*, for the chronic form.

THUJA is oftenest indicated in the *foliaceus* variety.

Others may be indicated as follows:

Ammonium mur.—Blisters the size of peas on the right shoulder, with itching.

Belladonna.—Watery vesicles on the palm of the hand, and so painful that he could scream.

CAUSTICUM.—Large painful blisters on the left side of the chest and neck, which become flattened, with anguish in the chest and fever.

Gummi gutti.—May be used when other remedies fail.

PHOSPHORIC ACID.—Deep hard bullæ on the ball of the thumb. Blisters on the balls of the toes. In debilitated individuals.

Phosphorus.—Painful hard blisters, full to bursting.

RANUNCULUS BULB.—Blisters on the fingers, the size of a hazel nut, followed after healed by small, deep, transparent, dark-blue, elevated blisters, the size of ordinary pin's heads.

Raphanus.—Blisters full of water on the breast, without inflammation, redness or pain.

Sepia.—Pemphigus on the arms and hands.

PERNIO, or *Chilblain*, IS AN INFLAMMATION OF THE SKIN, OCCURRING AS A SECONDARY EFFECT OF COLD, AND APPEARING FOR THE MOST PART UPON THE HANDS AND FEET.

Occasionally it attacks the nose and ears, and may appear on any part of the body. It commences after exposure to cold, by slight vesication, attended with tingling, itching, burning sensations. In mild cases it may terminate in a

few days with desquamation. In severer cases, remissions and exacerbations are prone to occur and thus prolong the disease for months. The parts are usually left in an irritable state, and are liable to renewed attacks from the slightest causes. Any sudden change of temperature, and especially a combination of cold and moisture, may renew the trouble. In chronic cases the parts become livid or purplish in color, and are more or less swollen and itchy. Ulcers not unfrequently form.

Pernio when it becomes chronic may last for years, disappearing usually in the summer time, but returning again as winter approaches.

Treatment—When there is much inflammation a *decoction of marsh-mallows*, locally, acts well.

Tamus communis tincture, is recommended as a topical remedy for unbroken chilblains.

Broken chilblains may be dressed with either *Diachylon plaster* or *Oxide of Zinc ointment*, or the *Glycerole of Calendula*.

Resin ointment is adapted to the ulcers that sometimes follow.

The *Tincture of Benzoin*, painted on the parts once or twice a day, acts as a preventive.

The medicines likely to prove beneficial, and to be administered *pro impetus ratione*, are:

Agaricus.—Violent itching. Worse at night.

ARSENICUM ALB.—Ulcerated chilblains.

Badaiga.—Flesh and integuments sore to the touch. Sensitive to cold air.

BELLADONNA.—Bright red shining swelling, with pulsative pains.

CANTHARIS.—Itching swellings on the fingers. Blisters burning on touch.

Citrus vulg.—Itching of the swollen hands and arms. General itching which prevents sleep.

Nitric acid.—Itching on the feet. Spreading blisters on the toes.

PETROLEUM.—Broken chilblains with tendency to fester.

Prunus spinosa.—Itching on tips of fingers as if frozen.

Pulsatilla.—Blue-red chilblains with pricking, burning pain, worse towards evening.

Rhus tox.—Inflamed chilblains with excessive itching.

SULPHUR.—Thick red chilblains on the fingers which itch severely when warm. Predisposition to chilblains.

URTICA DIOICA.—Both internally and externally.

VERATRUM VIR.—Intense painful itching. Chilblains on the nose. Internally and externally.

PHTHEIRIASIS, or *Lice disease*, IS A CONTAGIOUS AFFECTION DUE TO THE PRESENCE OF PEDICULI.

There are three varieties of this disease, each being the outward demonstration of the ravages of distinct species of pediculi.

The *pediculus capitis* or head louse, gives rise to the variety known as *phtheiriasis capitis*. It may be found on all parts of the head, but its favorite seat is the occipital region. Numerous ova or "nits" may be seen deposited along the shafts of the hair. They exist mostly among the children of the poorer classes, but are quite frequently found on women. They cause considerable irritation not by biting,

as imagined, but by inserting their suckers or *haustella* into the pores of the skin, and so distending them as to frequently cause drops of blood to follow on their withdrawal. This irritation together with the scratching it induces, gives rise to the development of papules, whose apices when scratched off, present the blood tipped appearance so characteristic of phtheiriasis.

The *pediculus vestimenti*, or body louse, has its habitat in the clothing, and attacks the body, giving rise to *phtheiriasis corporis*. Its ova are deposited and hatched in the clothing. *P. corporis* is mainly a disease of adult years, and is seen mostly in the lower walks of life. The lesions are multi-form, due principally to scratching, and have their chief seats on the trunk, hips and thighs.

The *pediculus pubis* or crab louse, usually infests the hair of the pubis, but may wander to other parts. It attacks adults mostly.

Treatment.—The treatment is mainly local, and consists in the destruction of the parasites and their ova. Phtheiriasis capitis responds readily to repeated dusting with powdered Staphysagria. *Cocculus indicus* tincture, often proves serviceable. And white precipitate ointment (1 gram to 50 grams) is useful when “scratch-marks” prove troublesome. The “nits” may be removed by repeated washing with carbolized water.

Phtheiriasis corporis is best treated by Staphysagria ointment (10 grams of powdered Staphysagria to 50 grams of Cosmoline) well rubbed in. The patient's clothing should be thoroughly boiled or baked, so as to ensure the destruction of whatever pediculi may have made it their habitation.

For phtheiriasts pubis, either *Cocculus indicus* tincture, a *Mercurius corr.* lotion (0.2 gram to 50 grams), or a Chloroform application proves an effectual remedy.

Internally, *Oleander* may be given, *ter die*, in phtheiriastis capitis, and *Mercurius* in the other varieties, if desired.

PITYRIASIS, or *Branny tetter*, IS A CUTANEOUS AFFECTION CHARACTERIZED BY FINE, DRY, BRAN-LIKE SCALES, SEATED ON A SLIGHTLY REDDENED NON-INFILTRATED SURFACE.

It affects mostly the scalp, face and upper part of the body, and seldom or never becomes general. If left to itself it is apt to become chronic, and last for years. When occurring on the scalp it tends to cause falling of the hair. It is accompanied by slight itching, and may be caused either by heat, cold winds, or local irritants. The disease is seated in the deep layers of the epidermis, and consists in excessive cell proliferation.

Treatment.—Locally an infusion of *Saponaria bark* is the best remedy. If the affection is located on the hairy scalp, it may be necessary to cut the hair. Glycerole of Borax (10 grams of Borax to 40 grams of Glycerine) is frequently of service.

ARSENICUM ALB., *ter die*, is the principal internal remedy. Fluoric acid, Colchicum, and Kali arsenicatum are occasionally indicated.

PITYRIASIS RUBRA, *see* *Dermatitis exfoliativa*.

PRAIRIE ITCH, is an acute inflammation of the skin, appearing in new districts—where it may be for a time endemic. It may be preceded by the premonitory symptoms of malaise, headache, and slight febrile disturbance; or its onset may be first marked by the appearance of erythema

tous spots, covered with small transparent vesicles, varying in size from a pin's head to a mustard seed, and situated for the most part on the neck, shoulders, back and outer surface of the limbs. An intolerable nightly itching accompanies the eruption, creating an almost irresistible desire to scratch the parts. The scratching obliterates the vesicles, and gives rise to scratch marks, and to the secretion of an exceedingly acid irritating fluid, which oftentimes indefinitely prolongs the disease. Large blackish crusts covering suppurating ulcers are an occasional result. Furuncles quite frequently complicate the trouble.

Treatment.—Locally, the diluted lye of wood ashes is the best remedy.

Internally, RUMEX CRISPUS repeated *pro impetus ratione*, will be oftenest called for. *Rhus tox.* and *Ledum* may be studied.

PRURIGO, IS A DISEASE CHARACTERIZED BY THE DEVELOPMENT OF SMALL PAPULES, OF THE SAME COLOR AS THE SKIN, ACCOMPANIED BY INTENSE ITCHING.

It commences by the gradual formation of small, sub-epidermic elevations, which have a peculiar shot-like feel, and are frequently perforated by small hairs. These papules are due to chronic inflammatory changes in the papillary layer.

Intense itching or pruritus, with formication is one of the earliest symptoms, and generally continues with more or less intensity throughout the entire course of the disease. Hence "scratch marks" are often found complicating the eruption. And as the disease progresses the skin becomes thickened and presents a dry, rough, harsh appearance.

Prurigo is mainly an affection of the poorer classes, and occurs mostly on the extensor surfaces of the lower extremities, but is frequently found on the forearms and trunk. It starts as a rule before puberty, becomes aggravated during the winter months, and is apt to continue through life. It is a rare disease in this country. It differs from phtheiriasis with which it has been frequently confounded, in that, pediculi which are the cause of the latter are never present in the former.

Treatment.—A thoroughly nutritious diet should be ordered for the patient. Locally, either Tar or Sulphur baths are the most serviceable. To allay the itching, a Carbolic acid, Dioscorea, or Mezereum lotion may be used.

SULPHUR, *bis in die*, is the principal internal remedy for recent attacks. And ARSENICUM ALB., *ter die*, for the more chronic forms. Carbolic acid, Ambra, Dioscorea, Dolichos pruriens, Mercurius, Oleander, and Nitric acid may be studied.

PRURITUS, or *Simple itching*, without any eruption can hardly be called a disease. It is merely a perverted sensation, and is a common accompaniment of a variety of cutaneous affections. When occurring to all appearances independently—as far as any eruption is concerned—it is even then simply symptomatic of some nerve disturbance, indicative of the circulation of bile or some other foreign material in the blood, or else dependent on local excitants.

PSORIASIS, IS A CONSTITUTIONAL, NON-CONTAGIOUS DISEASE OF THE SKIN, CHARACTERIZED BY REDDISH THICKENED PATCHES, COVERED WITH WHITISH OR YELLOWISH-WHITE, MOTHER-OF PEARL-COLORED SCALES.

The patches vary both in size and form. They usually commence as small reddish spots, hardly raised above the skin, and covered with whitish scales. As a rule they develop rapidly, so that in a few days they may be as large as a nickel, and present the appearance of drops of mortar. Generally the patches tend to run together as they increase in size, and lose the circular outline that at first characterized them. Occasionally the centres of the patches clear up, giving to the disease the appearance of rings. Some writers err in speaking of these different stages, as distinct varieties of disease, and so allude to psoriasis punctata, psoriasis nummularis, psoriasis gyrata, etc. Such, however, can not be held to be distinct varieties of cutaneous trouble, but are simply stages of one and the same affection.

The scales of psoriasis are peculiar and characteristic. They are imbricated, of a silvery white color, and situated on a red and inflamed base. The presence of air in the scales is the supposed cause of their white appearance. The favorite seats of this disease are the elbows and knees. It may, however, appear on any part of the body, and is apt to be symmetrical. It forms principally in the upper layers of the corium and in the apices of the papillæ, and is due to a perversion of the cell life of the rete. It is more common in gouty families, and prevails more in winter than in summer. Its etiology is still obscure. By some it is claimed to be of malarial and by others of traumatic origin.

Next to eczema it is one of the commonest diseases of this country. My experience at the dispensary, ranks it the fourth in order of frequency. The diagnosis is generally easy. The silvery-white, heaped up scales, seated on an in-

flamed cutis, which inclines to bleed in pin-point drops on their removal, and the selection of the elbows and knees as sites, are very characteristic.

Treatment.—The diet in psoriasis should be a generous one, and in it meat ought always to play an important part. Cod liver oil is generally needed. The local treatment consists in first removing the scales by means of Saponaria or bran baths. Inunctions with *Cod liver oil* or *Chaulmoogra oil*, may then be resorted to, and especially so, if, as occasionally happens, there is considerable attendant inflammation. If the oily inunctions prove insufficient, either the Iodide of Sulphur ointment, or *Chrysophanic cerate* not too strong, may be used. One great objection to the use of the cerate, especially upon uncovered parts, is the staining that attends it. It may be prepared in strengths varying from 1 to 4 grams of Chrysophanic acid to 30 grams of simple cerate. In non-inflammatory cases the Oil of Cade, either full strength or diluted with Olive oil, may be used with benefit, if it agrees with the skin. A mixture of tar and alcohol (10 grams of the former to 50 of the latter), at times proves efficacious. The Biniodide of Mercury ointment (0.5 to 1.5 grams to 50 grams) has been highly recommended; and the white precipitate ointment (1 gram to 20 grams) will often be followed by good results. A weak Calcium sulphide lotion, may be of service in obstinate cases. And the green soap treatment recommended in the squamous stage of eczema, is needed in indolent cases when the patches are much infiltrated and thickened.

It is best to commence the internal treatment with SUL-

PHUR, *bis in die*. Afterwards, one of the following remedies may be given *ter die*:

Ammonium carb.—White pea-sized spots upon the cheek, which continually exfoliate. Skin very sensitive to cold.

ARSENICUM ALB.—Skin dry and scaly.

ARSENICUM IODIDE.—In obstinate cases. Persistent itching on the back.

Calc. carb.—Scurfy spots on the leg. Scurfy pimples.

Fluoric acid.—Roughness on the forehead like a rough line with its convexity upwards. Reddish spots above the eyebrows. Desquamation on the eyebrows.

Hydrocotyle.—Circular spots with slightly raised scaly edges.

Iris versicolor.—Irregular psoriatic patches on the knees and elbows, covered with shining scales. Skin fissured and irritable.

Manganum.—In inveterate cases.

MERCURIUS SOL.—Psoriasis of the hands. Psoriasis in spots all over the body. Recent cases.

Muriatic acid.—Psoriasis of the hands.

NATRUM ARS.—Thin whitish scales, which, when removed, leave the skin slightly reddened.

Petroleum.—Skin of the hands cracked and rough. Unhealthy skin.

PHOSPHORUS.—Psoriasis of the arms and hands; and on the knees and elbows.

Phytolacca.—Surface of the skin shrunken and of a leaden color.

Selenium.—Dry scaly eruption on the palms of the hands, with slight itching.

Sepia.—Psoriasis on the face. Red roughness of the skin.

Silicea.—Elevated scurfy spots near the coccyx. Small white scales on face and neck. White spots on the cheeks.

Teucrium.—Psoriasis on the index finger of the right hand.

PURPURA, MAY BE DESCRIBED AS A DISEASE OF THE SKIN CHARACTERIZED BY AN EFFUSION OF RED BLOOD GLOBULES INTO THE CUTIS, USUALLY UNATTENDED BY CONSTITUTIONAL DISTURBANCE.

The spots at the time of their appearance are bright red, but gradually become purplish, and subsequently undergo the usual changes of color that are the accompaniments of a bruise. They appear mostly on the legs, and are usually symmetrically arranged; they may also show themselves on any part of the body excepting the head.

The disease occurs more in the old than in the young, and generally comes in successive crops, each crop running a course of eight or ten days. Hæmorrhage from the mucous membranes may at times complicate the trouble (*land scurvy*). It is then apt to be attended by more or less constitutional disturbances.

Treatment.—The diet should consist of the most nutritious articles. Malt preparations are useful foods. Outdoor exercise is very beneficial. Locally, Hamamelis is one of the best remedies, and when there is much hæmorrhage, ice treatment may be resorted to.

Simple purpura responds best to ARSENICUM ALB., and the hæmorrhagic form to SULPHURIC ACID, *quater in die*. Other remedies may be indicated as follows:

Aconite.—In simple cases when attended by fever.

ARNICA.—Yellow, blue and reddish blue spots. In lying-in women.

BAPTISIA.—Livid spots all over the body and limbs, of the size of a three-cent piece.

Berberis.—Petechiæ on the right shoulder or left humerus, back of the hand and wrist.

BRYONIA.—Hæmorrhagic purpura.

CHLORAL.—Deep red spots on reddened bases, permanent under pressure. Hæmorrhagic purpura. Lips covered with sordes and dried blood. Great prostration.

Cocoa.—Dark spots like ecchymosis under the skin, about the size of a pin's head, on the fingers. May be used to protect from skin diseases.

Hamamelis.—Hæmorrhagic purpura. In old people.

Lachesis.—Simple purpura.

Mercurius.—Bluish-red spots, darker on the margin, and lighter in the centre.

PHOSPHORUS.—Petechial spots on the skin. Bluish-red spots on the legs. Purple like exanthem over the whole body. Small wounds bleed much.

RHUS TOX.—Simple purpura. Dark brown spots on inside of ankles. Rheumatism of joints worse during rest.

Terebinthina.—Hæmorrhagic purpura.

Veratrum vir.—Simple purpura.

RINGWORM, *see* Tricophytina.

RHINOSCLEROMA, IS CHARACTERIZED BY IRREGULARLY-SHAPED, SHARP-BORDERED, FLAT SWELLINGS, OF A NORMAL OR DARK REDDISH-BROWN COLOR, OCCURRING FOR THE MOST PART ON THE NOSE AND UPPER LIP.

It is a disease of adult life, runs a slow course, and may remain stationary for years. The tubercles are seldom attended by pain, but are usually extremely sensitive to pressure. And when treatment is necessary, they are best removed by the use of the irido-platinum points, and Squibb's fused nitrate, as recommended in *Lupus vulgaris*.

Calcarea phos., *bis in die*, will probably be the most useful internal remedy. Guaraca, and Rhus rad., may be studied.

RODENT ULCER, *see* Epithelioma.

ROSACEA, IS A CHRONIC DISEASE, AFFECTING MORE PARTICULARLY THE NOSE, CHEEKS AND FOREHEAD, RESULTING FROM A DILATATION OF THE BLOOD-VESSELS WITH INCREASED GROWTH OF CONNECTIVE TISSUE, AND CHARACTERIZED BY REDNESS, AND A TENDENCY TO THE DEVELOPMENT OF TUBERCLES AND PUSTULES.

