Thesis for M.D degree

Those skin diseases which are met with in ordinary practice studied with a view to their anatomical and practical features by.

Harrogate Apr. 29/85

James J. Asystle
M.B. C.M.
This Thesis is my own unaided work & has not even been read by my father or any friend. The anatomical heart is the result of my work in Vienna in the pathological department under Prof. Kolisko. The remainder consists of the conclusions I have formed from the watching many cases in our practice, in the Harrogate Bath Hospital & in the skin wards of the Allgemeine Krankenhaus in Vienna.

James A. Mylne
M. B. C.M.

Harrogate, Apr. 29/85
Provinces

When we think of the great changes produced by this disease in the living, we naturally expect to find with the microscope some post mortem effects in the true skin, either dilated or enlarged blood vessels, the capillaries which are the red points on which the Silvery scales rest hypertrophied or some new cell product of inflammation, but no such changes are to be found microscopically, with both low or high power, the skin in all its layers is seen to be normal unless the loose epidermic scales have been removed in some place. Though this is rare for being easily brushed off, they are removed during the process of hardening cutting staining the section; if they are to be seen we find only a mass of squamous epidermic cells situated as the summit.
of one of the papillae
Psoriasis always commences as papules
white or silvery in appearance when
scratched showing them to be masses
of loose cells easily detached leaving
a red sometimes bleeding point, the
papilla. These spots enlarge by the
periphery so meet with others thus
large patches are formed or serpiginous
tracts are marked out on the skin, or
rings appear etc. All these forms
having been given by various authors
names without number. The disease
often appears healing in one part and
extending in another the healing always
beginning at the inner border instead
starting behind the affection following
it. Psoriasis often heals spontaneously
the scales become very loose easily
fall off leaving red patches in their
place which soon become covered wit
normal epithelium. No scars are ever left by Psoriasis though there may a slight pigmentation lasting for some time after cure in the worn patches. The itching - irritation caused by Psoriasis is often very great as I have seen it, or account of the impossibility of sleep, cause serious general derangement of health though this is rare. What is the cause for the remarkable changes we find in the superficial layer of the skin? How is it that we find everything normal in the blood supply not Malthizhi etc. yet have the epidermic layer thrown off in loose silvery scales leaving the capillary red & bleeding or very ready to bleed?

The general fashion in the present day is to put down Psoriasis as caused by foot & Rheumatisation very nice names for the patient as showing
off his ancestors as right down good fellow & Syphils to ourselves, some where I somehow there must be a trace of that terrible malady. That these three disorders are looked upon as the generators of most skin disease, Psoriasis in particular is simply on account of our ignorance inability to assign another cause & I believe if any one were to find a baccillus in a piece of skin affected with Psoriasis it would at once be the fashion to ascribe the disease to that microorganism. Another way of satisfying conscience is to say it is in the blood & better for it to come out, the probability is the patient is healthy & blood taken from a bleeding papilla shows nothing abnormal under the microscope the bleeding point scabs & heels normally until it comes to the new skin being
exposed when it takes on the Psoriatic action as before a the white scales appear. Why should normal blood affect the layers of the epidermis in such an extraordinary manner - if the blood be abnormal it shows very speedily in its action on the more vital parts of organs of the body.

Psoriasis is a general disease affecting every class of society: an old disease known if not recognized from the earliest times; an hereditary disease appearing in father and son for generations; a disease which occurs markedly in healthy people: a non-infectious, non-contagious disease: an very chronic disease running its course for years healing in one place to break out elsewhere: often worse at one time of the year than at another: not affected by climate nor food nor drink in moder-...
affecting all races from the African Negro to the Altaico, in the dark people it is not so perceptible, owing to the pigmentation the scales are not silvery white but the red points do not show so readily against a dark back-ground but if the skin be scratched the scales will easily be removed as the papillae often bleed. Our nationality is more afflicted with Soor & Rheumatism than any other but we are not more affected with Psoriasis than the French, Germans Austrians & Russians or any other nation.

All this tends to show that Psoriasis is a distinct disease running its own course & depending for its appearance on its own causes.

I believe Psoriasis to be due to some altered action in the trophic nerve
fibres supplying the skin, my reason are

1st. That microscopically we find nothing to account for the disease which is what would be natural provided it is merely deranged action of the nerve fibres.

