Thesis
On the cure of Psoriasis without the use of Arsenic; illustrated in Cases by A. T. Neale March 31, 1875

For many years Arsenic has been the drug most commonly prescribed in the treatment of Psoriasis. Its popularity is so universal and its reputation so great, that if one hundred cases of Psoriasis come under the care of medical men in general practice, we may fairly calculate that arsenic will be immediately administered in ninety of them. The apparent benefit which ensues on its use in so many cases has caused it to be regarded as a specific for Psoriasis, as the neglect of other drug which exert a favorable influence on that disease, but cannot be looked upon as Specifics. This treatment
has, too, the merit (no slight one in the eyes of many an overworked medical man), of being supremely simple. The patient disease having been satisfactorily diagnosed as Pneumaxis, the administration of a specific demands no exertion of brain power on the part of the doctor, no enquiry into possible etiologic causes, no deduction of the existence of some hitherto unsuspected disease from these it visible symptoms. All that is required is an effort of memory; Pneumaxis, — Arsenic, — the disease & its antidote run together in the mind & form a routine treatment. The employment of drugs not regarded as specifics requires, on the contrary, no little thought on the part of the administrator as in two cases an apparently similar disease may spring from totally different causes & therefore require
very different treatment. A drug which is of the highest utility in one may be useless or worse in the other. Were specifics as reliable in their action as they are recommendatory in their name, medical men might confine their attention to diagnosis. Given the name of a disease, any adventurer in the lay or medical press, could effect the treatment, without the aid of a physician's skill. Once give a drug the name of 'specific' & its reputation is made. It is only when the specific fails that some other drug will be essayed by the practitioner, & it will be recommended with such evident accuracy, that the patient who was doubtful, much impressed by the ready facility with which the first treatment was dictated, will carry out the new instructions so carefully & in perfect faith that there is little probability of a
favorable result. Arsenic probably owes the high esteem in which it is held to the writings of Hunt, Jackson, Deversie, Erasmus Wilson, and others. Napier, Nebra, Poe, Dutuit, and Pippard have but little faith in it as effecting a radical cure. The fact that they dwell upon it at all is sufficient to increase its renown with men who do not meet with many cases of psoriasis have had but little opportunity of making a study of the disease, and who, when called upon to use it, have little idea to plunge rapidly through specialist books, & are glad to find a treatment, the value of which all admit.

Deversie writes (in his Traite pratique des Maladies de la Peau, 1854, pp. 508 et seq.) "Quelle que
soit la forme de l'affection, le traitement est le même. . . . . . . . Le médecin, en présence d'un pneumonie chronique de date récente et qui a duré de quelques mois ou d'un à deux ans, et lorsque aucun traitement n'a été fait, doit s'atteler à débarrasser tout d'abord le malade de cette affection. Il faut donc qu'il s'adresse à une médication interne efficace; c'est toujours la méthode la plus sûre et celle qui compte le plus de succès; . . . . . .

Les préparations internes ne comportent qu'une de deux ou trois sortes de substances; . . . . . .

Les préparations arsenicales. Elles doivent être préparées à toutes les autres.
"set done the double." Thus although treatment by other drugs such as antimony & mercury is mentioned the leading emphasis conveyed is of the efficacy of arsenic.

Hunt in his small book on skin diseases (ninth edition 1871) quotes a number of cases in which he demonstrates arsenic to be incomparable as an internal medicament in psoriasis & almost leads the reader to infer that arsenic might constitute the whole pharmacopoeia of the dermatologist.

George Parker, surgeon at the British Hospital for diseases of the skin is so impressed with the value of arsenic that he devotes fourteen pages of his work on psoriasis (Churchill 1875) to its history in relation to medicine & the extract which follows...
sufficiently indicate his appreciation of its action. (Page 159)

Sometimes I have been reminded to reap from its use (Arsenio) in the treatment of skin complaints but I have always con returned to it with a greater conviction of its supreme utility.

Indeed the efficacy of arsenic in the treatment of psoriasis is so marked a matter of evidence that I am tempted to say if any one who cannot see it or is willfully unobservant of it that he has mistaken his calling as a physician.