It has three stages. In the *first* there is more or less passive hyperæmia of the parts affected. The whole diseased surface may be reddened, or it may be reddened only in spots. If the nose is attacked, it is apt to feel cold and greasy to the touch. After months or perhaps years, the *second* stage sets in. The redness is now more marked, and minute blood-vessels appear upon the surface. As the disease progresses these vessels increase in size, and take a tortuous course. Sooner or later, the integument becomes thickened, acne papules and pustules show themselves, the nose becomes warm, and the disease passes into the *third* stage.

It may remain in this condition for years, or if the morbid action continues, great thickening and hypertrophy of the parts, with deformity may result.

Rosacea is mostly a disease of middle life. It attacks both sexes, but males more than females. Anything which tends to increase the circulation in the face may produce rosacea. Excessive spirituous indulgence is a prominent cause, as is also functional or organic disease of the uterus or ovaries. The prognosis is generally favorable if the disease has not passed beyond the first stage.

Treatment.—In the first stage a Sulphur or Hypochloride of Sulphur lotion, (5 grams of S. to 45 grams of lavender water) may be used with benefit. And occasionally a Mercurius cor. lotion (0.05 to 0.2 gram to 50 grams) acts well.

In the second stage the distended blood-vessels should be incised bi-weekly. Gossypium may be used to check the hæmorrhage. All indolent pimples may be touched with a glass rod dipped in Acid nitrate of Mercury. Good results are reported from the use of the Faradic current.

As a last resort portions of the redundant integument may be excised. The internal remedy will usually be one of the following, and may be repeated *pro impetus ratione*.

Agaricus.—Redness with burning heat in the face. Burning itching on the cheeks.

Antimonium crud.—Red points with white dots in the centre.

Arsenicum alb.—In long-lasting cases with debility.

ARSENICUM BROMIDE.—Violet papules on the nose.

Arsenicum iodide.—Redness with itching.

BELLADONNA.—Nose red, swollen and shining, with small red pimples.

Bromine.—Pimples on the nose.

Calcium sulphide.—When there is a pustular tendency.

Calcarea phos.—Nose shining like oil.

Cannabis sat.—Large pimples surrounded by red swelling.

CARBO ANIMALIS.—Pimples on the face. Eruption like red spots on the cheeks.

Causticum.—Pimples on the nose.

CURARE.—Pimples like tubercles on the tip of the nose. Rosacea with varices and bleeding of the cheeks.

Guarea trich.—Rosacea, with pain as from excoriation when touched.

Hydrocotyle.—Papular eruption on the face. Tickling in the nose.

Nux juglans.—In strumous subjects.

NUX VOM.—Rosacea associated with dyspepsia and constipation. In drunkards.

Opium.—Dusky red bloated appearance.

Phosphorus.—Pimples on the face and wing of the nose.

PETROLEUM.—In the second stage.

RHUS RAD.—Tip of the nose red and painful, as if it would suppurate.

Ruta.—Rosacea. Deep fine stitches in the parts. Aggravated by eating uncooked food.

Sulphur.—In chronic cases.

ROSEOLA, *see* Erythema.

RUPIA, may be the result of either the pustular or the bullous syphilide. It consists of thick, greenish or blackish "cockle-shaped" crusts, covering unhealthy punched-out looking ulcers. It is a late and malignant manifestation of syphilis, and is seldom met with in private practice.

MERCURIUS BIODAT., *quater in die*, and *Potassium iodide*, are the principal internal remedies. Arsenicum, Berberis

aqu., and Nit. acid may be studied. Locally, Iodide of starch dressings are serviceable.

SALT-RHEUM, *see* Eczema.

SARCOMA CUTIS, consists of brownish-red or bluish-red, variously sized tubercles or nodules, attended by a diffused thickening of the skin. It is a rare and malignant disease, occurs mostly in adult life, and usually terminates fatally.

SCABIES *or Itch*, IS A CONTAGIOUS DISEASE CAUSED BY THE BURROWING OF AN ANIMAL PARASITE CALLED THE ACARUS SCABIEI, IN THE SKIN, AND IS CHARACTERIZED BY THE FORMATION OF CUNICULI, ATTENDED WITH INTENSE NIGHTLY ITCHING, AND HAVING AS ACCIDENTAL ACCOMPANIMENTS, VESICLES, PUSTULES AND CRUSTS.

The first symptom after exposure to the contagion, is usually a more or less extensive local irritation of the skin, attended by the formation of minute inflammatory points or vesicles, and an itching characteristically worse at night. On examining the parts carefully at this stage, a burrow or cuniculus, just beneath the horny layer, may be discovered as a slightly raised, straight or tortuous line, with a vesicle at one end, and the itch insect marked by a whitish-yellow speck, headed off by a dark curved line, at the other. The disease spreads from this point, usually with great rapidity, so that in four or six weeks it may cover the greater part of the body. The parts most obnoxious to this affection are, in adults the interdigits, the front of the arm and wrists, the flexures of the joints and the dorsal surface of the penis. In children the buttocks and ankles are as a rule primarily affected oftener than the other parts. The disease seldom appears above the nipple line, and in chronic cases is found

more on the abdomen and inner surface of the upper part of the thigh.

The vesicles are generally isolated, irregular in size and shape, stand out prominently, and are frequently topped with short burrows. On account of the intense itching, "scratch-marks" may so mask the disease as to at times, almost obliterate the cuniculi and vesicles. These "scratch-marks" are, however, in their turn, more or less characteristic of scabies.

The cause of scabies is the *acarus scabiei*. The disease arises only from contagion. It may be conveyed from one person to another by hand shaking or by sleeping with one who is affected. All are subject to the contagion, whether high or low, rich or poor. Men are as a rule oftener affected than women. It is one of the more common skin diseases in Europe, but in this country it is quite rare.

The acarus exists male and female, and is barely visible to the naked eye, being about half a millimeter in length. To the zoologist it is a beautiful and elegant little creature. It resembles a turtle in shape, and has an oval body, convex on the back, and flat on the belly. The back is armed with short spines, which are directed backwards, and are so arranged as to effectually thwart any attempt at retrogression on the part of the insect. The head is small and closely set to the body, and is devoid of eyes. There are four front legs armed with suckers, and four hind legs armed with hairs. The two inner hind legs in the male are armed with suckers. The organs of generation are conspicuously marked on the under surface of the body. The female acarus is thrice the size of the male. Males are short lived. The

female lives from three to four months, and lays from 24 to 50 eggs at the rate of from one to two a day. As the male insect is seldom found on the skin, it is presumed that he plays but an inferior part in the development of scabies.

The female acarus within thirty minutes after its arrival on the skin, commences boring perpendicularly through the horny layer and tunnels a place in which to lay its eggs. This burrow or tunnel is called a cuniculus, and may vary from two to several centimeters in length. Here is the little miner's habitat, in which the deposited eggs are usually hatched in about two weeks. The young acari or "brigands" as they are sometimes called, are liberated in the order of their birth, by the gradual wearing off of the horny layer of the cuticle, and most invariably adopt the mining habits of their progenitors.

The acarus has considerable tenacity of life. It has been known to live from 8 to 10 days in water, and from 2 to 4 days in vinegar.

The following are the main diagnostic points of scabies:

1. The presence of cuniculi with their contained acari.
2. The seat of the eruption, which is mostly in the inter-digits and wrists, and in the flexures of the body, the buttocks, and on the dorsal surface of the penis. Scabies seldom appears above the nipple line.
3. The multiformity of the eruption.
4. The itching, which though continuing through the day is characteristically worse at night.
5. The evidences of contagion in the household, other members of the family being affected.

6. The rapid disappearance of all the symptoms under parasiticial treatment.

The prognosis may usually be considered favorable, provided a correct diagnosis is made, otherwise the disease may last for years.

Treatment.—Once recognized the disease is speedily cured. A high potency of *Sulphur* given internally has the reputation of curing scabies. But perhaps the best and most prompt results will be had from well directed local treatment, as the disappearance of the trouble depends on the removal of the cause, or in other words upon the death of the insect.

Sulphur ointment (3 to 6 grams to 45 grams) is to be recommended as the best parasiticide. Storax ointment is preferred by some, as being cheaper, and less liable to irritate the skin. (Care must always be taken in using parasiticides not to have them too strong, as the secondary rash is invariably aggravated thereby.) The Oil of lavender may at times be used, as may also the Balsam of Peru.

Before using the parasiticide, the patient should be ordered to take a hot soap and water bath. The cerate or oil may then be rubbed firmly into the skin of the *whole* body, for twenty minutes, and allowed to remain on all night. In the morning another hot soap and water bath should be taken. The same programme may be followed on the next and succeeding evenings, or until every trace of itching is gone. In this way the majority of cases of itch can be cured in from 1 to 3 days. All the clothing of the patient should be carefully boiled or baked before being used.

SCLERODERMA, or *Hide-bound disease*, IS A CHRONIC

AFFECTION CHARACTERIZED BY HARDNESS AND INELASTICITY OF THE INTEGUMENT.

It is a rare disease, and commonly commences as a circumscribed infiltration of the skin and subcutaneous tissues. As the disease advances, the parts are found to become hard and immovable, as if *frozen or petrified*. The skin has generally a yellowish-brown or at times waxy appearance. Scleroderma may occur on any part of the body, and at any period of life, and is apt to be symmetrical. It is supposed to be due to a stagnation of lymph in the lymph spaces. It runs a chronic course, but tends to get well in years.

The disease bears some resemblance to morphœa, with which it is apt to be confounded. Scleroderma, however is pathologically a hypertrophy, while morphœa is an atrophy.

Treatment.—Galvanism is recommended as having proved beneficial in some cases. As internal remedies, *Antimonium crudum*, Alumina, Berberis, Elæis and Rhus tox., may be studied.

SCLERIASIS, IS AN INDURATION OF THE CELLULAR TISSUE IN NEW BORN CHILDREN.

It may be congenital or appear during the first months of infant life. The skin which is at first of a yellowish, brownish or reddish hue, gradually fades and becomes hard and rigid. The surface is generally cold, and more or less œdema is usually present. The causes of this disease are supposed to be congenital debility, vascular disturbances, and affections of the navel.

The inflexibility is caused by a stearine-like deposit in the subcutaneous tissue. The prognosis is unfavorable, as most children die.

Treatment.—*Elvis guineensis* may prove useful as an internal remedy. Hydrocotyle, Phosphorus and Stillingia may be thought of.

SCROFULODERMA, IS A STRUMOUS DISEASE OF THE SKIN COMMENCING AS INDOLENT, PAINLESS, LIVID TUBERCLES, THAT SLOWLY SOFTEN AND GIVE PLACE TO UNHEALTHY ULCERS WITH FREE INCRUSTATION.

It is oftenest encountered on the neck, and beneath the lower jaw, but is frequently met with on the thorax, and in the axillæ and groins. The cause of this disease is to be found in that peculiar condition of system, which has been termed scrofulosis.

Treatment.—Such patients should be allowed an abundance of fresh air, plenty of outdoor exercise, and a generous diet. Cod liver oil should be one of their standard foods. Locally, the ulcers when formed may be dressed with the *Iodide of Starch* paste.

The CALCIUM SULPHIDE, *ter die*, is the principal internal remedy.

The Calcium iodide, Theridion, and Scrofularia may be compared.

SEBACEOUS CYST, or *Wen*, IS A WHITISH, ROUND OR OVAL TUMOR OF VARIABLE SIZE, COMPOSED OF SEBACEOUS MATTER ENCLOSED IN A SAC.

The tumors occur either singly or in numbers, and appear mostly on the scalp, face and back. Their contents are either hard and friable, soft and cheesy, or fluid in character. They are usually painless, run a chronic course, and may end spontaneously by degeneration of the contents and destruction of the cyst.

Treatment.—Excision is the best local remedy. POTASSIUM IODIDE 1x, *ter die*, Baryta carb., and Bromine, have more or less repute in removing cysts, and may be used to prevent their return.

SEBORRHŒA, or *Sebaceous flux*, IS A FUNCTIONAL DISORDER OF THE SEBACEOUS GLANDS, CHARACTERIZED BY AN EXCESSIVE SECRETION OF SEBUM.

It may appear on any portion of the body, but attacks chiefly the scalp and face. It occurs at all periods of life, is seen more in women than in men, and is either local or general. In the newly-born it is a physiological rather than a pathological process, and constitutes the *vernix caseosa*. As a disease it appears either in the form of an oily coating on the skin, or as dirty-white or yellow flat scales, which are more or less greasy, and slightly adherent (*dandruff*). Light complexioned people are more subject to the former, and dark complexioned to the latter.

When occurring on the scalp, seborrhœa is one of the most frequent causes of baldness; and as a sequel of variola an oily nose is not uncommon. This affection may at times be very easily confounded with eczema. But if it is remembered that seborrhœa is always a dry or oily disease, and that eczema has always a history of discharge; and also that the scales of seborrhœa, are usually seated on a pale bluish-colored skin, and abundant, while those of eczema are scanty and seated on a reddened more or less infiltrated surface, the diagnosis will not be difficult.

Treatment.—The hygienic influences should be so arranged as to keep the system in the healthiest possible state. All oily scales and crusts should be saturated with some oily

substance, such as Olive oil or Glycerine, before their removal is attempted. Ten or twelve hours generally suffices to macerate them, so that they can be readily removed with warm soap and water. The common hard soap is scarcely strong enough for this purpose, and so *Sapo viridis* should be used. An elegant preparation is made by mixing 30 grams of *Sapo viridis* with 20 grams of Cologne water. After this treatment one of the simple oils should be applied, otherwise the skin will become dry and harsh.

In mild cases all the local treatment that is necessary is an infusion of *Saponaria* bark applied morning and evening. Glyceral tannin at times acts favorably. A *Mercurius cor.* lotion (0.1 gram to 50 grams) may be frequently used with advantage. And occasionally the red precipitate ointment (0.3 to 0.5 gram to 25 grams) is followed by good results. For *seborrhœa* occurring on the face, a Tannin dusting powder, prepared by mixing, from 2 to 6 grams of Tannic acid with 40 grams of rice powder, has been highly recommended.

The most serviceable internal remedies, used *ter die*, are the following:

Arsenicum alb.—Smutty brown, mottled skin. Yellow color of the face.

Ammonium mur.—Large accumulation of bran-like scales, with falling off of the hair.

BUFO.—Skin greenish, and always looking dirty and oily.

BRYONIA.—In long lasting cases.

Calcarea carb.—Nose shines as from oil. *Seborrhœa* with *hyperæmia* of the scalp and headache.

Graphites.—*Seborrhœa* behind the ears.

Iodine.—Firmly adhering scales, which leave the skin red and painful, on removal.

Kali carb.—Dry hair rapidly falling off, with much dandruff.

Lycopodium.—Seborrhœa on the chin.

Mercurius sol.—Seborrhœa of the genitals, accompanied with hyperæmia.

Mezereum.—Excessive formation of smegma.

NATRUM MUR.—Severe itching of the scalp. The hair falls out in masses. Seborrhœa of the face.

PLUMBUM.—The skin of the face shines as if oily, and feels oily.

Phosphorus.—Copious dandruff; falls off in clouds.

Potassium bromide.—Seborrhœa on hairy portions of the face, forehead, and neck.

RAPHANUS.—Skin is greasy and makes the hands greasy to touch it.

Sepia.—Seborrhœa of the genitals in women.

Sulphur.—Dandruff.

Thuja.—White scaly dandruff. Hair dry and falling off.

Vinea minor.—Seborrhœa on upper lip and base of the nose.

STONE-POCK, *see* Acne.

SHINGLES, *see* Zoster.

STROPHULUS, commonly known as *Red-gum* or *tooth rash* is a disease of early life, due to congestion about the mouths of the sweat follicles, and is characterized by the appearance of small red or white papules, varying in size from a pin's head to a millet seed. The face, neck and arms are the

usual seats of the eruption, but it may be general in its distribution. There are two forms of the affection. One variety mostly due to over-clothing, appears in infants a few weeks old. In this the eruption reaches its height in two or three days, and then gradually disappears. The other variety is frequently met with during the period of dentition, lasts longer than the former variety, and is often associated with gastro-intestinal disturbance.

Treatment.—The diet should be carefully regulated, and all superfluous clothing abandoned. Lancing the gums is proper only when they are swollen or so tender as to distress the child.

CHAMOMILLA quater in die, is the principal internal remedy. *Calcarea carb.* may be called for when there is a chronic acidity. *Spiranthes* is often indicated. *Borax*, *Ledum*, *Apis*, *Cicuta*, and *Sumbul*, may be studied.

SUDAMINA, IS A DISORDER OF THE SWEAT GLANDS, CHARACTERIZED BY PIN-HEAD SIZED VESICLES, FORMED BY THE COLLECTION OF SWEAT BETWEEN THE LAYERS OF THE EPIDERMIS.

It is more particularly met with during the summer months, and in acute febrile, and constitutional, diseases. It occurs both in children and adults, and may be esteemed a sign of general debility. The mal-administration of Turkish baths occasionally gives rise to a general attack.

Treatment.—*BRYONIA*, *Ammonium mur.* and *Urtica urens*, are the most important remedies. They may be repeated *pro impetus ratione*.

SYCOSIS, IS A CATARRHAL INFLAMMATION OF THE HAIR FOLLICLES OF THE BEARD, AND IS CHARACTERIZED BY THE FORMA-

TION OF PAPULES, TUBERCLES, AND PUSTULES, ATTENDED WITH PAIN, HEAT AND SWELLING.