I do not think the redness of the papillae is an abnormality as it seems to me to be accounted for by the loss of the restraining power due to the change of the epidermis into silvery scales.

2nd. Treatment by anti-rheumatics or remedies against scurvy or syphilis (except in the case of the latter remedy used in Psoriasis Syphilitica) is of very little benefit even though continued for years.

3nd. The benefit derived in a certain percentage of cases from the adminis
ration of arsenic which is a powerful nervous tonic. Arsenic is also a blood tonic of the most powerful kind & if Psoriasis depended on some alteration in the blood there is good reason to believe that arsenic would be a specific for the cure of this malady.

Our lines of treatment which in the majority of cases is by stimulating the skin by means of Chrysarobin Tar preparations etc. ignoring entirely the irritated papillae knowing that provided we can obtain a normal covering of skin the papillae will not cause the disease.

Also I have seen several cases of Psoriasis with a past history of Syphilis in which Mercury & Potassium had not the slightest beneficial effect. One was a man...
aged 40 who had a Venereal chancre with secondary symptoms 12 years before coming under my care; he was treated pronounced cured & married, his wife is perfectly healthy & they have two children who do not show the slightest sign of constitutional syphilis. He came to me for Psoriasis of the confluent form situated on both legs, both thighs & both arms, on the chest & on the back. For three months he had been treated by Mercury & Soda of Potash without the least effect upon the skin disease. He was weak, depressed & his general health was much below par. I knocked off all the internal treatment & put him on the Sulphur waters & baths & used local remedies for the Psoriasis patches; in three weeks he was nearly cured as regards his skin & perfectly
recovered his general health. Had the Psoriasis been due to the syphilitic taint it must have given way to the prolonged anti-syphilitic course the patient had undergone but suppressing the disease to be of a nervous origin the mercurials would improve the general health & so aggravate instead of curing the skin; whereas the tonic effect of good air, mineral waters a change in the mode of life would be most beneficial by improving the patient's general health increasing the tone of the central nervous system so acting on the trophic terminations trophic nerve fibres regulating the waste & supply of the epidermic layer. I said Hebra says distinctly "As to Psoriasis I may assert most positively it is never the cause of an ordinary Psoriasis" & Kaposi his successor goes on.
further for he says that “excepting Psoriasis syphilitica, Psoriasis in people who have had syphilis is not specific, it cannot be cured by Mercury or any other antisyphilitic remedy.” The case I have quoted among others have convinced me of the truth of their teaching. I therefore believe Psoriasis to be due to some, as yet unknown, alteration in the action of the nerve fibres governing the epidermic cell formation in the Rete Malpighi. The prognosis in Psoriasis is always more or less uncertain as it is primarily a recurring disease, but there are few cases of Psoriasis which cannot be cured for the time being. In syphilitic Psoriasis the prognosis is always favourable as it invariably gives way to its proper treatment. In the treatment of Psoriasis we
often to be guided by our patients' idiosyncrasies as for instance there are many who cannot stand any of the Tar preparations which in others act like a charm.

Mineral waters and baths will be found of the greatest use in the management a where they cannot be obtained a bath with some Carbonate of Soda dissolved in the water is very comforting to the patient. When the disease is acute attacking hairy parts of the body I use the white precipitate ointment of the Vienna pharmacopoeia, either alone or combined with some other preparation.

In chronic cases of tuberculous or annular forms of the disease I find most benefit from the preparations of Tar, Chrysophanic Acid, Chrysarobin etc. either used as an ointment or...
as a paint, for the latter purpose. Traumatica in, a mixture of Chloroform & Colloidion, is very serviceable as it dries like a varnish & the colour of the Chrysozoa or does not come off on the clothes, etc.

In chronic cases of the confluent form or about joints where there are liable to be cracks I use a plaster made of Implast, Saponis with five per cent of Naphthol & it have obtained great benefit by its means.

It is necessary to watch your patients suffering from this disease carefully as they often change suddenly from being on the high road to recovery to a state worse than when first seen. As I have before intimated it is needful to take care that the patient's general health is good, that he sleeps well & takes plenty but not too...
much exercise.

