

III. ORIGINAL COMMUNICATION

A REVIEW OF SIXTEEN MONTHS' WORK IN THE SKIN DEPARTMENT OF THE ROYAL INFIRMARY, EDINBURGH

By NORMAN WALKER, M.D., F.R.C.P.Ed., Physician in Charge

THE fact that after prolonged wanderings the Skin Department has at length found a home which, as an Irishman might say, is for a time, at least, permanent, has given me greater advantages than were available to my predecessor. Of these I have endeavoured to make use, and to-day I present some of the results of my sixteen months' experience. After three months of experiment we adopted the card system as the most efficient means of keeping the cases; the numbers are so great that books were out of the question. Certain special cases are kept on large cards, on which can be stamped outlines on which the distribution of any eruption can be graphically shown. The system requires that everyone concerned shall do his or her part thoroughly, and I think I may claim that considering we have in those sixteen months seen and taken notes of nearly 2500 cases, and that we can lay hands in a moment on a record of each, testifies to the care shown by my assistant physicians, the house physicians, the nurses, and my lady secretary, who is in ultimate charge of the cards. From the first set of cards she makes a cross index of diseases, so that I can at any time lay hands on any case or group of cases required to illustrate a lecture. Once a month the cases are tabulated on a half sheet of paper, and we thus have a very ready means of noting the seasonal incidence of some diseases and the epidemic occurrence of others. The number of some diseases are not a little remarkable, but of course hospital statistics in a town like Edinburgh have to be very carefully sifted. In Vienna, for example, nearly all cases go straight to the Allg. Krankenhaus; here a filtration takes place through the dispensaries, and our statistics undoubtedly show an undue proportion of some of the less common diseases. I propose to-day to follow (though I have elsewhere criticised it adversely) the simple alphabetical order, and to refer to those diseases which I consider present points of special interest in the statistics, as well as to those diseases which are at present attracting general interest. In the case of certain of the rarer diseases I am fortunate in being able to show, thanks to Dr Low, a lifelike representation of the condition at the

time of admission, and I take this public opportunity of saying how much the Skin Department and the students of this school owe to his artistic skill.

The first disease to which I think attention falls to be directed is alopecia areata. It is certainly remarkable that out of 2500 cases we should have had no fewer than 106 of that disease. In Croker's statistics, of 10,000 hospital cases 253 were alopecia areata, of 5000 private ones, 291. (Private statistics are not so dependable as hospital ones. Of my last one hundred cases, seven were alopecia areata, and in a hundred taken at random there were nine. But though these figures happen to support my view, I think it better to leave them out of consideration.) In M'Call Anderson's statistics, published with the report of the Glasgow Skin Hospital, just at the time of his death, there were 1860 out of a total of 61,500 (41 years). If the proportion in London had been as high as with us, Croker's figures would have been 424 instead of 253, while the Glasgow figures would have been 2607 instead of 1860. I have not time to-day to go more closely into our statistics, but I may note that the last three months have provided us with no fewer than twenty-nine cases of this disease, almost twice the usual average. Believing as I do in the contagiousness of this disease, I am extremely interested in these figures.

I do not think I can do anything more usefully to bring before the Society the scandal of favus in Edinburgh than by marching through the theatre a small detachment of the cases at present under our care. We all knew that favus was a disease which was common in Edinburgh, but I question whether any of you would have believed that we could, without difficulty, lay hands on nearly one hundred cases of this really terrible disease. In the better classes it is easily cured, but when it gets a hold, as it does in the lower classes, it is, under ordinary circumstances, an incurable disease, and the unfortunate sufferers are cut off from education, and their future is easily prognosticated. Some of these cases have been under our care for three or four years. One of them has had the hair removed no fewer than eight times, and has thus been on the verge of cure over and over again. But we have no control over them, and they disappear when in the opinion of their parents they are nearly well, and only return when the disease has resumed its old grip. I am enough of a Socialist to maintain that it is the duty of the authorities to take these cases in hand, and stamp out, as they easily could do, this blot upon Edinburgh, and I hope to

impress this view upon the new Medical Officer of Health for the city.

Herpes Zoster.—Like other dermatologists I have long been struck by the apparent epidemic occurrence of this disease, and I am rather disappointed that my statistics do not demonstrate this fact more clearly. Something of grouping is seen, but not so much as I would have expected. I daresay one reason is that the pain of herpes keeps many people in bed, and it is not so easy to drop into the infirmary for free advice, while another is that many cases go to the medical waiting-room and are admitted to the medical wards. There were altogether twenty-four cases—seventeen in males, seven in females. Four cases occurred on the 2nd and 3rd of February of this year. I would be much obliged if those who have cases in private at this time would inform me of them.