The affection demonstrates itself by the development of acuminated, more or less indurated, pin-head or split-pea sized pustules immediately around the hairs, containing a thick yellow fluid. More or less peri-follicular inflammation usually accompanies the disease, and according as this is slight or severe, the patient suffers pain. If the inflammation is severe the pustules are crowded together, otherwise they are generally discrete. The hairs of the affected part are as a rule healthy, and cause pain on extraction, (a characteristic). The disease is not contagious.

Treatment.—Shaving is the first thing to be done, and it must if necessary, be kept up for months. Hot fomentations should be applied if there is much inflammation. Good results may be expected from the use of a Tartar emetic lotion (Tartar emetic 0.1 gram, Glycerine 25 grams, Cologne water 25 grams), as recommended by Ruddock. Lotions containing Sulphur are often of great service. They may be prepared by dissolving from 5 to 15 grams of Sulphur in 50 grams of water. Mercurius cor. may also be employed with favorable result in the strength of from 0.05 to 0.2 gram to 50 grams of alcohol and water. A weak red precipitate ointment, 0.5 to 1 gram to 50 grams, frequently proves one of the most efficacious remedies.

As regards the internal treatment, TARTAR EMET. *quater in die*, is allowed by common consent to rank first. Other remedies occasionally of service, are:

CALCIUM SULPHIDE.—Many little pimples on the chin, sore when touched.

CEREUS SERPENTINUS.—Pustules on the right upper lip and angle of the mouth, on parts covered by beard. Itching of the parts covered by the beard.

Cicuta.—Elevated eruption, which causes burning pain when touched. Itching papular eruption on chin.

Graphites.—Chin covered with eruption. Hard white pimples on red base.

Kali bich.—Pustules on the right side of the chin, seated on reddened bases.

MERCURIUS PRECIP. RUBER, is, next to Tartar emet., one of the most prompt remedies for sycosis.

Petroleum.—Papular eruption at the corner of the mouth with sticking pain. Painful pustules on the chin.

Sulphur.—Painful pea-sized pimples, with red areolæ.

SYPHILIDES, ARE THE MANIFESTATIONS OF GENERAL SYPHILIS UPON THE SKIN.

They may be divided into two arbitrary groups, viz., the *secondary* and the *tertiary*; and possess the following general features:

They have a history of syphilitic inoculation. They are of a reddish, yellow-brown color, often described as copper-colored. They are polymorphous, and elective. They are devoid of both pain and itching. The crusts are thick, greenish-black. The ulcers are of an ash-gray color, are often serpiginous or horse-shoe shaped, and are bounded by sharply cut edges. The diffused eruptions are generally symmetrical. Later the distribution is irregular. The scales occur in small circular spots, and are thinner and fewer in number than in non-syphilitic cases. They are of a non-inflammatory character, and are prone to recur.

The SECONDARY SYPHILIDES are:

1. ERYTHEMATOUS SYPHILIDE.—This consists in the formation of flat or slightly raised patches, varying in size from a split pea to a two-cent piece. It is the earliest and most frequent cutaneous manifestation of constitutional syphilis, and appears generally at about the sixth week. It often comes on slowly, but may appear suddenly, and is confined in the majority of cases, to the covered parts of the body. When it occurs early in the disease it may last for months. The rash is unaccompanied by itching, but is usually attended by such significant signs of syphilis, as the chancre or its scar, the redness of the fauces, and the mucous patches.

Treatment.—The white precipitate ointment (0.3 to 1 gram to 30 grams) may be used externally, and MERC. IODAT. or MERC. COR., given *quater in die*, at the same time internally.

2. PAPULAR SYPHILIDE.—This eruption is usually superficial and may either follow the former, or occur as the first outbreak after chancre. It may appear as early as the third week after the chancre, or not until the fourth month, and usually lasts from three to eight weeks. The papules may be either acuminate or broad and flattened, and may vary in size from a millet seed to a split pea or larger. They are at first rose-colored, and are surrounded by a white border of fine scales. Later they assume a tawny hue, and may be moist, or covered with thin scales. They are usually most marked on the nape of the neck, the flexor surfaces of the extremities, and on the perineum and genitals.

Treatment.—The five per cent. Oleate of Mercury is the

best local application. Internally, POTASSIUM IODIDE and *Merc. cor.* are the principal remedies.

3. VESICULAR SYPHILIDE.—This is a rare type of syphilitic eruption, and in the majority of cases, takes the form of *herpes*. Occasionally it is *varicellaform*.

The vesicles of the *herpetic* manifestation vary in size from a millet seed to a pea, and are seated upon a copper colored base. They are arranged either in circles or in segments of circles, usually last about a week, and disappear without scarring. Their first appearance is generally about three weeks after the disappearance of the primary lesion.

The vesicles of the *varicellaform* eruption are about the size of small peas, are surrounded by a coppery-red areola, and are now and then umbilicated. They may be either isolated or confluent, and are succeeded by greenish-brown scabs which fall off in about two weeks, leaving slowly disappearing purplish discolorations. The lesion appears about the sixth month after chancre, and shows itself mostly about the face.

Treatment.—MERC. COR., *Cinnabar*, and *Merc. jodatus* are three main internal remedies. A *Merc. cor.* lotion, or the Oleate of Mercury, may be used externally.

4. PIGMENTARY SYPHILIDE.—This consists of “coffee-with-milk” colored macules, varying in size from a cent piece to a half dollar. It occurs oftenest in women, and appears mostly on the neck, but occasionally extends to the body and extremities. It comes between the fourth and twelfth month, and lasts one or two months, or longer.

Treatment.—NITRIC ACID is the generally indicated remedy. The *Calcium sulphide* is sometimes called for.

5. PUSTULAR SYPHILIDE.—This may exist in either of three forms:

(a.) As small millet-seed sized ephemeral dead-gray colored pustules which dry up and form brownish, rough, scabs, or else linger as slightly ulcerating, vegetating surfaces. They are apt to appear on the forehead, angles of the mouth and base of the nose, and usually leave a brownish centrally depressed spot on their disappearance.

(b.) As pin-head or split-pea sized acuminated pustules which form brownish colored scabs, and leave small, white, depressed cicatrices. They develop about six months after chancre, and last about two months. They appear mostly on the scalp, face, and trunk, and more rarely on the lower extremities.

(c.) As ethymatous umbilicated pustules, which vary in size from a pea to a hickory nut, and are surrounded by a dark red areola. These form rough, dark, greenish-brown scabs, and leave slight copper-colored cicatrices, which gradually disappear.

Treatment.—Locally, white precipitate ointment (0.3 to 0.5 gram to 30 grams) may be used.

KALI BICH. and *Merc. nit.* are the more common internal remedies.

6: BULLOUS SYPHILIDE.—The eruption is characterized by blebs, which vary in size from a pea to a walnut, and after lasting a variable time, dry up and form dark greenish-brown scabs. It is a rare and late manifestation of syphilis, but may occur in the newly-born as a result of inherited dis-

Treatment.—POTASSIUM IODIDE and *Syphilinum*, are the generally used remedies.

7. SQUAMOUS SYPHILIDE.—This may develop on the syphilitized, in the course of other eruptions, or start as a primary condition with febrile symptoms, by the formation of small, red, circular blotches, which in a few days become covered with scales. After a few weeks the scales fall off, leaving dark colored spots, that gradually disappear without cicatrization.

Lentil-sized, copper colored spots, sometimes form on the palms of the hands and soles of the feet. The patches may be either fissured, or covered by adherent grayish scales, and are usually limited by the characteristic livid areolæ.

The eruption is commonly symmetrical, and may last for months, or even years. The scaly syphilides rarely appear before the sixth month from the chancre, and when entirely removed by treatment are not apt to return.

Treatment.—The local treatment consists in the use of the red precipitate ointment.

The internal remedies are MERC. PRECIP. RUBER, *Arsenicum sulphide* and *Cinnabar*. Sarsaparilla, Merc. cor. and *Phytolacca*.

8. TUBERCULAR SYPHILIDE.—This is a common form of secondary syphilis verging on the tertiary. It rarely appears before a year or longer after chancre, and consists of circumscribed, dome-shaped, brownish-red elevations, which vary in size from a split-pea to a nut. They are situated for the most part on the face and back, but occasionally appear on the extremities. They develop slowly, may last for weeks or months, and disappear either by absorption or ulceration.

When absorption takes place, small depressed pigmented spots remain, which either finally disappear or leave but very superficial cicatrices.

If ulceration ensues, the tubercles become covered with a brownish or blackish crust, and the ulcers have a punched-out appearance. Occasionally the eruption is grouped into circles or figures-of-eight, a peculiarity observed mostly about the forehead and nose.

Treatment.—The tubercles may be treated locally with the Acid nitrate of Mercury, and when ulcers form they may be dressed with Iodide of Starch paste.

MERC. BINIOD., and *Potassium iodide* are the generally indicated remedies. Thuja is adapted to mucous tubercles.

THE TERTIARY SYPHILIDES are principally *Rupia* and the *Gummatous syphilide*.

9. GUMMATOUS SYPHILIDE.—This is a late syphilide, and appears first as little hard lumps, seldom larger than a hazel-nut situated on the head, buttocks, and flexor surfaces of the extremities. They are loosely imbedded in the tissues, may be either single or multiple, and grow slowly. They either undergo absorption or eventually break down, and form grayish deeply excavated ulcers, that vary in size from a finger nail to the palm of the hand.

Treatment.—In addition to the treatment suggested for the eighth syphilide, CARBO ANIMALIS, Condurango, Berberis aqu, and Bi-cyanide of Mercury, may be thought of. In Mercurio-syphilitic ulcers, *Cistus canadensis* acts well.

SYPHILIDES IN CHILDREN.—The cutaneous manifestations of *hereditary syphilis*, as observed in children, differ from those of the acquired form, as seen in the syphilized adult. Usu-

ally within two or three weeks, after the birth of the tainted child, distinctive signs of syphilization show themselves. The little one, hitherto, it may be, of robust appearance, gradually declines in health. Fissures and chaps appear about the mouth, anus and genitals. The skin becomes harsh and dry, and assumes a dingy yellowish hue. The face grows wrinkled, and the babe patient appears like a little dried up old man. Sooner or later snuffles sets in, the disease extends to the larynx, and the child has a peculiar hoarse cry. About the same time coppery-red mucous patches varying in size from a finger-nail to the palm of the hand, appear on the buttocks, thighs or genitals. Occasionally the hands exfoliate in thin dry scales. After a variable season, dry or moist papules — the moist predominating — make their appearance on the reddened patches. Tubercles may form. The matrix of the nail may suppurate, and the nail be shed several times. *Excoriations* and *mucous patches* are the most common, and at the same time, the most characteristic manifestations of syphilis in the young. Occasionally syphilis is acquired by a healthy baby, from nursing a woman with chancre, or through vaccination. This is called *Infantile syphilis*. If the child is born with a general eruption, death is almost inevitable. The bullous syphilide in infants usually manifests itself at birth, and generally results fatally.

Treatment.—The CALCIUM IODIDE, *ter die*, is the principal remedy, and next, *Mere. viv. Corallium rub.* is adapted to the syphilitic erosions. A five per cent. Oleate of Mercury inunction is highly recommended.

TELANGIECTASIS, IS CHARACTERIZED BY CIRCUMSCRIBED

VASCULAR CUTANEOUS GROWTHS, APPEARING FOR THE MOST PART DURING ADULT LIFE.

The growths are usually of a bright red color, and vary in size from a pin's head to a split pea. They differ from nævi in that they are not congenital, but acquired. Telangiectasis selects as its favorite seats the face and neck. It runs a chronic course, and may either terminate spontaneously or remain through life. The *treatment* is the same as that of *nævus*. CONDURANGO is reported as having cured some cases.

THE TINEÆ, IS A GENERIC TERM GIVEN TO A CLASS OF CUTANEOUS AFFECTIONS, THAT OWE THEIR ORIGIN TO VEGETABLE PARASITES.

At the Central Dispensary they constitute about four per cent. of all the cases, in the department for skin diseases. They are all contagious, occur more in populous districts, and are curable by parasiticides.

The parasites are the *Achorion Schonleinii*, the *Trivophyton*, and the *Microsporion furfur*. They exist in three forms:

1. *Conidia* or *spores*, which are made up of an outer and inner enveloping membrane composed of cellulose, enclosing a liquid containing floating granules. They present an average diameter of .006 mm.

2. *Mycelia*, or thread-like structures, which vary in size and shape, from simple, fine, transparent filaments, to large, double-contoured tubes.

3. *Granules*, the nuclear form of the fully developed fungus. They require a high power for their detection.

The conidia are the most developed parts of the fungus. They may be either round or oval. The mycelia are the growing or producing structures. They may be either long

or short, branched or straight, filled with or almost devoid of granules. And the granules being the more elementary forms, may be either numerous or only sparsely distributed.

From this it may be noted, that whenever in the field of the microscope, a large number of conidia or spores are seen it can be safely said that the fungus has age, and that consequently the disease has been running for some time, or has become *chronic*. If on the other hand sprouting mycelia filled with granules, marked off as it were by partitions, and called *sporophores*, are present in large numbers, it may be taken for granted that the fungus growth is active, and that consequently the disease is spreading rapidly, or is in the *acute* stage.

There are three varieties of "*the tineæ*," due respectively to the ravages committed by the afore-mentioned parasites upon the skin.

They are *Tinea favosa*, *Tinea tricophytina* and *Tinea versicolor*.

TINEA FAVOSA or *Favus* IS A CONTAGIOUS DISEASES, CHARACTERIZED BY THE PRESENCE OF ONE OR MORE, CLUSTERED OR SCATTERED, VARIOUSLY-SIZED, CUP-SHAPED SCABS, OF A SULPHUR-YELLOW COLOR, AND PIERCED BY A HAIR.

It appears mostly among the poorer classes and flourishes in dirt. It is oftenest found on the head, frequently on the trunk, and occasionally on the lower extremities. It shows itself first at the point where the vegetable parasite touches the skin, as aslight redness, accompanied by a varying amount of itching. Scales soon make their appearance on the reddened surface and assume the form of pin-head sized crusts. These continue to increase, and the disease spreads, so that at the end

of two weeks, the collected mass presents the umbilicated form of the fully developed favus cup. They may now remain separated, or coalesce and form yellowish-colored, aggregations, having a characteristic honeycomb aspect.

The scabs are peculiarly cup-shaped in appearance, with the concavity directed upwards, and vary in size from a split-pea to a ten cent piece or even larger. They have a straw or sulphur-yellow color, and are as a rule pierced by a hair. A special odor generally attaches to the favus crust; it is that of stale straw, mice or cat's urine.

On removing the scab, the skin is seen to present a more or less reddened, hollowed out appearance, corresponding to the convexity on its under surface.

Most generally the hair is loosened in the follicle, by the fungus affecting its formative apparatus, and comes away with the scab. If the disease is severe, and the ravages of the parasite are in any way extensive, the hair follicles may be destroyed and the scalp left red, smooth and shining. Favus may, at least in this country, be classed among the rarer diseases. It is eminently contagious, never originates spontaneously, but may be communicated from animals to man. It may have its seat in either the hair follicles or the hair, or upon the surface of the skin, and is due to the action of the vegetable parasite known as the *achorion schonleini*. This fungus was named after Schonlein, its discoverer, by Remy. Its history dates back to 1839. Under the microscope it presents the following characteristics:

A field studded mostly with *oval* conidia, varied as to size, and mycelia variable as to length, and more or less filled with granules. The oval fungus has a double envelope, and an

average diameter of .034 mm. The mycelia present a pale grayish watery appearance, and have an average diameter of .0026 mm. They—the mycelia—are usually abundant, and occasionally assume a peculiar grouping with the conidia. (I allude to the clustering of four or five of the spores in a row at the end of a mycelial thread.) This is oftener found than many would have us believe, and when present is characteristic of favus.

As regards the diagnosis of tinea favosa, little difficulty is usually experienced. Briefly, the distinguishing points are:

The characteristic pea-sized, straw-colored, cup-shaped, honey-combed crusts. The stale straw odor. Its prevalence among the poorer classes and children. The presence of the achorion schonleinii, as revealed by the microscope. Its contagiousness.

From eczema, for which it is most liable to be mistaken, it may be distinguished by having no stage of discharge, by having sulphur-yellow instead of greenish-yellow crusts; by its stale straw odor, as contrasted with the nauseous smell of eczema; by being contagious, and eczema not; and by being cured by parasitocides, while eczema would be aggravated thereby.

Treatment.—The cardinal point in the treatment, is either to starve out, or kill the parasite. The former may be accomplished by the administration of internal remedies which may so alter the soil as to render it less suitable to the fructification of the plant, and the latter by the use of local applications, called parasitocides. Before local treatment is commenced, all crusts must be removed and the diseased

hairs pulled out. Almond oil, a marsh-mallow, or mashed turnip poultice, will soften the crusts. The hairs are best removed by a broad-lipped epilation forceps. After the scabs and diseased hairs have been removed, a parasiticide of greater or less strength, depending upon the irritability of the skin and the stubbornness of the parasite, should be applied. Hyposulphite of Soda lotion (5 grams of S. to Glycerine and water, *a a*, 25 grams) may be used. Sulphurous acid, either full strength or diluted one-half, will be found a valuable remedy, and should be continuously applied under oiled silk or a rubber cap. Mercurius cor. lotion (0.1 to 0.2 gram to 50 grams) acts well. Chrysophanic cerate is highly recommended. If the fungus has caused considerable irritation, enough over and above the scabbing, to occasion a discharge, a white precipitate ointment (0.5 gram to 50 grams) will be of service. Should an annoying itching accompany the trouble, Grindelia cerate, a Carbolic acid or Dioscorea lotion, or the Pyroligneous oil of Juniper may be used between the parasiticides. Care must be taken in using parasiticides not to have them too strong, otherwise more harm than good may result from their use.