I am against giving internal remedies for Psoriasis but have seen benefit obtained by the exhibition of arsenic both by the mouth and injected into the muscles. It is uncertain in its action often curing once and having no effect in future attacks.
Beyeme

This common, troublesome & irritating skin disease has been the subject of writers from the earliest times & has received names & definitions too numerous & too absurd to mention. Of the various definitions Hebra's is to my mind the most sensible & most definite. He says: "Beyeme is a disease of the skin of acute or chronic course characterised either by the formation of aggregated papules & vesicles by more or less deeply red patches covered with thin scales (in the chronic) or a moist surface (in the acute). In any of these forms yellow, green or brown gummy crusts may be superadded. The disease is accompanied by violent itching which causes scratching resulting in excoriations."

In this definition we have all the
various forms of eczema accounted for: 8. Acuta, 8. Chronic, 8. Rubrum, 8. Impetigoideas. All other names simply tend to complicate the mind and render the study of the disease more difficult.

The pathological anatomy of eczema varies with the form, intensity, and duration of the disease.

In acute eczema, we find the capillaries a papilla inflamed, dilated, and the inflammation being so intense that the upper epithelial layer is thrown off.

In the chronic eczema, the capillaries are dilated, the inflammation is not so intense: there is more or less induration around the capillaries, a papilla depending on the length of time the disease has lasted, the epithelial cells are quickly formed.
a thrown off from the corium are of a squamous character. The
induration in the corium & around
the papillae sometimes is very great
causes immense thickening of the
shin by the deposit of the inflammatory
tissue, this state has been called
Pachyderma.
In Syenoma Rubrum the upper epithelial
layer is found wanting, the vessels
of the corium gorged with blood from
the papillae dilated & the liquor
sanguinis oozes away.
In the Impetigoacoid form the anatomy
is the same as in the acute but here
is formed by the escape of white blood
corpuscles with the liquor sanguinis
coagulating together with the epithelial
cells forms the yellow green or brown
crusts which cover the surface
In Syenoma of a joint euruchs & rhagades
are often present, they always run in
the same direction as the lines "furrows"
of the true skin, give great pain and are
calmed by the movements of the affected
joint.

Acute Erysine begins with more or less
swelling, itching, tenderness in the part;
soon papules or vesicles appear either singly
or in masses grouped together depending
on the intensity of the attack. Shortly after
wards the epithelium bailed by the
inflammation peels off, the part
begins to ooze; this is popularly called
weeping Erysine. Sometimes this is
formed a crusts of Impetiginoid
Erysine cover the weeping surface. There
is some reason to believe that these
crusts are in some manner connected
with the formation of Caprocic & Oleic
acids, but this is not by any means
proved or the fact of that ever proved
Liquor sanguinace are mingled together in the discharge & seems to me sufficient ground for their formation. If the crusts be removed with the forceps we find the corium inflamed with the papillae showing as redder points often even bleeding. After lasting some time the acute stage may pass off either healing taking place or the chronic form appearing. Healing sometimes takes place under the crusts in the minimigious form.

The chronic form does not present the same well marked characters as the acute. The swelling is not so great & the surface of the skin appears either moist or dry slightly inflamed with large scales loosely attached. There is always a certain amount of irritation & sometimes may be great inclination of the corium. The character
vary with the locality affected.

In Eczema Rubrum we find the epidermis gone leaving the corium exposed; this is of a bright red colour, mattering a moister a painful or irritable. This form is often complicated with various veins in elderly people is then very difficult to cure being accompanied by general oedema of the affected part.

The causes of Eczema are as hypothetical as those of Psoriasis, foul Rheumatism & Lymphatics come in for their line's share but are to be rejected in the same grounds as in Psoriasis. Not that I maintain that Eczema is not caused by these three diseases but when so it is distinctive is a local sign & aid to diagnosis of the general disease. I believe Eczema is produced by something which disturbs the action of the nerve fibres governing.
the action of the blood vessels in the corium. I base my belief upon the observations I have made watching an artificial oozing produced by broken oil which naturally varies in different localities experimented upon but in all shows 1st Redness. 2nd Swelling. 3rd The appearance of papules or vesicles. 4th The washing away of the epithelium leaving the red inflamed or oozing layer of the corium exposed to view. These are the exact symptoms we should expect to find if the nerve fibres controlling the blood vessels in the vascular layer had lost their controlling action. If the irritation be kept up longer the acute stage will be seen to break off in some degree which I explain by the known fact that after the nerves governing blood vessels have
been paralysed for some time even if the paralysing agent be maintained in action the nerves become accustomed to that action and recover some of their power. Thus the corium is not so completely inflamed as the formation of epithelium is carried on though not to perfection the scales being rapidly thrown off leaving a slightly warty layer.