To deal ably with psoriasis it is necessary in the first place to know all about arsenic, & to make a particular study of the drug.

Erasmus Wilson in his work on Skin Diseases (Churchill 4th Ed 1857) write in these terms concerning the use of arsenic in psoriasis which he describes under the name of Lepra Vulgaris.
"As a specific for lepra there is but one reliable drug remedy, that remedy is Arsenic. Arsenic will cure lepra with certainty, but neither Arsenic nor any known drug will prevent it returning again. But after mentioning the drug he says, — "On the presence of so excellent and certain a remedy as arsenic it is difficult to find an opportunity for making trial of these medicines. It is only when arsenic is found to disagree with the stomach as a change of remedy that I should be inclined to adopt it."

With such advocates for Arsenic as these it is little to be wondered at that it has gradually come to be regarded by the general practitioner as the only reliable remedy for leprous, until the art of cure by other means has fallen into abeyance. Although no beneficial
c.
Change may result from阿森
eal exhibition, the practitioners faith,
backed up by the support of special
writers, under no diminution of
the administration of the drug is contin-
ued, it may be for months, or as in
a case I quote (Name H—) for three
years, in the vain expectation of an
ultimate cure. Before the end of
that time the patient if he see
no improvement is apt to get
desperate, either of the skill of his
doctor, or of the possibility of relief
& his despair throws a slur on
the profession "If doctors can't cure
what they see, how can they cure
disease hidden in the body?"
So widespread is the belief in
the eventual possibility of a complete
cure that for any one hart when
a case of Psoriasis, which has
already been under treatment
is brought to me, I never give Arsenic, however applicable prejudice might consider it to be, as I am so convinced that the patient has already been dosed with it to the full.

The value of Arsenic as a cure in some cases & as a temporary 'skin cleanser' in others is not the same as it has seemingly been raised to a position to which it is not entitled. Such a monopoly of administration has it obtained that when it has been tried for a long time without satisfactorily results the case is supposed to be incurable. My own experience is that where Arsenic is capable of doing any good it is usually manifest in less than six weeks & the prolonged exhibition of it is worse than useless, while Nature works the cure.
There are three charges to which arsenic is often ascribed in psoriasis:

I. There are cases where arsenic has been tried and failed entirely (not at all)
   there are a few to the contrary that it has not been given skillfully or
   long enough, or strongly enough.

II. There are cases where arsenic causes the eruption to disappear, but
    fails to maintain the improvement after having been withdrawn.

III. There are cases where arsenic is positively injurious to the patient,
     and it does not induce permanent symptom, it may convert a
     chronic psoriasis into an acute
     one or cause a peel on another part of the body.

I do not think that it is necessary to bring any further support to these
statement than is contained in the
record of cases which I append,
These cases not being the sum of my experience, but examples which I have chosen from my case book at the advice of the medical man who had taken a case of each one of the three statements, I have made the dates of all of them. The rules and methods of dealing with them proved itself useless, or worse than useless. The remedies I have employed are simple, but I venture to think they have been dictated by science rather than by empiricism, and (a point which is perhaps rather for the moralist than the physician) none of them could serve as stepping stones for the poisoner whose victim is taking arsenic under medical advice but without constant medical supervision.

I have found that wherever arsenic is taken there is some element of arsenic in the body besides the cutaneous.
I say, 'or has been,' because I think that in some cases psoriasis may be induced by a local cause which has long existed, but it seems, the psoriasis, has not healed, simply because no local agent has been applied. The late Professor Wilson stated that psoriasis might occur in an otherwise perfectly healthy person, but I can only say that no psoriatic patient has ever come to me without possessing some disordered function, not perhaps dependent on any one particular organ although one may have originally involved the others. Symptoms are always more if one will take the trouble to look for them: indeed it will hardly be too much to say that psoriasis itself is only a symptom of intestinal disease or external irritation. A furrow or
cracked tongue, heart-burn, constipation, yellow conjunctivae, diminished quantity or changed character of urine, chronic sore throat, a parental or personal history of gout, rheumatism or syphilis, altered uterine function;—these & many other varied symptoms may be found alone or together accompanying psoriasis, are sufficient to give a clue to the special treatment which each case demands.