Of internal remedies, to be repeated, *pro impetus ratione*, the following may be mentioned:

Agaricus.—Favus, with biting itching in the scalp. Crusts sometimes spread to other parts of the body.

Arsenicum iodide.—Scalp dry and rough, and covered with dry scales and scabs. Extend to forehead, face and ears.

BROMINE.—In children with light hair and blue eyes. When the fungus excites considerable irritation of the skin.

Calcarea carb.—Thick scabs covering a quantity of thick yellow pus. Large scabs, covering sometimes over one-half the entire scalp.

Dulcamara.—In scrofulous children when the crusts are thick and the hair falls out.

KALI CARB.—May prove useful in old overtreated cases.

Lappa major.—Grayish-white, foul smelling crusts. Most of the hair has disappeared.

LYCOPodium.—Eruption beginning on the back of the head. When there are several spots, and when the crusts are fetid, thick, and bleed easily.

MEZEREUM.—Elevated white chalk-like scabs with ichor beneath, breeding vermin. Itching as if the head was in an ant's nest.

Oleander.—Favus on the back part of the head and behind the ears. Biting itching of the scalp as from vermin.

PHOSPHORUS.—May be used when the follicles appear to have been destroyed, and the scalp left smooth and shining.

SULPHUR.—May be necessary to help along the action of the indicated drug.

Ustilago mad.—When there is great moisture, with matting and falling of the hair.

Viola tricolor.—Thick crusts; hair becomes matted; urine smells like cat's urine.

TINEA TRICOPHYTINA, IS THE VARIETY OF TINEA THAT OWES ITS ORIGIN TO THE TRICOPHYTON.

Under this head are included the diseases commonly described as, tinea tonsurans, tinea circinnata, tinea sycosis, and tinea kerion. The tricophyton finds its affinity in children of lymphatic temperament, selects as its seat either the

scalp or body, and there produces the disease known by the common name, "ringworm." In middle life it frequently attacks the beard, where it grows luxuriantly and causes the affection having the vernacular "barber's itch."

When the fungus is first planted on the skin, the fates being propitious, it demonstrates its presence as does the favus fungus by the appearance of an itching erythematous redness, accompanied usually by a crop of evanescent vesicles, which are quickly followed by a scaly formation.

If the parasite attacks the scalp, it will be noticed that the hairs covering the patch or patches, gradually become brittle and break off, or are loosened and come out easily. The breaking off of the hairs gives to an old patch a "stubble-like" appearance, which together with a semblance of "goose-skin," due to the prominence of the follicles, may be held as characteristic.

On the body, where it presents its best developed ringworm appearance, *tinea trichophytina* spreads in a circular fairy-ring-like manner, until it covers an area of a silver dollar or even larger. For, as the skin becomes accustomed to the presence of the fungus, which has already assumed the cellular form in the oldest part of the patch, the central redness gradually fades, while the disease is all the time spreading in the direction of the periphery, where the sprouting mycelia are most active. When the parasite attacks the beard, a slight inflammation is first noticed around one or more hair follicles of the chin, which gradually increases, until papules make their appearance. The papules steadily enlarge, so that in about a week's time they may have reached the size of split-peas or hazel-nuts, and have in

fact become tubercles. These tubercles are surmounted by a little pus, and pierced by a hair, which loosened by the destructive changes going on around it, *will, if pulled, come out, causing scarcely perceptible pain.* This is an eminently contagious form of *tinea trichophytina*, and is acquired mostly in tonsorial parlors, through the carelessness of barbers. When the trichophyton attacks the nails it produces the disease sometimes called *onychomycosis*.

Tinea kerion from the Greek *kerion*, a *honeycomb*, is the name applied by some writers to a form of this variety of *tinea*, that is simply the result of a more violent action of the trichophyton, in which the hair follicles become specially inflamed and pour out a viscid mucus, resembling the juice of the mistletoe berry.

The *trichophyton*, from *thrix*, a *hair*, and *phuton*, a *plant*, was discovered by Gruby in 1844. It was afterwards more fully described by Bazin, of Paris, in 1854. It has an average diameter of .004 mm. and is composed mostly of spores and mycelia, having but comparatively few granules. The spores are round, almost uniform in size, and look like *fish-roe*. The mycelia are more or less filled with granules and jointed. The spores are more abundant on the hairy portions of the body, while the mycelia predominate on the non-hairy regions. The main diseases with which *tinea trichophytina* is apt to be confounded, are: *Seborrhœa*, *eczema*, *psoriasis*, *favus*, *sycosis*, and *acne*.

From *seborrhœa*, it may be diagnosed by the acute character of the disorder, and by the absence of enlarged follicles and a greasy surface. From the squamous stage of an *eczema*, it may be distinguished by the abrupt marginal

form of the eruption, the loosening of the hair, the history of contagion, and the more rapid course. From psoriasis, it may be told, by the history of the case, and the decision of the microscope. From favus, by the absence of the characteristic crusts of the latter, and the different fungus. From sycosis, by the loosened hairs, the characteristic tubercles, and the ever present fungus. And from acne, by its seldom or never appearing on the non-hairy parts of the face, as the cheeks and forehead, which are the favorite seats of acne.

A very easy way to detect the nature of the trouble is, to apply a little Chloroform to the suspected part. If fungus is present, it turns whitish-yellow as if sprinkled with Sulphur powder, otherwise the appearance is unaltered.

Treatment.—As in tinea favosa so in tinea tricophytina the cardinal point to be remembered is—*kill the parasite.* This is best done by epilation and the use of parasiticides. *Mercurius corrosivus* lotion (0.1 to 0.2 gram to 50 grams) is one of the best. Shaving every other day, and epilation on the days between, accompanied by a diligent use of the Corrosive sublimate lotion, proves a sovereign remedy for the form, “barbers’ itch.” Sulphurous acid either as a lotion of fifty per cent. strength, or as a spray, will sometimes do more service on an irritable skin than will the Merc. cor. lotion. Acetic acid or Coster’s paint (10 grams of tincture of Iodine to 40 grams of colorless oil of Tar) may occasionally be called for in the more obstinate forms. While using one of the stronger parasiticides, once or twice a day, a milder one should if possible be kept constantly applied under oiled silk, between times. Chrysophanic cerate, not

too strong, will prove useful in many cases. The white precipitate ointment may be resorted to, if other means fail, as may also a Tartar emetic lotion.

Of internal remedies the following may be mentioned:

SEPIA and *Tellurium* are adapted to the ringworm variety, as occurring on either body or scalp.

For the form, "barber's itch," wrongly termed tinea sycosis, MERC. PRECIP. RUBER, *Kali bich.*, Plantago, Tartar emet., and Cicuta are the main remedies.

Cocculus indicus and the remedies mentioned in the treatment of favus may also be compared.

TINEA VERSICOLOR, IS CHARACTERIZED BY THE APPEARANCE OF FAWN-COLORED PATCHES, SLIGHTLY RAISED ABOVE THE LEVEL OF THE SKIN, ACCOMPANIED BY CONSIDERABLE ITCHING AND DESQUAMATION.

It is a disease of the superficial cells of the cuticle, caused by the presence of a parasite—the *microsporon furfur*—and has been confusedly termed, by some, pityriasis versicolor. It is the mildest of all the tineaë, and occurs mostly in phthisical patients, between the ages of twenty and forty, and attacks women oftener than men. The chest and abdomen are most obnoxious to the disease, which when at all extensive gives to the skin a peculiarly *mapped* appearance.

The *microsporon furfur* was discovered by Eichstedt in 1846. Under the microscope its conidia appear of variable size oval or irregularly rounded, and bilinear. They are of a yellowish-gray color, have an average diameter of .005 mm. and are generally devoid of granules. They manifest a

peculiarity in that, *they tend to cluster*, which none of the other conidia do.

The mycelia differ but little from those of the trichophyton, only they are shorter, more branched, and are occasionally tipped with *single* spores. They have an average diameter of .0025 mm. The parasite attacks neither hair nor nail. It is the most superficially seated of all the vegetable parasites, having its habitat in the horny layer of the epidermis, and is less tenacious of life than any of the other fungi. The main disease with which tinea versicolor is most liable to be confounded is the erythematous syphilide. The microscope will easily settle this question, even if the syphilitic history of the one does not.

Next to tinea trichophytina it is the most common of the parasitic diseases. It may be found in all classes of society, and tends to run a chronic course. Relapses are frequent, but are more easily managed than in the other varieties of tinea. Its contagious properties are feeble.

Treatment.—The affected parts should be thoroughly bathed with soap and water, or an infusion of Saponaria bark, every day, and the milder parasiticides used. A Sulphurous acid lotion will generally be all that is needed. At times Acetic acid baths may be resorted to.

SEPIA and NATRUM ARS., *ter die*, are the principal internal remedies.

TRICHAUXIS, IS AN ABNORMAL DEVELOPMENT OF HAIR.

It may be either general or local, and often gives rise to much disfigurement, especially in females.

Treatment.—Epilation, and the breaking up of the follicle by a bayonet-pointed needle, should be resorted to. The

Sulphide of Barium depilatory powder may also be used. It is prepared by mixing 10 grams of Sulphide of Barium, with 15 grams of Oxide of Zinc, and 15 grams of Amylum.

Lycopodium has been recommended as an internal remedy.

TRICHIASIS, IS CHARACTERIZED BY AN ABNORMAL DIRECTION OF THE HAIR, AFTER IT LEAVES THE FOLLICLE.

It affects more commonly the eyelashes, but is occasionally seen on the scalp and eyebrows.

Treatment.—The treatment which is mainly local consists either in pulling out the hairs, which is palliative, or in excising a portion of the palpebral skin if it affects the eyelids, and bringing the edges of the wound together with three or four sutures. BORAX has been recommended as a useful remedy. both internally and locally.

TRICHOCLASIS, IS CHARACTERIZED BY BRITTLENESS OF THE HAIR, AND THE DEVELOPMENT OF LITTLE KNOTS ALONG THE SHAFT, WHICH LOOK LIKE “NITS.”

It is usually confined to the hair of the beard, and is not contagious.

Treatment.—Shaving off the hair is occasionally necessary. *Natrum mur.* may be given internally, and salt water washes used externally.

URTICARIA, IS AN INFLAMMATION OF THE SKIN, CHARACTERIZED BY CAPRICIOUSNESS OF ERUPTION, AND THE DEVELOPMENT OF REDDISH OR WHITISH “WHEELS,” ATTENDED BY TINGLING AND STINGING.

The wheals of this affection vary greatly in size, but are ordinarily of the dimensions of a finger nail, and are com-

monly surrounded by an areola. They may be multiform, but are usually roundish or oval. To the touch they may be either soft or hard. When simple or uncomplicated they disappear without leaving any mark or scar. A very annoying, burning, stinging, tingling sensation, likened to the sting of the nettle, is a more or less constant accompaniment, and gives rise to an almost irresistible desire to scratch. And so ephemeral is the disease that "scratch marks" are often all that is left for inspection. The wheals come and go suddenly, are oftentimes excited by simply rubbing the skin, and are prone to change base.

Urticaria occurs at all periods of life, and may appear on any part of the body or mucous membrane. It usually presents itself as an *acute* disorder, the result of some dietetic error, lasting only a week or two. Occasionally, however, it appears as a *chronic* affection. Sometimes an œdematous condition precedes and accompanies the eruption, and at times an effusion of blood into the wheals, may take place. (U. purpurea.)

An acute attack is generally ushered in with febrile symptoms, headache, and more or less gastric derangement. The eruption appears suddenly, accompanied by intolerable itching, and the entire surface may be covered in a very short time. After a while, it may be on the removal of the exciting cause, the symptoms begin to subside, and soon all vestiges of the disease have vanished.

Urticaria constitutes about ten per cent. of all skin affections. Its causes are many. Organic uterine disease in women, and intestinal irritation in children are not infrequent sources. Acute urticaria may be precipitated by overloading

the stomach, or by the excessive use of wine or highly seasoned food. A peculiar idiosyncrasy may cause its appearance after eating crabs, oysters, lobsters, sausage, mushrooms, strawberries, eggs, etc. Overdosing with Copaiva, Cubebs, Turpentine, or Valerian, will give rise to the rash.

Urticaria can hardly be mistaken for any other disease, although it bears some resemblance to dermatitis contusiformis. It, however, wants the lividity, the regular course, the oval shape of the tumors, and the absence of itching of the latter.

Treatment.—All dietetic errors should be corrected, and if an overloaded stomach is the cause, an emetic should be administered. The exciting cause must in all cases be removed as early as possible. Locally, warm vinegar and water lotions may be used to allay the itching and burning. A Chloroform and cream mixture, 2 grams of the former to 30 grams of the latter, will oftentimes prove serviceable. Favorable mention may also be made of the Benzoic acid wash (Benzoic acid 0.5 gram; Rose water 40 grams.) A Grindelia or Carbolic acid lotion at times acts well. The Turkish bath may help when other means fail. One of the following internal remedies will generally be indicated, and may be repeated *pro impetus ratione*.

Allium cepa.—Nettle-rash on the thighs.

Anacardium.—Nettle-rash from emotional causes.

Antimonium crud.—Chronic nettle-rash on the face and joints, accompanied by thirst, nausea and thick white coated tongue.

APIS MEL.—Red and inflamed raised patches of hives, with stinging and burning. Aggravated by heat, ameliorated by

cold water. Itching and appearance of blotches after scratching. Uterine catarrh.

Arsenicum alb.—Wheals of a scarlet color on the face and neck, the size of a half dollar. With burning.

ASTACUS FLUVIALIS.—In chronic cases, when other remedies fail.

Aurum.—Dirty yellow blotches on calves and legs, with burning. Better in a warm room.

Belladonna.—Bright scarlet red, elevated puffy spots, surrounded by a white border. After eating cabbage or sour-kraut.

Berberis.—Blotches like nettle-rash on the shoulder and right arm, accompanied with burning and stinging. Momentary cold sensation on the parts. Heart-burn with soap-sud taste in mouth.

Bryonia.—Nettle-rash with rheumatic pains. From atmospheric changes.

Caladium.—Nettle-rash on the chest, alternating with asthma.

Calcarea carb.—Chronic nettle-rash. White elevated hard nettle-rash which disappears in the cold air. Acidity.

Calcium sulphide.—Chronic nettle-rash on the fingers and hands.

Carbo veg.—Blotches on the calves of legs, wrists and feet. Burning in various places of the skin.

Causticum.—Rash on the thighs just above the knees. Worse during dry, better during wet weather. Chronic nettle rash.

China.—Nettle-rash coming out after scratching. Frightful swelling of the face, forearms and hands, in the morning.

CIMICIFUGA.—Urticaria from menstrual disorders.

Cina.—White wheals surrounded by erythematous redness, first on the nose, then all over the body. From worms.

Chloral.—Large raised wheals on the arms and legs, coming on suddenly, from a chill. Aggravated by the smallest quantity of wine, beer, or spirits. In grain doses in obstinate cases.

Cocculus.—Hard blotches, surrounded by red areolæ, on the limbs, wrists and back of the fingers. Burning itching as from nettles.

Conium.—Stinging like flea-bites, only one stitch at a time. Evanescent itching.

COPAIVA.—Urticaria at first on the face, especially the forehead, then on the back of the hands, and finally in isolated patches all over the body. Large red blotches, with constipation and fever. Urine scanty and full of sediment. Great restlessness.

Condurango.—Chronic urticaria. Gastric pains, mostly at the cul-de-sac of the stomach.

Dulcamara.—White blotches with red areolæ, on the arms and thighs. Nettle-rash over the whole body without fever. With intestinal catarrh. From exposure to damp, cold air.

Fagopyrum.—Sore, red blotches inducing scratching, which aggravates. Swelling the size of a hen's egg on neck and shoulder. Dreadful stinging itching.

Graphites.—Red spots like flea-bites all over, especially on the calves of the legs.

Hypericum.—Eruption like nettle-rash on both hands at 4 P. M. Crawling in the hands and feet, they felt fuzzy.

Ignatia.—During chilly stage of intermittent fever.

KALI CARB.—Urticaria during menstruation.

Lycopus.—Troublesome urticaria, especially affecting the left forearm and right leg, before eating.

Magnesia carb.—Hard blotches as if from nettle sting, worse during menstruation.

Lycopodium.—Itching with nettle-rash eruption on the extremities.

Merc. viv.—Small flat, light red blotches on the sexual parts, abdomen, chest and inner side of the thighs.

Natrum mur.—White blotches on the arms and hands, turning red on scratching. Red blotches over the whole body. Violent itching.

Nux vom.—When accompanied by constipation, vertigo and headache.

Podophyllum.—Intolerable itching of the skin on the body and arms; on scratching it raises up in blotches, like hives.

PULSATILLA NIG.—Red, hot spots like nettle-rash. After eating fat pork, fruits or buckwheat.

Pulsatilla nut.—Blotches on the right breast, standing out like measles, with red base, turning white on scratching. Violent itching, worse at night, before bed time.

Robinia.—Burning itching wherever a part of the face is touched. Itching of skin where rests upon it. Sour stomach.

Sarsaparilla.—Blotches as from nettles. Burning itching with chilliness. After abuse of Mercury.

SEPIA.—Red lentel-sized blotches on the hands. Chronic nettle rash, especially on the face, arms and thorax. Aggravated by cold. Ameliorated by warmth. After milk and pork.

Solanum oler.—Urticaria febrilis.

Spigelia.—Small elevations like hives on the lower extremities *after scratching*.

Stannum.—Small itching hives below the wrist, through the day. Itching aggravated by rubbing.

SULPHUR.—Itching hives over the whole body. Chronic cases.

Tartar emetic.—White lumps with red areolæ. Eruption comes and goes. Worse after meat.