In the treatment of Syphyma we must remember the drain which it causes to the general health of the sufferer and we must take care that the liver and kidneys are put into proper normal working order. No harm can be done by rapidly curing a case of syphyma even if it be of a distinctly syphilitic character in fact the curing of the local sign is evidence we are curing.
Thesis for M. D. degree

Those skin diseases met with in ordinary practice studied from an anatomical & practical point of view by

James A. Myrtle
M. B. & B.Ch.

Harrogate Apr. 29/85
Eczema continued

The disease

In the acute form our care must take the form of soothing remedies. Ointments containing Sric Bismuth, mild alkaline washes or baths, Powders with Sric Bismuth, starch, powdered kernels of the sweet almond, etc. are all useful must be tried and varied according to the locality of the disease.

When the form is Impetiginous we must first remove the crusts either by the means of forcibly or by oil in warm water (in equal parts) poultices.

After the removal the case must be treated as in the acute form.

In Eczema neutrum the lines of treatment are the same but we often find great benefit from the use of bandages or even plasters.
to support the blood vessels of the part & assist in getting rid of the edema.
It is in chronic edema ourvigour is tried as this is the most difficult form to cure. Arsenic internally given in small gradually increasing doses often does good though I think more benefit is obtained if we cure the patient first & give the arsenic afterwards as a tonic to the general health & maintain our cure. Internally lead tincture Bismuth have been used in all their various preparations theolates having perhaps the most beneficial effect. Mercury is also largely used & acts in many cases like a charm, particularly in the dry squamous cases. Edema of the joints, fingers & hands, in account of the strength & power of the
drug has locally on the skin some
of its preparations acting as a blister
its milder forms are generally used
- even of them not more than 5 per
cent is advisable. Raphnol or
Thymol the former 5 per cent a
the latter 1 per thousand have
also been of great use to me in the
treatment of many difficult cases.
The best means however is undoubt
edly the mildly alkaline mineral
water bath as it acts in a most
wonderful way upon the skin
softening it & removing exudation
with a success which I have failed
to obtain or have not seen obtained
by any ointment plaster balsam
or lotion.
Acne.
The history of this unsightly disease is very mixed owing to the fact that every skin writer in the past has invented a name for one or other of the various forms which acne assumes. Thus we read of Acne simplex, A. punctata, A. indurata, A. rosacea of Villan. Varus, A. scabrosa, or bonito, V. milialis, s. frontalis, V. hordeolates, V. disseminatus, V. gutta rosea, A. scabrosa, A. punctata, A. variolaide, A. umbilique, A. sans et avec hypertrophie des follicules, Cedermoptosis, etc. to ad infinitum. If we look at Acne from an anatomical point of view we will see that all these names are unnecessary and confusing and that the only names we can strictly apply to the disease are Acne, referring to its various stages, and the suffixes simplex, Punctata, Indurata.
With Acne rosacea Acne has nothing in common.

Acne is caused by retention of sebaceous anatomic change matter in a follicle of the corium the which occur in all being exactly similar going on either to reabsorption or the formation of pus.

1st There is a blocking up of the follicle around the root of a hair with sebaceous matter sometimes but rarely complicated by the presence of a Comedo. That the hair follicles are the seat of the disease is proved by the fact that it never occurs except where there are hair follicles.

2nd Inflammation is set up in the tissues around the follicle there is dilatation of the blood vessels a exudation of the blood corpuscles.