Impetigo Contagiosa.—The figures for this disease pretty clearly demonstrate its epidemic character. The general recent increase is due to the closer supervision now exercised in the Board schools.

I would just like to say that in my experience the main element of speedy success is the thorough application of properly made starch poultices. When a case is not doing well it will generally be found that these are badly made. The figures are as follows:—1907, January, 7; February, 8; March, 5; April, 10; May, 10; June, 17; July, 12; August, 26; September, 17; October, 16; November, 17; December, 14. 1908, January, 14; February, 24; March, 23; April, 21.

We have had twenty-three cases of lupus erythematosus. There is nothing special to record of these. As usual they have proved obstinate and capricious in their response to treatment. The most interesting fact I have to record regarding them is in connection with the theory that they are in a sort of indirect way of tuberculous origin. This theory was put forward by the French school just after it had been made sufficiently clear to every one that the disease was essentially a different one from lupus vulgaris. The French theory (held not only in France) is that although the disease is not itself tuberculous, it is nevertheless dependent upon toxins produced by the tubercle bacillus in some hidden focus. Every case of lupus erythematosus occurring in an individual with tuberculous glands, or the evidence of these in the past, was triumphantly held up as a proof of the correctness of this theory. It is not easy to prove a negative. If a patient had lupus erythematosus and any one asserted that this was in some indirect way the result of

tuberculosis, it was not easy to demonstrate that it was not, and one was compelled to wait for the fortunately few cases who died from some other cause while still affected by lupus erythematosus. Some of these have shown tuberculosis on examination, others have not. It has always appeared to me that any case of the disease in which the absence of tubercle could be demonstrated demolished the argument, but this view is not accepted by the supporters of it.

When Calmette's reaction was first made known it did not occur to me to make use of it in this connection, and the disastrous results of one of the very few experiments which I made determined me not to make any more. But in Pirquet's reaction we have a test which is, so far as I can see, quite harmless and likely to prove very useful. I show the first case in which I made use of it. The girl had on her hand a condition which I had no hesitation in diagnosing as lupus erythematosus, but on the nose the appearances were such as might be confused with lupus vulgaris. Accordingly, to clear the matter up, she was vaccinated with tuberculin, with an entirely negative result.

I have repeated this on one or two other cases. Some have shown reaction, always slight, and others have not. As none of the patients were in the moribund condition in which the reaction is stated not to appear, I am disposed to regard the experiment as, on the whole, in favour of those who look on the disease as non-tuberculous, although I know perfectly well that those who hold the other view will direct all their attention to the fact that some of my cases reacted.

I intend to continue the experiment on all available cases, and I shall faithfully record the results of these and of control cases.

It must, however, be kept in mind that a positive reaction does not prove that any particular eruption on the skin is of a tuberculous nature.

I saw not long ago a young lady with an eruption on the face which I had no hesitation in diagnosing as rosacea. She had been under the care of an expert in another city, who, having found Calmette's reaction positive, came to the conclusion that the skin eruption was tuberculous. He then proceeded to treat it with considerable doses of tuberculin, with at first distinct improvement. I have little doubt that there was in that case some hidden tuberculosis which was responsible for the reaction, while the improvement which followed injections was due to the improvement of the general health, or was possibly a mere coincidence.

● *Lupus Vulgaris*.—I do not propose to weary you with details of treatment or discussion of the number of volts, etc., which ought to be used in connection with X-rays. But I think it will be of interest that I should demonstrate some cases which have been long under treatment in the Skin Department. As I have said elsewhere, I think the chief service which Finsen rendered to Medicine was in demonstrating anew the merits of perseverance. These cases, the former extent of which can easily be seen from the scars, demonstrate what can be done by that useful quality. I am not, however, sure whether the oleate of mercury which Jamieson has a large share of the merit of introducing to the profession in connection with this disease is not very nearly as useful as the X-rays, and I am certain that Hutchinson's old method of boring out nodules with a match dipped in the solution of the acid nitrate of mercury will cure a great many cases. It is the combination of two or more methods that usually leads to success, and I am no blind adherent of any one means. In connection with X-ray treatment I, some years ago, drew attention to the greatly increased proportion of cancerous developments in cases which healed under treatment by this method for long periods. Similar observations have been made in other quarters. Sequeira found that nearly 3 per cent. of his male cases of lupus developed epithelioma, and Dacosta had seven cases out of seventy-two treated by X-rays. I have no time at present to discuss the connection between the treatment and the application, important though it is; but I wish, in mentioning it, to point out the importance of being on the constant watch for the early symptoms of malignant disease.