Tetradymite.—Nettle rash on face, after eating crabs.

Triosteum perf.—Nettle-rash with gastric derangement.

Urtica urens.—Nettle-rash attending or preceding rheumatism. Itching swellings all over the fingers. Aggravated every year at the same time.

Ustilago.—Terrible nightly itching. Menstruation irregular from ovarian irritation. During the climaxis.

Veratrum alb.—Nettle-rash about the joints only.

Zincum met.—Stinging itching in the skin with nettle-rash eruption, after rubbing, Itching rash in hollows of the knees and bends of elbows. After moderate wine drinking.

VERRUCA, or *Wart*, MAY BE DEFINED AS A HYPERTROPHIED PAPILLA OF THE SKIN, COVERED WITH A HYPERTROPHIC LAYER OF EPIDERMIS.

Warts may develop as small circumscribed split-pea sized elevations, broad at the base, and of the same color or a little darker than the surrounding skin, or as flat and broad slightly elevated finger nail sized brownish colored growths. The former develop mostly on the hands in young people, and the latter on the back in elderly persons.

At times they appear as slender, conical, thread-like growths, and are about three millimeters long. These may occur either singly or in groups, and are seen mostly on the neck, face and eyelids.

Digitated broad warts sometimes form on the scalp. They somewhat resemble a crab in appearance, and hence have obtained the vernacular "crab warts."

Venereal warts are pinkish or reddish vascular vegetations, and occur for the most part on the genitals, preferably on the penis and labia. They may also form about the mouth and anus, in the axillæ and between the toes. They are apt to grow very rapidly, and may attain considerable size. They are caused by the contact of irritating fluids, and may be either dry or moist, according to their location. They may occur in connection with gonorrhœa, but are never like the condylomata, a sign of constitutional syphilis.

Treatment.—The smaller warts should be removed by the scissors, and the larger and more vascular ones by the ligature or galvano-caustic wire. Venereal warts need the strictest cleanliness. The dry ones may be treated locally by Thuja or Merc. cor. lotion. The moist ones respond best to dusting with the Proto-chloride of Mercury. Thuja locally has great reputation in removing all kinds of warts. Moles may be removed by the Acid nitrate of Mercury.

The following are the usually indicated internal remedies, and may be given *ter die*.

Antimonium crud.—Soft smooth warts on the neck, arms, and hands.

Berberis.—Warts the size of millet seeds.

Bufo.—Warts on the back of the hands.

CALCAREA CARB.—Small, soft warts.

CINNABAR.—Warts on the prepuce which bleed when touched.

CAUSTICUM.—Warts on the nose and eyebrows. Painful warts.

Dulcamara.—Flat warts.

Lachesis.—Warts on the thumb.

LYCOPodium.—Pediculated warts.

Magnesia carb.—May be given two or three grains a day, when other remedies fail.

NATRUM CARB.—Ulcerated warts.

Nitric acid.—Soft warts. Warts on the eyelids.

Sepia.—Large, hard warts.

Sulphur.—Hard warts. Warts under the eyes.

THUJA.—Warts on the fingers. Horny, hard warts. It follows well after Calcarea.

WASHERWOMAN'S ITCH, is an inflammation of the skin occurring on the hands in washerwomen, *see Eczema*.

XANTHOMA, IS A CONNECTIVE TISSUE NEW GROWTH, CHARACTERIZED BY THE PRESENCE OF SLIGHTLY-RAISED, CIRCUMSCRIBED "CHAMOIS-LEATHER" PATCHES, OR GOLDEN-YELLOW TUBERCLES.

Its most common seat is the eyelid, near the inner canthus, but it may occur on any part of the body. It never occurs in children, is more common in women than in men, and is frequently associated with jaundice.

The *macular* form appears as yellow rounded, oval, or semi-circular, "chamois-leather" looking patches, unaccompanied by pain. The *tubercular* form consists of rounded, golden-yellow tubercles, varying in size from a pin's-head

to a large pea. This variety is found less frequently upon the eyelids than on other parts. In both forms the new growth consists of fibrous tissue containing fat granules, and it is to the latter that the disease owes its color.

Treatment.—Xanthoma can only be cured by removing the patch.

XERODERMA, *see* Icthyosis.

ZOSTER, or *Shingles*, IS AN ACUTE DISEASE, CHARACTERIZED BY THE APPEARANCE OF GROUPS OF VESICLES, UPON INFLAMED BASES, ALONG THE COURSE OF THE CUTANEOUS NERVES, ATTENDED BY NEURALGIC PAIN.

Like the eruptive fevers, zoster is attended by symptoms preceding the outbreak of the eruption, such as fever and neuralgic pain; the eruption, too, presents definite characters, runs a clearly defined course, and with it the febrile malady disappears. Moreover it rarely attacks the same person twice, and is usually attended by sequela—notably neuralgic pain.

It appears mostly on the chest, along the course of the intercostal nerves, and is generally unilateral. When occurring in the orbital region, it may seriously affect the eye, and is apt to leave behind a severe neuralgia. The eruption is usually preceded by a feeling of prickling, stinging itching of the parts, which lasts from twenty-four to forty-eight hours, and abates on the appearance of the vesicles. The vesicles are at first filled with a clear serum, which soon becomes turbid. They last from eight to ten days, and if not broken, either undergo absorption or dry up and disappear in little brown scales.

Zoster occurs most frequently between the ages of twelve

and twenty-four, and attacks males more than females. It runs its course in from two to three weeks, and is due to an inflammation of the sympathetic fibres of the ganglia through which the nerves course to the part affected. The eruption involves generally the stratum corneum, the stratum lucidum and the rete, and acts, if the expression is allowed, as the explosion of the nerve disease on the surface. Atmospheric changes and mechanical violence play important parts in its causation. The characters of zoster are usually so well marked, that it can hardly be mistaken for any other affection. From herpes with which it may be confounded, it can be distinguished as follows:

Zoster appears but once in a life time, and is generally unilateral. Herpes is prone to recur and is usually bi-lateral. Zoster is associated with a lesion of some nerve or ganglion, and appears along the course of a nerve or nerves. Herpes follows in the train of catarrhal affections and pneumonia, and is generally confined to the face and genitals. Neuralgic pains precede the eruption of zoster; herpes has only a burning itching. Zoster often leaves cicatrices and a troublesome neuralgia. Herpes never does.

Treatment.—The galvanic current has been found very beneficial, when applied from fifteen to twenty minutes daily. The local treatment consists in protecting the vesicles and relieving the neuralgic pain. To this end the parts may be painted with Collodion, or dusted with the Sub-nitrate of Bismuth and starch, equal parts, and a protective bandage applied. Chaulmoogra oil will oftentimes prove a very beneficial application. Cantharis lotion has been highly recommended, and will at times be of service.

RHUS TOX., repeated *pro impetus ratione*, is the principal internal remedy. Others may be indicated as follows:

ACONITE.—In the earlier stages, when the neuralgic pain is accompanied by febrile symptoms.

ARSENICUM ALB.—Confluent eruption, with *intense burning* of the blisters. In debilitated constitutions. Neuralgia.

CANTHARIS.—Large blisters, burning on touching. More on the right side. Worse in the open air.

CISTUS.—Zoster on the back. Neuralgic symptoms.

COMOCLADIA.—Zoster on the legs.

DULCAMARA.—Zoster after taking cold from damp air. Better from gentle exercise.

GRAPHITES.—Zoster on the left side. Large blisters from the spine to the umbilicus, burning when touched. Worse indoors. Better in the open air.

IRIS VERSIC.—Zoster especially on the right side. Following gastric derangement. Pain in the liver.

KALMIA LAT.—Facial neuralgia remaining after zoster. Worse at night.

LACHESIS.—Zoster during spring and fall.

MERCURIUS.—Zoster on the right side, extending across the abdomen. Worse at night, from the warmth of the bed. Tendency to suppuration.

MEZEREUM.—Zoster in old people. Neuralgic pains. Worse at 9 P. M.

RANUNCULUS BULB.—Zoster aggravated by change of temperature. Neuralgic sequelæ.

SEMPERVIVUM TECT.—In obstinate cases. May be used internally and locally.

Thuja.—Zoster, with eruption only on covered parts.
Better from gentle rubbing.

ZINC MET.—Neuralgia following zoster.

ZINC PHOS.—When other remedies fail. Following brain-fag in literary men.

PART III.---A CHART OF CHARACTERISTICS

With Diagnostic, erapeutic, Dietetic, and Hygienic Hints.

CLASS.	DISEASES.	DEFINITIONS AND DIAGNOSTIC FEATURES.	THERAPEUTIC, DIETETIC AND HYGIENIC HINTS.
I. DISORDERS OF THE GLANDS.	ANIDROSIS.	Functional disease of the perspiratory apparatus. Characterized by <i>insufficient sweat</i> . May be either congenital or acquired.	Æthusa, Plumbum, etc. Turkish baths. Free use of water internally and externally.
	BROMIDROSIS. (Osmidrosis.)	Functional disorder of sweat glands. Characterized by <i>offensive sweat</i> . Most in axillæ and feet. General or local.	Conium mac, (<i>acrid.</i>) Petroleum, (<i>avillæ</i>). Silicea, (<i>feet</i>). Staphysagria, (<i>rotten</i>). Zincum, (<i>profuse</i>), etc. Alum or Carbolic acid lotion and Dichylon plaster dressings. Strictest cleanliness.
	CHROMIDROSIS.	Functional disorder of sweat glands. Characterized by <i>colored perspiration</i> . Fiftul secretion. In hypocondriacs and unmarried women with uterine disorders.	Nux Vomica.
	COMEDO. (Grub.)	Disorder of sebaceous glands. Characterized by small black-topped, sebaceous points, Chin, forehead and cheeks. Young people. Face looks as if sprinkled with gunpowder.	Baryta carb, Selenium, Sumbul, etc. Remove "grubs" with comedo extractor. Sulphur lotion. Matrimony. Exclude fatty food.

I. DISORDERS OF THE GLANDS.		
<p>SEBACEOUS CYST. (Wen.)</p>	<p>A white, round or oval tumor, of variable size, composed of sebaceous matter enclosed in a sac. Single or multiple. Painless. Scalp, face and neck.</p>	<p>Potassium iodide. Baryta or Bromine. Excision.</p>
<p>HYPERIDROSIS.</p>	<p>Functional disorder of sweat glands. Characterized by <i>excessive sweat</i>. General or local. Symmetrical or unilateral. Local. Most on head, hands, feet and genitals. Flat-footed people.</p>	<p>Baptisia. Boletus. Calc. carb. Jaborandi. Lactic acid. Selenium, etc. Use as little water as possible.</p>
<p>MILLARIA. (Prickly heat.)</p>	<p>Disordered action of the sweat glands. Characterized by numerous pin-head sized reddened papules or vesico-papules attended with heat and tingling. Trunk usual seat. May appear on neck, face and arms. More in summer. Apt to relapse.</p>	<p>Bryonia, Arsenicum alb. Raphanus, etc. Carbolated bran baths, followed by dusting with sub-nitrate of bismuth and starch, or lycopodium powder. Cast off superfluous clothing.</p>
<p>MILIUM. (Skin-stones.)</p>	<p>Disorder of sebaceous glands. Characterized by white, roundish sebaceous points beneath the epidermis, size from millet-seed to a split-pea. Eyelids and forehead. More common in women than in men.</p>	<p>Calcium iodide and Staphysagria, and Tabacum. Remove by knife. Use Saponaria bark wash.</p>

I. DISORDERS OF THE GLANDS.		
MOLLUSCUM SEBACEUM.	Disease of sebaceous glands. Characterized by roundish, pea-sized tumors, umbilicated in the center and of a pinkish white color. Face mostly. In children. May be semi-epidemic. Tumors contain cheesy matter.	Silicea and Teucurium. Calc. ars. Bromine, etc. In early stage, Acid nitrate of Mercury, locally. If tumors are large use the knife.
SEBORRHEA. (Sebaceous flux.)	Functional disorder of sebaceous glands. Characterized by excessive secretion of sebum. On face and scalp. More in women than in men. Appears in the light complexioned, as an <i>oily coating</i> , and in the dark complexioned, as dirty white or yellow flat scales, (dandruff).	Bufo. Bryonia. Calc. carb. Kali carb. Natrum. Plumbum. Raphanus, etc. Locally, in mild cases. Saponaria bark wash. Glyceral tannin, or tannin and rice powder, (<i>face</i>). In <i>chronic cases</i> . Sapo viridis. Merc. cor. lotion, or Red precipitate oint. Keep system in healthy state.
SUDAMINA.	Disorder of sweat glands. Characterized by pin-head sized vesicles, formed by the collection of sweat between the layers of epidermis. In summer and in acute diseases. Sign of general debility.	Bryonia, Ammonicum mur., and Urtica urens. Look after the general health.

II. INFLAMMATIONS.		
<p>ACNE. (Stone-pock.)</p>	<p>Disease of the sebaceous glands. Caused by retention of sebum. Characterized by papules, tubercles and pustules. Pin-head or pea-sized elevations around glandular orifices. On face and back. At puberty. From gastric derangement, functional derangement of sexual system. Tar, etc.</p>	<p>Ant. crud. Bell. Chel. maj. Granatum. Kali. bich. Kali. bromat. Potass. iod. Nit. acid. Nux. jug. Ledum. Phos. acid. Sulphur. Sumbul. etc. Extract comedos. Stimulating lotions in mild forms. Soothing applications in severe cases. Rumex lotion. Merc. corr. Merc. jodat. and Bi-jodat (<i>indicated</i>). Light diet. Sea-salt baths.</p>
<p>ANTHRAX. (Carbuncle.)</p>	<p>Phlegmonous inflammation, characterized by necrosis of the cellular tissue, with suppuration and the discharge of the necrosed masses, called <i>cores</i>, with pus, through corresponding sieve-like openings. Circumscribed. Commences with burning pains. Size from a fifty-cent piece to a saucer. On nape of neck, shoulders, forehead and buttocks. More in winter. May be epidemic.</p>	<p>Anthracinum. Ars. alb. Arctium lappa. Nit. acid. Lachesis. Phytolacca. Silicea, etc. Locally: Ice-bags in early stages. Later: crucial incision, hot poultices, or strapping early. Later: caustics. Nourishing diet. Brandy and egg, etc.</p>
<p>DERMATITIS CONTUSIFORMIS. (Erythema nodosum.)</p>	<p>Characterized by oval or round purplish nodules, varying in size from a hickory nut to a fist. Febrile disturbance. Nodules form suddenly. Never suppurate. Fade away like bruises. Anterior surface of leg. Young persons, especially females. Relapses.</p>	<p>Rhus venenat. Arnica. Ptelea trif., etc. Locally: Arnica or Hamamelis. Horizontal posture.</p>

II. INFLAMMATIONS.	
<p>DERMATITIS EXFOLIATIVA. (Pityriasis rubra.)</p>	<p>Characterized by highly red- dened skin, and abundant ex- foliation of epidermis in <i>large</i> <i>white flakes</i>. Whole surface. Handfuls of flakes shed. Adult life. Involves papillary layer. Due to disturbance of trophic nerves.</p>
<p>DYSDROSIS.</p>	<p>Disease of sweat structures of hands and feet. Characterized by redness and swelling of the parts, with distension of the sweat ducts in the shape of <i>sago- like points</i>, and the develop- ment of bullæ. In summer. The nervously debilitated. At- tacks symmetrically the fingers, palms and soles.</p>
<p>ECTHYMA.</p>	<p>Characterized by large, isolat- ed, painful pustules, situated upon hard and inflamed bases, and followed by dark brown crusts. Slight fever. Superfi- cial lesion. Develops rapidly. On neck, shoulders and back.</p>
	<p>Ars. alb. Ars. jodat. Kali ars. Piper methyst., etc. Bran baths or decoction of walnut leaves, followed by oily inunc- tions. Tarry preparations.</p>
	<p>Clematis and Natrum sulph. Alkaline starch baths. Carron oil.</p>
	<p>Ars. alb. Merc. Tart. emet., etc. Weak, White Precipitate oint. Carbolic acid wash. Gen- erous diet.</p>

ECZEMA.

- (Salt-rheum.)
 (Grocer's itch.)
 (Baker's itch.)
 (Washerwoman's
 it. h.)

A catarrhal inflammation. Characterized by presence of a discharge having the quality of stiffening linen. Stages; Erythema, papulation, vesiculation, pustulation, incrustation, and squamation. Acute or chronic. Light florid complexioned individuals. Head in infancy. Trunk and genitals in adult life. Lower limbs in old age. Itching. Greenish yellow crusts. Due to faulty innervation.

ERYTHEMA.

Characterized by macules, papules or tubercles, attended by more or less itching and burning. Redness disappears under pressure leaves a yellow spot, which becomes red again. In children and young people. On back of hands and feet, arms, legs and forehead. Spring and fall. Known by its superficial protean character, and general distribution.

Ars. alb. Bovista. Calc. carb. Croton tig. Graph. Nux. jug. Oleander. Rhus. Sarsap. Sulphur, etc. Locally—Early: Bran washes, emollient poultices, etc. Later: Zinc and starch, Lycoperidium or Glycerol tannin. For itching: Dioscorea, Carbolic acid or Hydrocyanic acid, lotions or Grindel. cerate (*acute cases*). Pyroligneous oil of Juniper (*in non-inflammatory cases*). Benz. oxide of Zinc oint. or Oleate of Litharge. White or red precipitate oint. Chrysophanic cerate (*squamous stage*). Sapo viridis (*chronic*). Tarry compounds. Iris. verisic. Dulc. Lappa. etc. Cerates.

Aconite. Ars. jodat. Bell. Chel. maj. Chloral hydrate. Lactic acid. Mezerium. Nux. vom. Ustilago, etc. Carbolic acid. Grindelia or Verat. vir. lotion. Oxide of Zinc or Lycoperidium powder.