3nd Eruption supervenes in the influence area the blocked in sebaceous matter caused pus blood corpuscles break
Down into pus which being confined on the follicle deeply situated in the corium probably does not show its presence to the naked eye. Either absorption takes place or the follicle regains its normal condition or more generally the pus slowly tediously ulcerates its way out causing a sore with an unhealthy seat which leaves on falling off a scar not unlike a peck mark. There is total destruction of the hair follicle. The treatment of Acne must be based on the anatomical features of the disease. To any one understanding these the treatment by means of caustic agents must seem absurd for by means of what caustic can we reach this deeply situated in the corium a leave no scar. Still the use of these remedies is very extensive & I have seen many faces.
marked for life through the ignorance of men who ought to know better; one case in particular comes to my mind, that of a girl who had been treated by a man high up in the professional world in London by means of Nitric Acid & came here with a face covered with nodules a scars having been told it would take two years to cure her.

The anatomical, physiological & best way of treating acne is by puncturing the acne nodules i squeezing out the contents. The advantages of this method are 1st It removes at once the cause of the disease 2nd The hair follicle is given the best chance of recovering itself 3rd It never leaves any scar behind

The way method of puncturing I employ is, with a sharp lancet firmly held between the finger & thumb a driven sharply about 3/4 inch into the acne nodules
I then squeeze firmly to bring every thing out of the follicle. I also a little blood from the inflamed area. Pursey not be done often is not visible to the naked eye but the pus corpuscles will certainly be found with the aid of a microscope.

I puncture a certain number per day. I use some soothing ointment at night. Here as we have the sulphur washes at hand great benefit is obtained by using them as a wash instead of plain water.

I have seen great benefit from the Red Iodide of Mercury ointment but this ought never to be used for any length of time it needs careful watching.

Acne, complicated with another skin disease is difficult to treat but as a general rule, care the acne first as the other skin disease will speedily
it found amenable to treatment. This is especially the case with acne.
I have seen several cases where the disease has lasted years because an
attempt has always been made to cure the acne first. As soon as the cure
of the acne began the acne reappeared.
As to the cause of acne there is little

to be said. Commonly it occurs in
young people about a after the time of
puberty lasting a few years often
disappearing without any treatment; in other
cases being most obstinate. It seems to
affect those people who have a plentiful
secretion from the sebaceous glands of
the anatomy it is what we should expect.
For the prevention of the blocking
up of the ducts I order the patient to
wash with good strong soap and rub it
well in making a good lather over his
whole body every morning by this mean,
The skin is kept perfectly free from collections of sebaceous matter at the orifices of the ducts of the sweat has free escape. Stimulating the glands themselves is also useful as a preventive but it is evident we must be aware that the ducts are patent otherwise we shall increase any infection liability to the disease.

The seats of acne are necessarily where there are hair follicles in the favourite localities where the hair follicles are largest most numerous for back face being its two most frequent sites of attack. The palm sole are never affected.

The prognosis in acne is always favourable the most obstinate cases must yield to the lancet.

Acne is caused by the action of certain drugs when exhibited for any length
length of time the Bromides & Potass &c having this effect when given internally & Tar &c its preparation when used externally
Sycosis

This disease is closely allied to acne
that I think it right to describe them
together. The difference between acne
& Sycosis is more a matter of degree
than anything else as in true Sycosis
the hair follicle alone is affected never
the sebaceous gland & if the latter becomes
inflamed the Sycosis becomes an Acne.

The irritation in the hair follicle may
be caused by a second hair trying to
push its way into the follicle from a
side sac. This causes tension in the
follicle & inflammation follows without
the formation of pus more
commonly a little pus is formed. The skin
feels itchy owing to the irritation to the
nerve terminations & is scratched thereby
being a little exudation which masts the
hairs together. The cause of the irritation
in the hair sac is not removed & in
consequence of the inflammation papules or tubercles appear through the centre of each of which runs a hair. In time the inflammation causes oedema infiltration around the hair sacs so you get the appearance of a thickened epidermis with punctate points on the hairs matted together by the discharge.

To diagnose it from an Eczema you must see the skin without the discharge when if it be red, watering and demaded of epithelium it is an Eczema but if it be papular with hairs running through each papule easily pulled out by the root a small drop of pus following removal of the hair it is Tycosis.