It is, I think, generally taught—I speak liable to correction—that carcinoma in young persons is specially virulent. I am, of course, not in a position to speak of general carcinomas, but I must say that it has not been my experience in lupus cancer. I am able to-night to show one case and a cast of another which demonstrate the curability of some at least of these cases. My first case was that of a young lawyer who has been under my treatment for many years. With the progress of his lupus we are not at present concerned. Some four years ago he developed a warty growth, which, when I saw it, had reached the size of a walnut. It was obviously malignant, and I told him that it must be removed. Mr Wallace kindly took him in charge and excised the growth, which, on examination, was beyond all doubt an epithelioma. The condition of the parts around was such that in spite of all efforts the edges could not be brought

together ; the wound granulated from the bottom, and ultimately after several months healed up. Very soon, however, the growth reappeared, and, as these patients will so often do, he kept away from me, hoping against hope that it would disappear. When I next saw him the growth was as large as an orange. A surgical operation would have been a formidable one and the after-treatment very prolonged, so, after laying the facts before him, it was agreed that I should treat the growth by erosion. This I did, and came very soon down to a firm layer of fibrous tissue, which I thoroughly scrubbed with caustic potash, as recommended by many of the older surgeons. The growth reappeared before he left the home, and in six weeks was nearly as large as before. I readmitted him, repeated the scraping, and applied arsenious acid. The pain of this application was very great, but he bore it most nobly. He was only a week in the home, and when he left the granulations looked healthy. Next time I saw him there was a small recurrence, which was again scraped under local anæsthesia and treated by chromic acid. I am satisfied that the results are at least as good as could have been achieved by any cutting operation, while it would have taxed even the plastic skill of the late Mr Annandale to have made flaps from the lupus tissue.

The patient, whom I now show along with a very bad photograph taken by myself of the condition before operation, was treated at once by erosion and the application of chromic acid, with, I think it will be admitted, complete success.

A most interesting case, of which I can only show a cast, was that of a patient who was treated in a provincial infirmary for lupus by the X-rays. She was a very intelligent girl, and made herself so generally useful that she apparently had the run of the place, and illogically argued that if some X-ray treatment was good for her disease then more would be still better. She accordingly, whenever opportunity occurred, and it occurred daily, used to give herself a dose of the X-rays. The cast shows the condition when I first saw her in August last, and I must explain that unfortunately she came up the day that Dr Low was going on holiday, and the cast was taken by myself and painted by him from notes and from memory. The girl came to me prepared to hear the verdict that her arm must be removed, and it was with considerable misgiving that I explained to her mother the whole reasons of delay, and took upon myself the responsibility of treating it by less radical measures. The edges were scraped and the whole surface treated with arsenious acid

paste. She bore the suffering admirably, and the results have been most satisfactory. I saw her last week, when a small recurrence, the size of a small hazel-nut, was present. This I removed under local anæsthesia, and I have little doubt that it will do well. She has a perfectly useful right hand.

The first case in which I used the new tuberculin was one of mixed infection (tubercle and syphilis), and the patient was a mere wreck of humanity. Dr Shennan kindly undertook the estimation of the index, which was then supposed to be essential to the carrying out of the treatment. Her improvement was very marked, and I was greatly encouraged to continue with the treatment. But it was soon evident that if every case was to be controlled by the index, only a very small percentage of my patients could obtain the benefit which was so obvious. Accordingly I joined the ranks of the empirics, and unless there were obvious reasons to the contrary I gave all my severe lupus cases an injection of 1.15000th of a milligram every four weeks. In all of them the result has been satisfactory, the most noticeable feature being the way in which the patches break up, strands of healthy tissue appearing among the areas of the disease.

The patient whom I now present was entirely unable to work owing to the extensive lupus of both his arms. He is now able for, and has been offered, work, but he is so impressed with the improvement that he proposes to continue working at the treatment for a time longer. In his case the systematic inunction of oleate of mercury and exposure to the X-rays have been used in addition.