II. INFLAMMATIONS.	
<p>FURUNCLE. (Boil.)</p>	<p>Circumscribed inflammation of the skin and connective tissue, varying in size from a small pea to a hickory nut, having an indurated and inflamed base, and terminating in suppurating and the formation of a "core." On face, back and gluteal region. Dependent on disordered blood states or depraved conditions of system.</p>
<p>HERPES. (Fever blister.)</p>	<p><i>Acute.</i> Characterized by groups of vesicles, having reddened slightly inflamed bases, and situated on face and genitals. Febrile symptoms. Heat, redness and swelling. Vesicles larger than in eczema, but smaller than in zoster. Excited by cold. May be symptomatic.</p>
<p>HYDROA.</p>	<p>Characterized by isolated vesicles which tend to recur. Starts as little papules. Itching. Symmetrical. On face, exterior surfaces of limbs and genitals. Two or three weeks duration.</p>
	<p>Ant. crud. Bell. Bellis perennis. Calc. carb. Calc. mur. Calc. sulph. Gels. Nitric acid. Nux. jug. Phos. acid. Rhus rad., etc. Muriate of Lime lotion. Flax-seed or tomato poultices. Gelsemium or Lappa cerate. Well hygiened. Good wholesome diet.</p>
	<p>Aconite. Ars. alb. Bufo. Calcium sulph. Kali bich. Merc. sol. Natrum mur. Sarsaparilla, etc. Camphorated cream or cologne water, locally.</p>
	<p>Potass. iod. Kreasote. Magnesia carb., etc. Salzburg springs.</p>

HYDRO-ADENITIS.	
<p>IMPETIGO CONTAGIOSA.</p>	<p>Inflammation of perspiratory follicles and adjacent connective tissue, terminating in suppuration. Bright red, pea-sized swellings. Suppurate in a few days. In axillæ, around nipple and on perineum. Has no core.</p>
	<p>Characterized by one or more discrete vesicles or vesico-pustules, generally umbilicated, varying in size from a split pea to a hazel-nut, and followed by flat, straw-colored, usually fungoid crusts. Acute. Contagious. Febrile symptoms. Vesicles grow rapidly and have red areolæ. Crusts, straw-colored, flat, and looks as if stuck on. Runs its course in one or two weeks. Most on forehead and cheeks. May extend to mucous membrane. Wake of vaccination.</p>
<p>Phos. acid, (<i>axillæ</i>). Phosphorus, (<i>nipple</i>). Nit. acid, (<i>perineum</i>). Gels., or Lappa lotion. Tomato poultices. Hot fomentations.</p>	<p>Ant. crud. Aconite. Euphorbium. Tart. emet. Kali bich. Silicea, etc. Soothing applications. White precipitate ointment. Well nourished.</p>

II. INFLAMMATIONS	<p data-bbox="336 982 357 1142">INTERTRIGO.</p> <p data-bbox="497 960 518 1172">LICHEN PLANUS.</p>	<p data-bbox="336 560 476 939">A hyperæmic affection. Characterized by heat, redness and an abraded surface, with maceration of epidermis. From contact of two cutaneous surfaces. In fat persons and in infants.</p> <p data-bbox="492 560 777 939">Characterized by dull, red, flat topped, angular based, pin-head sized, glazed papules. Chronic. Runs a papular course. Itching. Symmetrical. Leave melasmic stains. Front of fore-arms and wrists, thighs, abdomen and leg below the knee. More in women. Disturbance of the trophic nerves of hair papillæ, with hyperæmia and new tissue formation.</p>	<p data-bbox="336 167 461 546">Calc. carb. Cham. Graph. Petroleum. Nux. jug., etc. Wash with soap and water. Dust with Lycopodium or Oxide of Zinc, and rice powder.</p> <p data-bbox="559 167 699 546">Ant. crud. Ars. alb. Kalibich. Nux. jug., etc. Carbolic acid, Grindelia or Hydrocyanic acid dil. wash. Pyroligneous oil of Juniper. Liberally fed and well hygiened.</p>
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II. INFLAMMATIONS.	
<p>LICHEN SIMPLEX.</p>	<p>Characterized by round, solid millet-seed, sized, flesh-colored, or reddish papules. Itching. Distinctly papular course. Outer aspects of forearm, neck and thigh.</p>
<p>PEMPHIGUS.</p>	<p>Characterized by bullæ, in groups of three or four, and varying in size from a pea to a hickory nut. Mostly chronic. <i>P. Vulgaris</i> on limbs and ankles. Blisters round or oval. <i>Successive crops</i>. <i>P. Foliaceus</i> starts as single flaccid bulla on sternum. Spreads over whole surface. Dry up and form <i>yellow parchment-like flakes</i>.</p>
	<p>Anatherium. Ant. crud. Ars. alb. Bell. Caladium. Kreasote. Ledum. Nux. jug. Plantago maj. Rumex. Sulphur, etc. Locally: Cyanide of Potassium, Borax, or Merc. corr., wash. White precipitate or Iodide of Sulphur oint. Glycerol tannin.</p>
	<p>Rhus tox., (<i>acute</i>). Ars. alb., (<i>chronic</i>). Thuja, (<i>Foliaceus</i>). Causticum. Phos. acid. Ran. bulb., etc. Bran, starch, gelatine or the continuous bath. Animal diet. Fresh air and plenty of exercise.</p>

II. INFLAMMATIONS.	
<p>PERNIO. (Chilblain.)</p>	<p>Acute. Secondary effect of cold. Appears mostly on hands and feet. Ulcers may form. A winter disease mostly.</p>
<p>PITYRIASIS. (Branny tetter.)</p>	<p>Characterized by fine, dry, bran-like scales, seated on slightly reddened, non-infiltrated surface. Slight itching. On scalp, face and trunk. Seated in deep layers of epidermis, and consists in excessive cell proliferation.</p>
<p>PRAIRIE ITCH.</p>	<p>Acute. Appears in new districts. May be epidemic. Head-ache, malaise. Slight fever. Vesicles, pin-head or mustard-seed sized. <i>Intense itching.</i> "Scratch marks." Large blackish scales. Boils. On neck, shoulders, back and outer surface of limbs.</p>
<p>Agaricus. Ars. alb. Canth. Citrus vulg. Petroleum. Urtica dioica. Verat. vir., etc. Locally: Decoction of marshmallows, (<i>inflamed</i>). Tamus com. tinct., (<i>unbroken</i>). Diachylon plaster, Oxide of Zinc oint. or Glycerole of Calendula, (<i>broken</i>). Resin oint., (<i>ulcers</i>). Tinct. of Ben-zoin as preventive.</p>	<p>Ars. alb. Fluoric acid. Kali ars., etc. Locally: Infusion of Saponaria bark, or Glycerole of Borax.</p>
<p>Rumex crisp. Rhus. tox. Ledum, etc. Locally: Diluted lye of wood ashes. Hepar sulph. Kali lotion.</p>	

II. INFLAMMATIONS.	
<p>PRURIGO.</p>	<p>Characterized by small papules of same color as skin, accompanied by intense itching. Skin dry, rough, harsh and thickened. "Scratch marks." Exterior surfaces of lower extremities mostly. Starts before puberty. Worse in winter. May continue through life. Due to chronic changes in the papillary layer.</p>
<p>PSORIASIS. (Dry Tetter.)</p>	<p>Constitutional disease. Characterized by reddish thickened patches, covered with whitish or yellowish white, mother-of-pearl colored scales. Develops rapidly. Elbows and knees mostly. Apt to be symmetrical. Scales are imbricated. Of malarial or traumatic origin. Due to perversion of cell life of the rete.</p>
	<p>Sulphur. Ars. alb. Ambr. Dioscorea. Dolichos prur. Oleander. Nitric acid, etc. Carbolic acid or Mezereum lotion. Tar or Sulphur baths. Nutritious diet.</p>
	<p>Ars. alb. Ars. jod. Merc. sol. Muriatic acid. Phos. Sul, etc. Locally: Saponaria bark, or bran baths. Inunctions with Cod-liver or Chaulmoogra oil. Iodide of Sulphur or Chrysothanic cerate. Oil of Cade. Biniodide of Mercury or white precipitate oint. Green soap treatment. Generous diet. Cod-liver oil.</p>

II. INFLAMMATIONS.	
<p>STROPHULUS. (Red-gum). (Tooth-rash).</p>	<p>Characterized by small, red or white papules, varying in size from a pin's head to a millet seed. On face, neck and arms, mostly. Two forms. Due to congestion about the mouths of sweat follicles.</p>
<p>URTICARIA. (Nettle-rash). (Hives).</p>	<p>Characterized by sudden development of <i>wheals</i>, of a whitish or reddish color, attended by itching and burning. Wheals are usually round or oval, and finger-nail sized. Come and go suddenly. "Scratch-marks." May be ushered in by febrile symptoms. Caused by dietetic errors, organic uterine disease, and intestinal irritation.</p>
<p>Chamomilla. Calcareea carb. Spiranthes. Borax. Ledum. Apis. Cicuta. Sumbul, etc.</p>	<p>Apis mel. Berberis. Calcareea carbonica. Cimicifuga. Chloral hydrate. Cina. Copaiva. Condurango. Ignatia. Kali carb. Natrum. Puls. nig. Robinia. Sulphur, Ustilago, etc. Locally: Vinegar and water, or Chloroform and cream. Benzoic acid or Carbolic acid lotion. Turkish baths. Remove exciting cause.</p>

III. HEMORRHAGES.	II. INFLAMMATIONS.	
ZOSTER. (shing/es).	<p>Characterized by groups of split-pea sized vesicles, seated along the course of nerves, and attended by neuralgic pain. Resembles eruptive fevers. Between ages of 12 and 24. Runs course in 2 or 3 weeks. <i>Unilateral</i>. Often leaves cicatrices. Neuralgia, a sequel. Due to inflammation of sympathetic fibres of ganglia.</p>	<p>Rhus toxicodendron. Comocladia. Graphites. Dulcamara. Kalmia. Mercurius. Mezereum. Zincum met. Zincum phos., etc. Galvanic current. Locally: Collodion, or Subnitrate of Bismuth and starch, dusting powder. Chaulmoogra oil, or Cantharis lotion.</p>
PURPURA.	<p>Characterized by an effusion of red blood globules into the cutis, usually unattended by constitutional disturbance. Spots first bright red, then purple, and change color like a bruise. On legs, mostly. Usually symmetrical. More in aged. Occur in crops. Run a course of 8 or 10 days. May be hemorrhage from mucous membrane (<i>band-scurvy</i>). There is then constitutional disturbance.</p>	<p>Ars. alb. (<i>simple</i>). Sulphuric acid (<i>hemorrhagic</i>). Baptisia. Bryonia. Chloral hydrate. Rhus tox. Phos. Veratrum vir., etc. Hamamelis, locally. Malt foods. Outdoor exercise.</p>

IV. HYPERTROPHIES.		OF EPID. AND PAP. LAYERS.	
OF PIGMENT.			
CHLOASMA. (Liver spots).	A coloration of the skin, characterized by round or oval, nickel-sized or larger, yellowish or brownish patches. On face mostly. More in women than in men.	Argent nit. Guarea. Lauro-cerasus. Petroleum. Sepia, etc. Locally: Merc. cor. lotion, or Muriate of Lime solution.	
LENTIGO. (Freckle).	A discoloration of skin, due to deposit of pigment in the rete mucosum, is characterized by round, yellowish, split-pea sized spots. On cheeks and back of hands. Light-complexioned, red-haired people.	Kali carb. Sepia. Sulphur, etc. Merc. cor. lotion.	
CALLOSITAS. (Callosity).	Yellowish or whitish, nickel-sized, horny, elevated patches. On hands and feet. Caused by friction. More in men.	Graphites (hands). Silicea (feet).	
CLAVUS. (Corn).	A small, usually split-pea sized, flat, horny formation, more or less deeply seated, and painful on pressure. May be hard or soft.	Ant. crud. (hard corns). Sulph. (soft corns). Corn plasters (protection). Verat. vir. lotion (if inflamed), etc. Wear easy fitting boots.	

IV. HYPERTROPHIES.	
OF EPIDERMAL AND PAPILLARY LAYERS.	
<p>ICTHYOSIS. (Fish-skin Disease.)</p>	<p>A congenital chronic disease, characterized by dryness and roughness. Mildest form in children (Xeroderma). Furfuraceous scales. In severer cases, papillæ enlarged, lozenge-shaped scales, lines and fissures. In worst cases, scales are yellowish or greenish. They never overlap. May be heaped up into projections. Whole surface more or less involved.</p>
<p>VERRUCA. (Wart.)</p>	<p>An enlarged papilla, variable as to size and shape, covered with an hypertrophic layer of epidermis. Split-pea sized, skin-colored on the hands, Finger-nail sized and brownish on back. Conical thread-like growths on neck, face, and eyelids. Digitated warts on scalp. Venereal warts are pinkish, or reddish vascular vegetations.</p>
<p>Ars. iodat., Aurum, Clematitis, Kali hyd, Phos, Plumbum, Thuja, etc. Turkish baths, and anointing with either Olive, Chaulmoogra, or Cod-liver oil. Infusion of Saponaria bark. Sapo viridis treatment. Generous diet. Cod liver oil.</p>	<p>Calc. carb. Cinnabar. Caust. Lycop. Natrum. Thuja, etc. Remove smaller warts by scissors, and larger ones by ligature or galvano-caustic wire. For dry ones use Thuja, locally. For moist ones, dust with Protochloride of Mercury.</p>

IV. HYPERTROPHIES.		OF CONNECTIVE TISSUE.	
<p>ELEPHANTIASIS. (Elephant leg.)</p>	<p>Chronic disease. Characterized by great hypertrophy of skin, and subcutaneous connective tissue, usually confined to the lower limbs and genitals. Usbered in by chill, followed by febrile symptoms. Swelling of leg, painfully distended lymphatics. Due to the <i>filaria sanguinis</i>. In malarial districts and tropical climates.</p>	<p>Myristica. Hydrocotyle. Anacardium. Elaëis, etc. Es-march's bandage. Compression of main artery. Excision of sciatic nerve. Hamamelis or Chaulmoogra oil, dressings. Milk diet. Change of climate.</p>	
<p>FRAMBESIA. (Yaws.)</p>	<p>An endemic contagious disease. Characterized by variously-sized reddish papules, tubercles and tumors, in all stages of development. Start as pin-head-sized points. First resemble a <i>currant</i>, then a <i>rasp berry</i>, and lastly a <i>cherry</i>. Rarely occurs twice. Mostly on face and genitals. Endemic in West Indies, etc.</p>		<p>The Iodides of Mercury and Potassium. Jatropha lotion.</p>

IV. HYPERTROPHIES.		OF CONNECTIVE TISSUE.	
<p>ROSACEA. (Copper-nose.) (Wine-nose.)</p>	<p>A chronic disease. Affects more particularly the nose, cheeks and forehead, results from dilatation of the blood-vessels, with increased growth of connective tissue, and is characterized by redness, and a tendency to the development of tubercles and pustules. Three stages: First, passive hyperæmia, nose cold. Second, minute bloodvessels appear. Third, vessels enlarge, skin becomes thickened, papules and tubercles develop. Disease of middle life.</p>	<p>Arsen. bromide. Agaricus. Bromine. Carbo an. Nux. vom. Petroleum. Rhus rad. etc. Sulphur or Merc. corr. lotions (<i>first stage</i>). Incision of vessels. Faradic current (<i>second stage</i>). Excision of redundant tissue, etc.</p>	
<p>SCLERODERMA. (Hide-bound disease.)</p>	<p>A chronic affection. Characterized by hardness and inelasticity of integument. Skin has a yellowish-brown waxy appearance. Apt to be symmetrical. Due to stagnation of lymph in the lymph spaces.</p>	<p>Ant. crud. Alumina. Berberis. Elæis. Rhus tox., etc. Galvanism.</p>	

IV. HYPERTROPHIES.		OF NAIL.	OF CONNEXIVE TISSUE.
SCLERIASIS.	An induration of cellular tissue, in new-born children. May be congenital or appear during early months of infant life. Stearine-like deposit in the subcutaneous tissues. Usually fatal.		
ONYCHOGRYPHOSIS.	Characterized by twisted bent nails, which are thickened, and of a yellowish or brownish color. Mostly nails of toes and fingers. Attacks old people.		
	Elæis guineensis.		
	Graphites and Silicea.		