Tycosis may attack any part where there are hair follicles but it usually attacks the beard. This is often attributed to shaving with blunt razors but the
simple reason that the hairs of the
head are stronger & firmer than other
hairs seems to me to be sufficient
to account for this being the most
common seat of the disease - the greater
severity of its form; the stronger the
hairs causing greater tension & in
the hair sacs if there be any irritably
influence.
The treatment most successfully
employed is regular shaving & pilating
as the hair once removed from the
sac no more irritation is caused
& to do away with what inflammation
is present we must use soothing
ointments & washes. If there is irritation
present it is sometimes necessary to
stimulate a little freely a cause a
healthy inflammation which must
then be properly treated. Manifesting
object to the excitation on account of
the hair a length of time it takes to remove the hairs with the forceps, in which case a method I saw used in Vienna may be as tried. The part was scarified in short lines cutting through the upper layer of the epithelium of the true skin. No scars are left, the hair follicles are uninjured, but in some of the cases where induration was present a more severe bleeding occurred.
Acne Rosacea

This disease has been confused with acne by most writers - it is to refer to our present knowledge that acne and acne Rosacea are two different forms of disease although possessing a common name. Acne Rosacea is essentially an inflammation of the vessels of the skin which being kept up for a length of time causes a facial-type blemish of the vessels in the part affected.

The name is only applied to this form of disease when it affects the face although it is closely allied to those blood vascular tumours which we find in other parts of the body. It is difficult to study the anatomy of the disease but if we examine a tubercle of acne Rosacea in an
advanced state we find the blood vessels of the corium hypertrophied and enlarged, the corium thickened and hypertrophied, the glands of the true skin hypertrophied. In earlier stages the disease is an inflammation which does not subside but causes hypertrophy by the increased blood supply to the part.

The symptoms are at first a slight redness of the part affected with perhaps a greasy look owing to the extra stimulation of the sebaceous glands, the orifices of which are undisturbed. The redness increases some swelling occurs sometimes over the whole area at other times only parts being swollen thus giving the tuberous appearance. The redness departs on pressure with a marked pallor is easily seen to be due to the
hypertrophy of the coroan vessels in the corium. After this follows the formation or growth of these into semiglobular tumours of various size or shape consisting simply of a local growth of the all the tissues of the tissue skin. Great disfigurement is caused especially if the seat of attack be the nose. Sometimes the nose is simply slightly enlarged but more generally the disease is irregular & excrescences are formed.

The sebaceous glands may be affected with acne during the course of the disease but usually are not so being simply hypertrophied & having a free vent for their secretion through their ducts.

However deformed the nose may be the bones or cartilage are unaffected. The causes of acne Rosacea are to
some extent known. In men it is seldom seen early in life, usually appearing between forty and fifty years of age in those who have been exposed to cold and wet weather and have been accustomed to taking brandy in some quantity. Frequent use of smoking also produces it occasionally even without a life of exposure to the weather but it is also of spontaneous origin. I remember one case which was in the hospital in Vienna was said to be caused by the patient having overdone the water cure at one of the Austrian watering places.
I have seen the disease in girls and young women and have always found it connected with some disturbance of the menstrual function. In elderly women the causes seem to be the same as in men and it has been shown...
gradually disappear from women after the menopause.
In the treatment we must look for an exciting cause if there be one and eradicate it if possible. Internally medicines do not seem to be of much use although I have obtained benefit from the prolonged use of Iron Arsenic Erogot which seem to act by increasing the tone of contracting the vessels in the affected area. Externally the best results seem to be arrived at by stimulating first and soothing afterwards. Sulphur is of use as are the preparations of mercury, tar and iodine. When there is hypertrophy we must endeavour to cut off the blood supply. This is to be done either by dividing the vessels in the part touching the wound with a nystic agent or by means of the
electrolysis killing the mass by this
In cases of irregular tumours the
surgeon must judge for himself
how it is best to get rid of the
mass. I believe that great benefit
would be obtained in many cases
by means of pressure carefully
applied.
Lupus Erythematosus.

Is not really connected with Lupus and owes its name to the confusion existing in the minds of writers previous to this century.

If we examine a portion of affected skin we find, in the early stage, that there is enlargement of the sebaceous glands with dilatation of the surrounding blood vessels; the vessels round the hair follicles are also affected. This is caused by inflammation which produces subcutaneous nodules, which are sometimes very painful.