I have not yet commenced the administration of tuberculin by the mouth, but if it is as satisfactory as is reported by Latham, it would seem that we have still further simplification of treatment at our disposal.

Molluscum Contagiosum.—We have had in sixteen months, out of 2500 cases, eleven cases of this disease. In M'Call Anderson's 61,000 cases only thirty-two occurred. Five of my cases were regular attendants at the public swimming baths. The connection between molluscum contagiosum and public baths is well recognised. In the East (not the East of Scotland) it is known as the itch of the bath. It does not by any means occur always on parts which are covered by the bathing-dress. I believe the best method of treatment is to seize each tumour with a pair of forceps and eviscerate it. Ordinary squeezing is useless, for that merely squeezes out part of the

contents ; the pressure must be such as to cause the whole tumour to shell out of the skin.

This year I have had a remarkable series of ringworm of the nails. In my book I refer to this as an astonishingly rare affection, and I am still astonished at the rarity of the disease in children, but I am now wondering whether it is my carelessness or coincidence which has brought together in three or four months no fewer than five cases of ringworm of the nails in adults. They are not new cases, some of them have lasted for as much as nine years, and it is deplorable to think how much disease may have been spread innocently by their owners. One of these cases I am able to demonstrate, others though not here in the body are here in the wax, for I can show casts of them either by Dr Low or by my secretary, Miss Rae. The fungus of which I hand round the photograph, taken in the College of Physicians' laboratory, is extraordinarily abundant, and one is really at a loss to understand why these patients did not constantly suffer from outbreaks of the disease on other parts.

Of rosacea we had sixty-two cases. Of these, five are noted as suffering from indigestion, three from constipation, two from headaches : one "used to be troubled with indigestion," in another the appetite is noted as poor, and another is alcoholic. In fifteen it is noted that the patients asserted that there was nothing wrong with their digestion, and as the question was generally asked we may assume that at all events the majority of the remainder did not suffer severely.

I am a very thorough believer in the seborrhœic nature of this disease, and over and over again I have had evidence both in hospital and private work which has strengthened my belief. But I hardly hoped to be able to demonstrate the application of the theory so convincingly as I am able to do to-day. The patient whom I show is the original of the illustration in the last edition of my book. She came to the Infirmary on 12th February.

Her card says she has suffered from the eruption for twelve years. She has no indigestion. She has marked seborrhœa of the scalp. She has since carried out treatment for the seborrhœa, and when she came to see me on Monday I did not recognise her. Neither I think will you.

She is further interesting to me in that she has typical psoriasis on her knees, but I do not propose to weary the Society with my own fads.

Vaccine Therapy.—Perhaps general interest in skin depart-

ments is at present most directed in the merits of vaccine therapy. I may say at once that in the case of certain diseases the method recalls the Chinese incident of burning down the house in order to get roast pig. There are such simple, such efficient, such safe means of treating the diseases I refer to, that I have not thought it my duty to experiment on them.

In others I am a thorough convert to the new method. In generalised furunculosis there is no doubt of its efficacy, but it is in sycosis that I have found it of most real help. It is remarkable how opinions differ. When in the early days of enthusiasm for X-ray treatment of this disease I felt compelled to enter a protest against the excessive claims put forward I was referred to as something like a dermatological Mrs Partington. And now I find my friend Dr Whitfield, one of the earliest and most scientific of the oponentists, expressing himself with some doubt as to the merits of the vaccine method in this disease. One can only speak as one finds, and I can simply say that cases that have defied all other treatment have yielded to injections to vaccine prepared from their own staphylococci for me by Professor Ritchie. One of these cases I present. His case was so severe that he was about to be dismissed from his situation, and when I tell you that he was not a salesman in a Princes Street shop but a warder in the Calton Jail, you can understand how bad he was. He has had seventeen injections, and is now practically well.

I have used this treatment in two cases of pemphigus foliaceus. One of these cases will be shown later by Dr Low, and, in the meantime, I prefer to reserve my judgment on its merits. At all events it has done no harm.

I think it will be expected that I should say something of this treatment in acne. Briefly my opinion is that in uncomplicated cases of that disease it is not of much value. There are cases of pustular eruptions on the face which masquerade as acne, but are not that disease; and believing, as I do, that acne is due to a definite organism, I fail to see why one should expect acne to disappear on the injection of staphylococcal vaccine.

I had in my ward a patient with psoriasis, who at the same time suffered from furunculosis. He was treated with vaccine made from his own cocci, and though his boils improved his psoriasis did not.