IV. HYPERTROPHIES.	OF CUTIS.	DERMATOLYSIS.	<p>A hypertrophy of the skin assuming the form of pendulous purse-like folds. Seldom appears before puberty. Runs a chronic course.</p>	<p>Bromide of Ammonium. Large folds may be ligatured or excised.</p>
V. ATROPHIES.	OF PIGMENT.	LEUCODERMA. (Acquir'd Pica-bald Skin.)	<p>Characterized by localized loss of pigment. Patches round or oval, of milk white color. Usually on face, hands, and genitals. Adult life. Prognosis unfavorable.</p>	<p>Sulphide of Arsenicum. Natrium. Nitric acid. Phosphide of Zinc, etc. Galvanism. Locally: Acetic acid for pigmentation around the patch.</p>
	OF CONNECTIVE TISSUE.	MORPHEA.	<p>Characterized by roundish, dirty alabaster-looking patches, circumscribed by lilac-tinted borders, and varying in diameter from half an inch to two inches. Course of left supra-orbital nerve most frequent seat. Runs slow course. May recover spontaneously.</p>	<p>Phosphorus. Constant galvanic current. Well fed. Cod-Liver or Chaulmoogra oil.</p>

V. ATROPHIES.	OF CUTIS. OF NAIL.	<p data-bbox="336 972 384 1137">ATROPHY OF THE NAIL.</p>	<p data-bbox="336 569 477 962">May be either congenital or acquired, and is characterized by deficient growths of nail substance. Nails are brittle and look as if worm-eaten. Have a leaden hue.</p>	<p data-bbox="378 448 405 540" style="text-align: center;">Silicea.</p>
		<p data-bbox="502 997 550 1122" style="text-align: center;">LINEAR ATROPHY.</p>	<p data-bbox="502 569 715 962">Characterized by white or claret colored, depressed, scar-like streaks or spots. Streaks are one or two lines broad by several inches long. Spots vary from pin's head to a pea in size. Mostly on the thighs. Due to cessation of trophic nerve influence in localized areas.</p>	<p data-bbox="574 182 647 560" style="text-align: center;">Cocculus (<i>claret spots</i>). Sulphur or Graphites (<i>white spots</i>). Sabadilla (<i>streaks</i>). Cod-liver oil.</p>

VI. NEW GROWTHS.	
OF CONNECTIVE TISSUE.	
<p>FIBROMA. (Polypus of the Skin.)</p>	<p>Characterized by sessile or pedunculated outgrowths, from the connective tissue, generally club-shaped, and varying in size from a pea to a large pear. Painless. Small ones are soft. The large ones are elastic and fibrous. Large ones may ulcerate.</p>
<p>KELOID.</p>	<p>Characterized by one or more flattish smooth-surfaced tumors, usually upon the site of cicatrices. Tumor is made up of a body having numerous prolongations or claws. Size of five-cent piece or larger. Mostly on sternum mammæ. Adult life. Negroes. Spontaneous evolution may take place.</p>
<p>XANTHOMA.</p>	<p>Characterized by variously sized golden-yellow, non-indurated macules or tubercles. On eyelid and inner canthus. Women mostly. "Chamois-leather" patches. Golden-yellow tubercles. Consists of fibrous tissue containing fat granules.</p>
<p>Cal. ars. Lycop. etc. Remove large tumors by knife elastic ligature or galvano — caustic. Smaller ones disappear under Acid nitrate of Mercury, locally.</p>	<p>Fluoric acid. Graph. Nit. acid. Sabina, etc. Galvanism.</p>
<p>Removal of the patch.</p>	

VI. NEW GROWTHS.	OF BLOOD-VESSELS.	
<p>NÆVUS. (Port-wine stain.) (Mother's-mark.)</p>	<p>A congenital formation seated in the skin and subcutaneous tissue. May be either pigmentary or vascular. <i>Pigmentary</i> are dark colored sharply defined spots. When covered with hair they are called "mouse marks." <i>Vascular</i> nævi may be arterial or venous. Reddish or purplish color.</p>	<p>Carbo veg. (<i>pigmentary</i>). Thuja (<i>vascular</i>). Calcareo carb., etc. Locally: for pigmentary. Collodion and Merc. cor. paint. For vascular, Electrololysis or the subcutaneous ligature.</p>
<p>TELANGIECTASIS.</p>	<p>Characterized by circumscribed vascular cutaneous growths, appearing for the most part during adult life. Bright red pin-head or split pea sized. On face and neck, may terminate spontaneously, or remain through life.</p>	<p>Same treatment as nævus. Condurago.</p>

EPITHELIO- MA. (Epithelial can- cer.)	<p>An affection of middle life. May start either as a flat infiltration, a wart or other growth. Earliest sign a simple crack, or hard pale dusky lump which sooner or later fissures. Typical ulcer is roundish, split-pea size or larger, has hard sharply defined edges, and secretes a scanty yellow viscid fluid. This form is met with in smokers. Se- lects as seat the lower lip. On the scrotum it is <i>chimney sweeper's cancer</i>. On the upper part of face, <i>rodent ulcers</i>. <i>Second form</i> commences as papules, which grow, and later tend to form red- dish or purplish, walnut-sized aggregations. Sharp pains. Ulcerate. Ulcers have hard, everted, indurated and under- mined edges, secrete an offen- sive pale yellow viscid fluid, and bleed easily. Patient may even- tually die from exhaustion. At- tacks mucous membrane of cheeks preferably. <i>Third form</i>, may develop as wart-like growths or cauliflower excres- cences. Split-pea or hazel-nut sized. Runs course of second form mostly. E. Originates in the endothelium of the lymphat- ics.</p>	<p>Thuja. Ars. alb. Conduran- go, and Red-clover. blossom tea. Locally: Arsenical mucil- age. The knife, or the galvano caustic.</p>
OF GRANULATION TISSUE.		
VI. NEW GROWTHS.		

VI. NEW GROWTHS.	OF GRANULATION TISSUE.	
<p>LEPROSY.</p>	<p>A constitutional disease. Characterized by a formation of a new growth, resembling granulation tissue, usually resulting in the destruction of the parts, with anæsthesia and great deformity. Endemic in some countries. Warm climates. Macular. Tubercular. Anæsthetic. Gradual decline in health. <i>Macular</i>: faint brownish patches or bullæ followed by scars and pigmentation, patches are dirty-grey color in center, and brownish at periphery. Hyperæsthesia at first, then <i>anæsthesia</i>. On trunk and extensor surfaces of extremities. <i>Tubercular</i>: Dull brownish-red tubercles varying in size from a pea to a plum. Mostly on face. <i>Leonine</i> expression. Ulceration.</p>	<p>Hydrocotyle. Piper methysticum. Calotropis fig. Graph. Sepia. Hura brazil. Guano. Cuprum, etc. Locally: Warm baths and Gurjun oil inunctions. Generous diet. Cod liver or Chaulmoogra oil. Segregation of the lepers.</p>
<p>LUPUS ERYTHEMATOSUS. (Erythematous scrofulide. (Butterfly lupus.)</p>	<p>Characterized by one or more usually roundish or oval, variably-sized, reddish patches, covered with fine, thin whitish or grayish fatty adherent scales. Pin-head sized pale spots on cheeks and nose. Centers marked by greenish comedo-points. Covered with adherent fatty scales. Follicles distended and patulous. Seldom before the 20th year. Extend at periphery.</p>	<p>Iodine. Guaraca. Hydrocotyle. Cistus. Apis, etc. Locally: Saponaria bark or Sulphur baths. Oil of cade. Curette. Good diet. Fresh air and frequent bathing.</p>

VI. NEW GROWTHS.		OF GRANULATION TISSUE.	
<p>LUPUS VULGARIS. (Tubercular scrofulide.) (Wolf.)</p>	<p>A disease of the derma, characterized by variously-shaped, pea-sized or larger, yellowish or reddish elevations, which usually terminate in ulceration and cicatrization. Begins as yellow or red solid points, which enlarge to form tubercles. May terminate by insensible absorption or ulceration. Puberty. Face and extremities. Crusts after ulceration, are brownish-red and scanty. Cicatrices are shrunken and yellowish.</p>	<p>Ars. alb. Cistus. Graph. Guaraca. Hydrocotyle. Staphysagra, etc. Locally: Early stage, Bin-iodide of Mercury oint. Later, Irido-platinum needle dipped in fused Nitrate. Arsenical mucilage. Cosme's paste, Pyrogallic oint. Curette. Nutritious diet. Fresh air. Outdoor exercise.</p>	
<p>RHINOSCLEROMA.</p>	<p>Characterized by irregularly-shaped, sharp bordered, flat swellings, of a normal or dark reddish-brown color, occurring mostly on nose and upper lip. Unattended by pain, but sensitive to pressure.</p>	<p>Calcareo phos. Guaraca. Rhus rad., etc. Removed by using the irido-platinum points and Squibb's fused Nitrate.</p>	

VI. NEW GROWTHS.		OF GRANULATION TISSUE.	
SARCOMA CUTIS.	<p>Consists of brownish-red or bluish-red, variously-sized tubercles or nodules, attended by a diffused thickening of the skin. A rare and malignant disease. Occurs mostly in adult life. Usually terminates fatally.</p>	<p>Calc. phos. Silicea. Condu-rango. Nitric acid, etc.</p>	
SCROFULO- DERMA.	<p>A strumous disease of the skin, commencing as indolent, painless, livid tubercles, that slowly soften and give place to unhealthy ulcers, with free incrustation. Mostly on neck and beneath the lower jaw. Occasionally on thorax, in axillæ and on groins.</p>	<p>Calcium sulphide. Calcium iodide. Theridion. Scrofularia, etc. Locally: Iodide of starch paste to ulcers. Generous diet. Out-door exercise. Fresh air. Cod-liver oil.</p>	
SYPHILIS. (Syphilis (f the Skin.)	<p>Manifestations of general syphilis on the skin. May be secondary or tertiary. Have a history of syphilitic inoculation. Are of a reddish yellow-brown color. Are polymorphous. Are devoid of pain and itching. Crusts are thick, greenish black. Ulcers are of an ash-gray color, often serpiginous or <i>horse-shoe</i> shaped. Diffused eruptions, generally symmetrical, later irregularly distributed. Scales are thin and occur in small circular spots. Are non-inflammatory and tend to recur.</p>		

VI. NEW GROWTHS.		OF GRANULATION TISSUE.	
SYPHILIDES.		Papular.	Erythematous.
<p>Flat split-pea sized or larger, slightly raised patches. Earliest manifestation. No itching. May last for months, significant signs of syphilis attend it.</p>		<p>Papules may be acuminated or broad. Are first rose colored, surrounded by white border of scales. Later they have a tawny hue. Most marked on the nape of the neck, flexor surface of extremities, perineum and genitals. Appears between third week and fourth month. Lasts from three to eight weeks.</p>	
<p>Merc. jodat. Merc. corr. Locally: White precipitate ointment.</p>		<p>Potas. iod. and Merc. corr. Locally: The 5 per cent. Oleate of Mercury.</p>	

VI. NEW GROWTHS.		OF GRANULATION TISSUE.	
SYPHILIDES.			
	Vesicular.		
	Pigmentary.		
		Pustular.	
<p>May be <i>herpetic</i> or <i>varicellaform</i>. <i>Herpetic vesicles</i>, are millet-seed or pea-sized, and are seated on coffee-colored base. May be arranged in circles or segments of circles. They last a week and disappear without scarring. <i>Varicellaform</i> vesicles are about the size of small peas, are surrounded by coppery red areolae, and are occasionally umbilicated. Form greenish-brown scabs. Leave purplish discolorations. On face mostly. Sixth month after chancre.</p> <p>“Coffee-with-milk” colored macules, varying in size from a cent-piece to a half-dollar. Oftenest in women. Mostly on neck. Lasts one or two months. Comes between fourth and twelfth month.</p> <p>Three forms: 1st. Millet-seed sized ephemeral dead-grey-colored pustules, which dry and form brownish rough scabs on forehead, angles of mouth and base of nose. 2d. Pin-head or split-pea sized acuminated pustules, which form brownish scabs, and leave small, white depressed cicatrices. On scalp, face and trunk. 3d. Ecthymatous umbilicated pustules. Size, from a pea to a hickory-nut. Have dark areola. Greenish brown scabs, which leave copper-colored cicatrices.</p>		<p>Merc. corr. Cinabar, and Merc. iodide. Locally: Merc. corr. lotion or the Oleate of Mercury.</p> <p>Nitric acid or Calcium sulphide.</p> <p>Kalibich, and Merc. nit. Locally: White precipitate ointment.</p>	

VI. NEW GROWTHS.		OF GRANULATION TISSUE.		SYPHILIDES.	
		Bullous.	Bullous.	Bullous.	Bullous.
			Small red circular blotches covered with scales. Leave dark colored spots. Commonly symmetrical. Sixth month after chancre.	Pea to walnut-sized blebs. Dark, greenish-brown scabs. Rare. May occur in the newly-born.	Potass. iodide. and Syphilinum.
		Squamous.	Circumscribed dome-shaped brownish-red elevations. Split-pea or walnut-sized. On face and back. Leave pigmented spots brownish or blackish scabs covering punched-out-looking ulcers. Figure-of-eight appearance of eruption.		Merc. precip. ruber. Arsenicum sulphide. Cinna-bar. Sarsaparilla. Merc. corr. Phytolacca, etc. Locally: Red precipitate oint.
		Tubercular.			Merc. bijodat. and Potass. iod. Thuja (<i>mucous tubercles</i>). Locally: Treat the tubercles with Acid Nitrate of Mercury, and dress the ulcers with Iodide of Starch paste.

VI. NEW GROWTHS.	OF GRANULATION TISSUE.	Gummatous.	<p>Appears first as hazel-nutsized hard lumps, situated on head, buttocks, and flexor surfaces of the extremities. Either single or multiple. Undergo absorption or break down, and form deeply-excavated ulcers. A tertiary syphilide.</p>	<p>Carbo animalis. Condu-rango, etc., and remedies for the tubercular. Berberis aqu. Bi-cyanide of Mercury. Cistus for mercurio-syphilitic ulcers.</p>
VI. NEW GROWTHS.		In Children.	<p>Decline in health. Fissures and chaps about the mouth, anus and genitals. Skin dry harsh and dingy yellowish hue. Face wrinkled. Looks like little dried up old man. Snuffles. Hoarse cry. Coppery-red mucous patches. Dry or moist papules. Tubercles. Bullous syphilide. Excoriations and mucous patches most common.</p>	<p>Calcium iodide. Corallium rub. Locally: A five per cent Oleate of Mercury inunction.</p>
VII. NEUROSIS.	DERMATALGIA.		<p>An affection of the skin characterized by pain, unattended by structural change. Attacks principally covered parts. More in women than in men. Sensitive to external impressions. Pain worse at night, of a burning, boring, or shooting character. Lasts a week or longer.</p>	<p>Baryta carb. Bell. Bry. China. Ferrum. Manganm. Nux mosch. Phos. Sepia. Silicea. Spigelia. Sul., etc. Galvanic current.</p>

VIII. PARASITIC DISEASES.	
VEGETABLE OR DERMATOPHYTIC.	
<p>TINEA FAVOSA. (Favus.) (Honey-comb Tetter.)</p>	<p>Characterized by pea-sized, straw-colored, cup-shaped, honey-comb crusts. Stale straw odour. <i>Achorion Schonlieinii</i>. Contagious. Poorer classes. Mostly on head, frequently on the trunk.</p>
<p>TINEA TRICOPHYTUA. (Ringworm.) (Barbers Itch.)</p>	<p>Characterized by itching erythematous redness and crop of vesicles followed by scaly formation. On scalp, hairs become brittle and break off. Stubble-like appearance. On body, spreads in fairy-ring-like manner. On head, split-pea or hazelnut sized papules or tubercles appear. Hairs come out without pain. On nails, called <i>Onychomycosis</i>. Follicles occasionally, pour out viscid mucus resembling juice of the mistletoe-berry (Kerion). Contagious. Children of lymphatic temperament. <i>Tricophyton</i>. In youth attacks scalp or body. In adult life the beard. Fungus scales or scabs turn whitish yellow on addition of Chloroform.</p>
<p>Bromine. Kali carb. Lycop. Mezerium. Phos., etc. Epilation. Parasitocides. Hyposulphite of Soda, Merc. corr., or Sulphurous acid lotion. Chrysophanic or White precipitate cerate.</p>	<p>Sepia and Tellurium (<i>Ringworm</i>). Merc. precip. ruber. Kali bich. Plantago. Tart. emet. and Cicuta (<i>Barber's Itch</i>). Cocculus Indicus, etc. Epilation. Shaving every other day. Merc. corr. or Sulphurous acid lotion. Acetic acid or Coster's paint. Chrysophanic Cerate or White precipitate oint.</p>

VIII. PARASITIC DISEASES.		VEGETABLE OR DERMATOPHYTIC.	
<p>TINEA VER- SICOLOR. (Variegated dandruff.)</p>	<p>Fawn-colored patches accom- panied by itching and desquam- ation. In phthisical patients between ages of twenty and forty. Chest and abdomen. <i>Mapped appearance. Microspo- ron furfur.</i> Next to trichophy- ton in frequency. Feebly con- tagious.</p>	<p>Sepia and Natrum ars. Mild parasiticides. Sulphurous acid lotion. Acetic acid baths.</p>	
<p>ALOPECIA AREATA.</p>	<p>Characterized by more or less sudden appearance of variously sized white bald patches. Starts on parietal protuberances. Fre- quently unilateral. Oval areas devoid of hair. Spreads rapidly. <i>Smooth polished surface.</i> Fine lanugo.</p>	<p>Phos. Natrum mur. Fluoric acid. Calcium sulphide. Man- cinella. Phos. acid, etc. Epila- tion of marginal hairs. Acetic acid, tinc. of Arnica, Cantharis, or Capsicum applications. Merc. cor. or weak Phosphorus lotion.</p>	

VIII. PARASITIC DISEASES.		ANIMAL OR DERMATIZOIC.	
GUINEA- WORM DIS- EASE.	Due to the <i>filaria medinensis</i> . Common in tropical climates. Pointed tumors surmounted by blebs. Swelling and pain. Tu- mor breaks, and shows the worm.	Remove the worm. Dress sore, as a common ulcer.	
ELEPHANT- IASIS. (Elephant leg.)	Due to the <i>filaria sanguinis</i> . See class IV.		
MITE DIS- EASE.	Due to the <i>leptus irritans</i> , "jigger." Papules, vesicles and pustules. On ankles and legs. South-western states. Along the Mississippi. Mostly in summer.	Mild parasiticides. Sulphur ointment.	
PHTHEIRIA- SIS. (Lice disease.)	Due to pediculi. Contagious. Three varieties: <i>P. capitis</i> , <i>P.</i> <i>corporis</i> , and <i>P. pubis</i> . <i>P. cap-</i> <i>itis</i> . Occipital region. "Nits" in children. "Scratch marks," <i>P. corporis</i> . Ova or pediculi de- posited in clothing. Multiform lesions. On trunk, hips and thighs. "Scratch marks," <i>P.</i> <i>pubis</i> . Due to crab louse. In adults mostly.	Oleander (<i>P. capitis</i>) and Mer- curious. Locally: Powdered Sta- physagria. Cocculus ind. tinct., White precipitate oint., Merc. corr. lotion or Chloroform appli- cation. Bake the clothing.	