In a later stage we find cellular infiltrations resulting from the inflammation in the connective tissue around the glands or follicles. This new cell tissue surrounds the blood vessels of the corium and causes the papillae to run imperfect towards their base.
The cells are large at the nuclei stain deeply. In a latter stage we find that they are undergoing atrophy or that fatty degeneration is taking place. The glands, hair follicles or ducts attacked undergo the same atrophy or degeneration so that the result is a thin whitish scar on the skin devoid of glands, ducts or hairs.

Some cases stop short of this last stage absorption of the new cell formation taking place without destruction of all the structures in the true skin, a healing without leaving any scar, but these cases are rare.

I have never seen lupus erythematosus in very young nor very old people; it attacks people between the ages of 14 to 50.
Many patients have a history of anemia; at present it is said to have some connection with disease of the spires of the lungs though of that I have no confirmation.

The disease is characterised by the appearance of spots about the size of a pin’s head of a red colour which does not entirely disappear under an average amount of pressure, situated singly or in groups. Latter the nodules have a depressed appearance in the centre and is usually covered by thin scales. This depression is due to the atrophy of the older cells a tendency to cure which commences in the centre and spreads towards the periphery. When the nodules are multiple a aggregation together the same features on a larger scale are to be seen. The disease may assume any form but
somewhat like a butterfly in shape
one wing being on each cheek & the body
formed by the nose.
It may occur anywhere on the body where
there are sebaceous glands but is most
common upon the face.

In the treatment we must think
of the anatomical features & use our
remedies accordingly as if lupus
erythematosus is healing it no use
for us to try by caustics or otherwise
to get a better scar in the healing
part & we must also remember
that the scars so produced are
superficial & not deep we therefore
must not use extremely strong
remedies as we will leave a worse
mark than the disease spontaneously
healing would have done. We must
also try to cure any tendency to
anaemia or other constitutional disturbance. I have noticed great benefit to the general health and consequent improvement in the condition of a patient by following the use of tonics combined with good diet, living, healthy exercise in a bracing air.

The local remedy I have most faith in is Fettas Arsenical paste. The action of this is after two or three applications to cause great edema of pain in the part lasting for some hours, the disuse then sloughs away leaving a healthy granulating shallow wound which heals up well from the bottom i.e. leaves a good scar.

Acetic & Hydrochloric acids have also a very beneficial effect when the disease are not so painful to the patient as the Arsenical paste.
I have also tried Permanaganate of Potash solution strong at first getting gradually weaker with good results the objection to this being not so much the pain as that soon passes off after the discoloration. Carbolic acid also seems to have a beneficial effect particularly when combined with the ointment of the red iodide of mercury. When we have killed the disease we must soothe and in the formation of the scar which must also be rendered as capable of standing cold exposure etc. as possible. For this latter purpose I have found Vaseline useful also washes with Carbonate of Soda Salicylate of Soda or Salicylic acid.
Lupus.
There is no need to apply any other name to this disease; it should be understood as a distinctly tubercular disease of the skin, commencing in the vascular layer and spreading from it through all the layers even to the subcutaneous tissues. To understand the pathology of Lupus we must not take an advanced case but rather one that is just in its commencement.
If a section of skin affected by Lupus for a short time be examined we find it situated in the corium below the vascular layer, a nest of young cells somewhat circular in shape having only a false nest wall formed by the layers of connective tissue which have been pushed aside. The cells
Thesis for M. D. degree

Those skin diseases which are
met with in ordinary practice
studied from an anatomical
a practical point of view

James H. Myrtle
M.B. B.Ch.

Harrogate Apr. 29/85
Lupus continued.

are small - when stained show a very distinct nucleus particularly in the young cells. There is a fine intercellular tissue holding the cells together. Occasionally a newly formed blood vessel is to be seen traversing the nest. As the tubercles grow in size, the cells not being confined by a wall spread along the blood vessels, upwards into the subcutaneous layer, downwards through the corium to the sweat glands, fat globules, widening out the connective tissue spaces filling them with. Thus in advanced case of lupus we find the skin in all its layers infiltrated with these small cells entirely destroyed. The sebaceous glands become nothing more than cell nests. The hair follicles are
changed in the hair formation prevented.
As all these effects are produced by a new cell formation which possesses a low vitality, involution or ulceration are very liable to take place.
If examined during ulceration we find that fatty degeneration of the cells is present. The cells are cloud granular less defined a shrivelled the nucleus is not so distinct a does not stain as deeply with reagents after the whole infiltrated mass has broken down cicatrization takes place a results in the formation of scars which are white thin very slightly movable a containing none of the structures of the true skin except a few distorted blood vessels with which are the remains
of some of the papillae.
The symptoms which lupus presents vary greatly with depending upon the position, severity of the attack, the age of the patient; nevertheless certain features are distinct, easily recognisable a common to all localities.
Lupus commences with the appearance of tubercles of the size of a millet seed, separate or arranged in groups, roundish in shape, easily discerned, situated in the skin, of a red colour, never raised above but often depressed below the level of the skin epithelium which is thin a shining. They are sometimes situated near the surface in the upper part of the corium but often more deeply. They grow in size and the epidermis before them, by their increase of periphery neighbouring tubercles join.
The mass feels hard as elastic to the touch; in this state they may remain for a considerable time but eventually fatty degeneration commences; ulceration appears. The epidermis is thrown off & a nasty glutinous discharge comes from the ulcer. This dries up to form a scale.

The degeneration commences in the oldest parts of the tubercles so that we frequently find an ulcer with hard glistening edges. If this occurs in neighbouring tubercles we have a peculiar honey comb appearance produced.

Sometimes the degeneration is rapid, the whole mass becoming softened in a particular or cavernous leaving an ulcer which generally looks formula but owes its depth more to the malleability of the surrounding parts than to its
The floor of a lupus ulcer is covered with weak granulations which bleed easily. The margins are usually irregular firm or callous.

When healing occurs the granulations become healthy or appear at the sides, which are not so hard or callous, from any island of skin left in on the ulcer or between the ulcerated parts.

Frequently lupus is seen healing in the centre and extending at the periphery. The older tubercles having undergone degeneration the younger ones not having finished their growth. Lupus may occur anywhere upon the skin or mucous membrane but it has certain favourite localities. It is most frequently met with on the face, cheeks or ears less frequently on the forehead or never except by
spreading upon the scalp. It also attacks the body, but is rarely seen upon the face or sole. I saw one case in Vienna where there were fifteen or sixteen separate patches of lupus in its various stages. In this case there was a remarkable tendency to symmetry as both cheeks, both shoulders, both arms, both elbows, both knees, were affected in an almost similar degree. Kaposi said it was an unique case.

Lupus of Mucous membranes is not so easily recognized in its early stage but is the same disease it runs the same course. Sometimes abscesses are developed in connection with the degeneration stage. The treatment of lupus must be to get rid of the new cell infiltration.
to do that various methods have been used. One most generally employed in this country is to apply some escharotic ointment of mercury or arsenical pastes etc. to cause sloughing of the mass. This is very successful as these escharotics have no effect upon sound tissues merely causing the death of the weak lupus formations, but is very painful and leaves great swelling of the surrounding parts. It leaves a good scar. Volkmann seizes away disease with a sharp storm relying upon the fact that the lupus tissue is friable with a little practice no injury is done to the sound tissue as it is impossible to go too deep. This method is not as painful as the patients can be put under chloroform and the after results are good.
Kaposi used his Nitrate of silver knife and anyone who has seen that brutal knife working will remember it as without putting the patient under chloroform he simply burns this stick of solid Nitrate of silver through the lupus tissue which is absolutely eaten away before it. The after pain is slight and the resulting scar is excellent; you can also follow the disease into its ramifications with this method better than any other.

After getting rid of the lupus in one way or another we must use soothing and healing remedies to the resulting ulcer.

We must also use internal remedies as usually the lupus patient is not of the strongest and is greatly benefited by a course
of Iron, Aromatic Coal-tar oil & various other tonics. A bracing air, good feeding & healthy mode of life are very necessary for the cure - indispensable for keeping those well whom we have cured.

James A. Myrtle M. B. M.
Harrogate.