VIII. PARASITIC DISEASES.	ANIMAL OR DERMATOZOIC.
SCABIES. (Itch.)	<p>Contagious disease due to the <i>acarus scabiei</i>. Characterized by cuniculi attended by <i>nightly itching</i>, and formation of papules vesicles and crusts. Occurs mostly in the interdigits and on wrists, in flexures of body, buttocks and dorsal surface of penis. Seldom above the nipple line. Multifiform eruption. Evidences of contagion. Disappears rapidly under parasiticidal treatment.</p>
	<p>Sulphur. Locally: Sulphur oint. Storax oint. Oil of lavender. Balsam of Peru, etc. Bake clothing.</p>

PART IV.

ORTHOEPIC GLOSSARY.

- AC'A-RUS (*acari*, a mite). A genus of minute insects infecting the skin.
- AC'A-RUS SCA-BI-E'I. The itch insect.
- AC'NE (*acme*, top). See Part II.
- A-CU'MIN-AT'ED (*acumen*, a point). Pointed.
- AG'RI-US (*agnos*, fierce). An adjective signifying inflamed.
- AL-O-PE'CI-A. Baldness.
- AL-O-PE'CI-A A-RE-AT'A. See Part II.
- AN-Æ'MI-A. Deficiency of blood.
- AN-ÆS-THE'SIA. Loss of sensibility.
- AN-I-DRO'SIS. See Part II.
- AN'-THRAX (*anthrax*, a burning coal). See Part II.
- A'-REA. An open place.
- AT'RO-PHY. Deficient nutrition.
- AT'RO-PHY, LIN'E-AR. See Part II.
- AX-IL'LÆ. Arm-pits.
- BAC-CHI'-A. A synonym of Rosacea.
- BIS IN DI'E. Twice a day.
- BLEB. A synonym of Bulla.
- BROM-I-DRO'-SIS (*bromos*, a stench). Fetid perspiration.
- BUL'LA. A water-bubble. See Part II.
- CA-CHEC'TIC (*kakos*, bad). Pertaining to a depraved condition of system.
- CAL-LOS'I-TAS. See Part II.
- CAN'CEK (*a crab*). See Part II.
- CAR'BUN-CLE (dim. of *carbo*, coal). A synonym of anthrax.
- CAR'RON OIL. A mixture of about equal parts of lime solution and flaxseed oil.
- CHAUL-MOO'GRA OIL. Expressed from the seeds of the *Gynocardia odorata*.
- CHIL'BLAIN. A synonym of Pernio.
- CHLO-AS'-MA. See Part II.
- CHLO-RO'-SIS (*chloros*, green). Green sickness.
- CHRO-MI-DRO'SIS (*chroma*, color). See Part II.
- CI-CA'TRIX. A scar.

- CIN'GUL-LUM (a girdle). A synonym of Zoster.
- CLA'VUS (a nail). See Part II.
- COM'E-DO (a glutton). See Part II.
- CON-DY-LO'MA-TA (*kondulos*, a tubercle). See Part II.
- CONI'DIA. Fungus spores.
- CRUS'TA LAC'TEA (milk crust). A term formerly used to designate Eczema of the face in children.
- CO-NIC'ULUS (a burrow). Made by the itch insect.
- CU-RETTE' A small scoop.
- CYST (*kustis*, a sac). See Part II.
- DAN'DRUFF. Scurfiness.
- DE-PIL'A-TO-RY. A remedy which causes the hair to fall off.
- DER-MA-TAL'GI-A (*derma*, skin, and *algos*, pain). See Part II.
- DER-MA-TI'TIS. Inflammation of the skin.
- DER-MA-TI'TIS CON-TU'SI-FORMIS. See Part II.
- DER-MA-TI'TIS EX-FO'LI-A-TIVA. See Part II.
- DER-MA-TOL'O-GY (*derma*, skin, and *logos*, discourse). That branch of science which treats of the physiology and pathology of the skin.
- DER-MA-TO-LY'SIS. See Part II.
- DER-MA-TO-PHY-TON (*derma*, skin, and *phuton*, plant). A vegetable parasite.
- DER-MA-TO-ZO'-A (*derma*, skin, and *zoon*, an animal). Animal parasites.
- DER'MOID. Resembling the skin.
- DYS-IDRO'SIS (*dus*, difficult, and *hidros*, sweat). See Part II.
- EC-THY'MA. See Part II.
- EC'ZE-MA (to boil up). See Part II.
- ELE-PHAN-TI'A-SIS (*elephas*, an elephant). See Part II.
- EM'BO-LISM. Obstruction of a vessel by a clot.
- EN-DEM'IC. Belonging to a particular district.
- EPH'E-LIS (*epi*, upon, and *helios*, the sun). See Part II.
- E-PHEM'E-RAL. Short lived.
- EP-I-DEM'IC. Generally prevailing.
- EPI-THELI-O'MA. See Part II.
- ER-Y-THE'MA (*eruthaino*, to redden). See Part II.
- FA'VUS (a honey-comb). A synonym of *Tinea favosa*.
- FI'BRO-MA (*fibra*, a fibre). See Part II.
- FI-LA'RI-A MED-I-NEN'SIS. The Guinea-worm.
- FI-LA'RI-A SAN'GUI-NIS. An animal parasite; the cause of Elephantiasis.
- FIS'SURE (*fissura*, cleft). See Part I.
- FRAMBÆSIA, pronounced *fram-be'she-a*, from *framboise*, a raspberry. See Part II.
- FUN'GUS (*fungus*, a mushroom).
- FUR-FUR-A'CEOUS. Scaly.
- FU'RUNC-LE (*furunculus*, a petty thief). See Part II.
- GRAN'ULE. A little grain.

- HAUS'TEL-LUM. A sucker.
- HER'PES (*herpo*, to creep). See Part II.
- HY'DRO-A (*hudor*, water). See Part II.
- HY'DRO AD-EN-I'TIS. See Part II.
- HY-PER-Æ'MIA. Excess of blood in any part.
- HY-PER-ÆS-THE'SIA. Over-sensitiveness of the skin.
- HY-PER-IDRO'SIS (*hyper*, in excess, and *hidrosis*, sweating). See Part II.
- HY-PER-PLA'SIA. Excessive formation of tissue.
- HY-PER'TRO-PHY. Thickening or enlargement.
- IC-THY-O'SIS (*ichthua*, the scale of a fish). See Part II.
- IM-PE-TI'GO CON-TAGIO'SA. See Part II.
- IN-CRUS-TA'TION. The act of forming crusts.
- IN'DIES. Daily.
- IN-DU-RA'TION. The process of hardening.
- IN-NER-VA'TION. The act of giving nervous energy.
- IN-TER-TRI'GO (*inter*, between, and *tero*, to rub.) See Part II.
- KE'-LOID. *Kele*, a crab's claw. See Part II.
- KE'-RION (*kerion*, a honey comb). A term formerly applied to a modified form of *Tinea Tricophytina*, when the follicles become inflamed, and pour out a viscid secretion.
- LA-NU'-GO (*lana*, wool). Downy hairs.
- LEN-TI'GO. See part II.
- LEP'-RO-SY (*lepra*). See Part II.
- LEU-CO-DEN'-MA (*leukos*, white). See Part II.
- LI'CHEN PLA'NUS. See Part II.
- LI'CHEN SIM'PLEX. See Part II.
- MAC'-ULE (*a spot*). See Sec. 2, Part I.
- MIC-RO-SPO'RON FUR'FUR (*mikros*, little, and *sporas*, seed). The fungus of *Tinea versicolor*.
- MIL-I-A'RI-A. See Part II.
- MIL'IUM (*a millet seed*). See Part II.
- MOL-LUS'CUM SE-BA'-CEUM (*mol-lis*, soft). See Part II.
- MOR'-PHŒA (*morphe*, form). See Part II.
- MY-CE'LI-A (*mukes*, fungus). The thread-like structure of a fungus.
- NÆ'VUS. A mark or blemish. See Part II.
- ONY-CHAU'XIS. See Part II.
- O-NYCH'I-A (*onux*, nail). See Part II.
- ON-Y-CHO-GRY-PHO'SIS. See Part II.
- ON-Y-CHO-MYCO'SIS. See Part II.
- OSMIDRO'SIS (*osme*, odor). A synonym of *Bromidrosis*.
- PAP'-ULE (dim. of *pa'pa*, a teat). See Sec. 2, Part I.
- PAR'-A-SITE (*parasitos*, a sponger). A term applied to a vegetable,

- or animal that draws its sustenance from another.
- PAR-A-SIT'I-CIDE (anything that kills a parasite).
- PE-DIC'U-LUS, A louse.
- PEM'PHI-GUS (*pemphix*, a blister.)
See Part II.
- PE-TE'-CHI-A (*petechio*, a flea bite).
A red or purple spot.
- PHTHEI-RI'A-SIS (*phtheir*, a louse).
See Part II.
- PIG'MENT. Coloring matter.
- PIT-Y-RI'A-SIS (*pituron*, bran),
See Part II.
- POL-Y-MOR'PHOUS. Having many forms.
- PRAI'RIE ITCH. See Part II.
- PRO IM'PETUS RATIO'NE. In proportion to the violence of the attack.
- PRU-RI'GO. See Part II.
- PRU-RI'TUS (*prurio*, to itch). Itching.
- PSO-RI'A-SIS. See Part II.
- PUR'PU-RA (*porphura*, purple).
See Part II.
- PUS'TULE. See Sec. 2., Part II.
- QUA'TER IN DI'E. Four times a day.
- RHAG'-A-DES (*rhagas*, a rent),
chaps or excoriations of the skin.
- RHI-NO-SCLE-RO'MA (*rhin*, the nose, and *skleros*, to harden).
See Part II.
- ROSACEA, pronounced *ro-sa'she-a*.
See Part II.
- RO-SE'O-LA (dim. of *rosa*, a rose).
See Part II.
- RU'PI-A (*rhupos*, filth). See Part II.
- SAR-CO'MA CU'TIS. See Part II.
- SCA'BI-ES (*scabere*, to scratch).
See Part II.
- SCLER'O-DERMA (*skleros*, hard, *derma*, skin). See Part II.
- SCLE-RI'A-SIS (*skleros*, hard). See Part II.
- SCROF'ULO-DERMA. See Part II.
- SE-BA'CEOUS (*sebum*, suet), fatty.
- SE-BOR-RHE'-A (*sebum*, grease, and *rheo*, to flow). See Part II.
- SE-QUE'LA (*sequor*, to follow). The consequent of a disease.
- SPO-RAD'IC (*speiro*, to sow). Occurring singly.
- SQUA'MOUS (*squama*, a scale).
Scaly.
- STROPH'U-LUS. See Part II.
- SU-DAM'I-NA (*sudo*, to sweat).
See Part II.
- SY-CO'SIS (*sukon*, a fig). See Part II.
- SYPH'I-LIDE. See Part II.
- SY-PHIL'I-DES. Skin diseases arising from syphilis. See Part II.
- TE-LAN-GI-EC'TA-SIS. See Part II.
- TER DI'E. Three times a day.
- TIN'E-A. A moth-worm. See Part II.
- TIN'E-A FA'VOSA. See Part II.
- TIN'E-A TRICH-O-PHY-TI'NA. See Part II.

- TIN'E-A VER'SI-COLOR. See Part II.
- TRI-CHAUX'IS. See Part II.
- TRI-CHI'A-SIS. See Part II.
- TRICH-O-CLA'SIS. See Part II.
- TRICH-O-PHY'TON (*thrix*, hair, and *phuton*, plant). The fungus of *tinea trichophytina*.
- TROPH'IC (*trophe*, nourishment.)
- TU'BER-CLE (dim. of *tuber*, a swelling). See Sec. 2., Part I.
- UM-BIL'I-CATED (*umbilicus*, the navel). Depressed in the center.
- UR-TI-CA'RI-A (*urtica*, a nettle). See Part II.
- VAR-I-CEL'LA-FORM. Resembling *varicella*.
- VIS'CID (*viscum*, bird-lime), gluey, adhesive.
- VER-RU'CA. See Part II.
- VES'IC-LE (dim. of *vesica*, a bladder). See Sec. 2, Part I.
- WHEAL, pronounced "hweel." See Sec. 2, Part I.
- XAN-THO'MA (*xanthos*, yellow). See Part II.
- XER-O-DER'MA (*Xeros*, dry). See Part II.
- ZOS'TER (*zoster*, a belt). See Part II.

PART V.

METRIC TABLE.

APPROXIMATE WEIGHTS.

1 Milligram	=	0.015 gr.
1 Centigram	=	0.154 gr.
1 Decigram	=	1.543 grs.
1 Gram	=	15.432 grs.
4 Grams	=	1 fl. drachm.
1 Kilogram	=	2½ lbs. avoird.

APPROXIMATE MEASURES OF LENGTH.

1 Millimeter	=	0.039 in.
1 Centimeter	=	0.394 in.
1 Decimeter	=	3.937 inches.
1 Meter	=	39.37 inches.

The United States "nickel" five-cent piece weighs five grams, and and is two centimeters in diameter. (Haines.)

A meter is about the one ten-millionth part of the earth's polar quadrant.

APPROXIMATE FLUID MEASURES.

1 Cubic Centimeter	=	15 minims	=	¼ fl. drachm.
4 Cubic Centimeters	=	60 minims	=	1 fl. drachm.
1 Liter	=	15,000 minims	=	1 Quart.

An ordinary back-gammon die is about the size of a cubic centimeter. (Haines.)

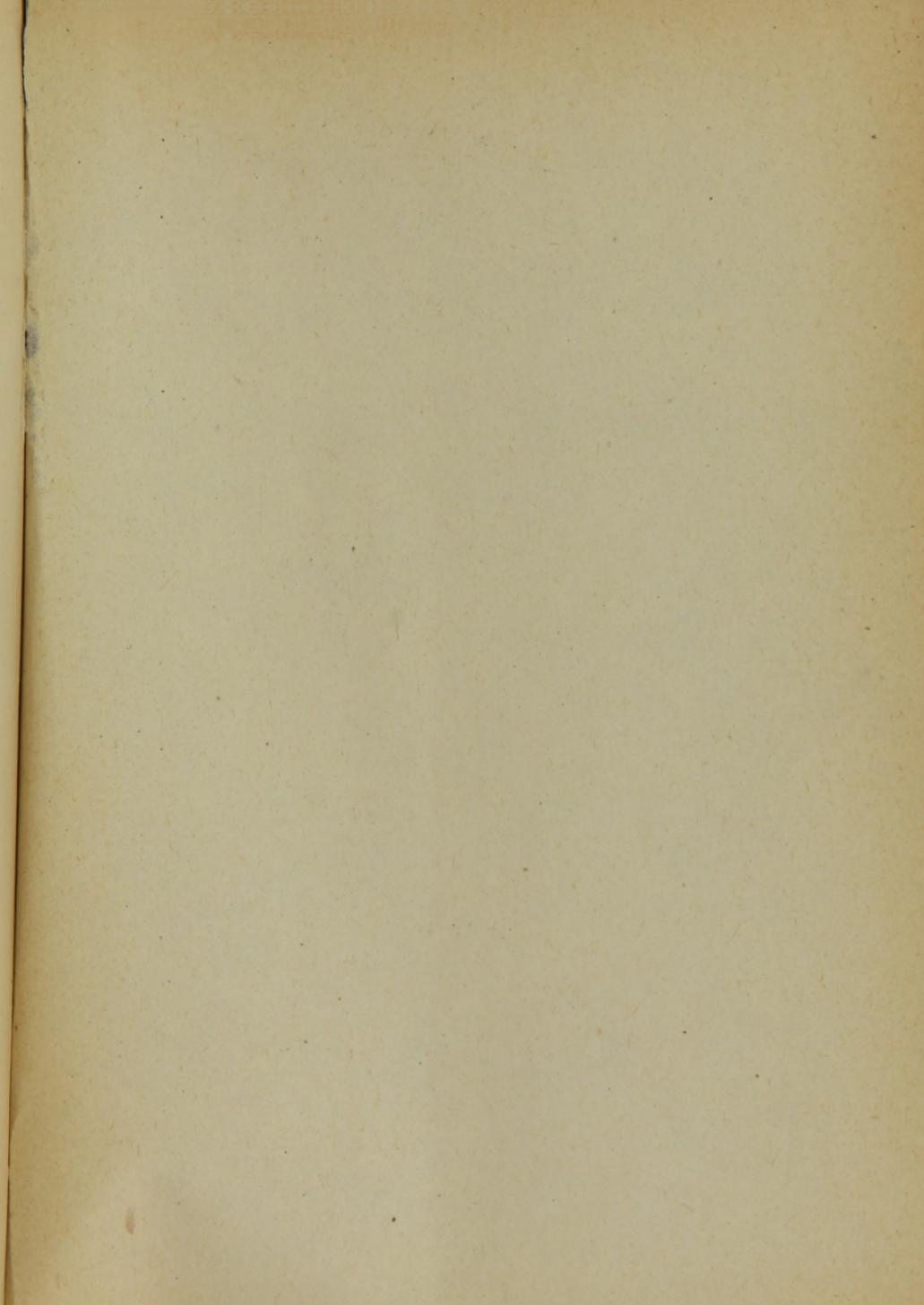
PART VI.

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