Case I. Mrs H. (manly part mandata). On August 23rd 1883 I was consulted by Mrs H. for a chronic skin complaint which she said was psoriasis. It had first appeared in 1880 after the birth of her youngest child & had gradually spread without intermission up to the present time. The patient was about 38, dark hair, red cheeks, delicate soft complexion, inclined to plump. She was
so nervous that she would shake when the door bell rang gently, unexpectedly, but was not at all hysterical. She suffered from short attacks of diarrhoea. Her tongue was clean but was cracked in various places, her appetite was fickle. For two years she had eaten no breakfast or taken food before mid-day usually induced vomiting. Her periods were regular in point of time but inclined to run in quantity. At times she had attacks of muscular rheumatism, which lasted for a week or so. When her urine would be scanty, thick, high-colored. She had borne six children, all of them weakly but rather taking after the maternal type than hers. Her parents were both over seventy and living had never been troubled with any ailment beyond Chronic Rheumatism. Until six months before I was consulted, Mrs. T. had
been under the care of her family doctor supplemented by the advice of a well-known consulting physician of this city. She had received all kinds of treatment, external internal, had taken arsenic as Fowler’s Solution for two years, had used chrysphaline ointment that stayed two months at Harrogate to drink the waters. Nothing had arrested the development of the skin disease even for a short time. The family doctor told her that her cure was beyond his power but recommended the persistent use of arsenic trusting that it might eventually give a turn to the complaint.

**State of the Skin**

On the dorsa of the hands, outside the upper arms, side of leg, outside part of thighs, and buttocks there were somewhat elevated patches circular in shape, varying in size from a pea to a corn-meal marker symmetrically developed
and of an angry red color at the edge, where they stood out clearly from the skin. Their centres were covered by nearly looking scales, unattached but easily detached, which came almost to the edge of the disc and when a being pulled off disclosed a bleeding surface beneath. There had never been any moisture about the patches, they itched at night but not severely.

I saw the initial patch which came on the leg in 1880. So much for the recrudescent. In addition to the trunk described there was a white eczematous eruption behind each ear and an itchy with pruritus of the level of the head. There was discharging serum, fluid presented the unusual crusts oozed redness. They had been present about two or three months.

**Treatment**. The appearance of the two eruptions caused me to inquire carefully for any suggestive indications in the history, but I found...
Absolutely none. As however Arsenic of Hupphanic Acid, two drup which are commonly regarded as 'steel-anchor' in Psoriasis had been tried I concluded to begin with Mercury. The Eczema in the case I attended with Colonel Render the Black Mercurial Ointment to be rubbed into the Axillaes and into the patches of Psoriasis nightly and gave Drovan solution three times daily in five-drop doses and told the patient to see me in a month keeping up the treatment daily. On September 17th I saw her again and learned that the Eczema had disappeared from the ears in five days but there was no change in the Psoriasis. I then gave her a mixture of Bismuth (4 T.) Soda Bic (5 T.) and T. Colech. (m x) in table spoonful doses three daily instead of the Drovan and continued the injection of Mercury. By the end of September...
Here was a marked improvement in the general health but no change in the skin; fresh spots still appeared at intervals. But the tongue was much less cracked and the appetite better, the bowels passed a firm motion daily and the urine was quite clear. The mixture or ointment were continued for Colonel Hills given right after breakfast. The result if the full strength morning but diarrhea were stopped in seven days. The mercurial ointment was at the same time discontinued. A second time I repeated the mixture and used the nightly application of soft soap to be well rubbed into the patches by means of an old tooth brush until they bled a little. Some dry soap was then smeared on the urine dictate patch, a left until morning when it was washed off with warm water. In addition to
This, a bath was taken twice a week containing half a pound of sulphurated
prussic to thirty gallons of water
kept up to about 90° F in this the
patient soaked for about half an
hour. This treatment was pursued
until the end of October when I
found the patches were beginning
to change in the centers from an
inflammatory red to a dull
brownish red & some part were
beginning to heal.
November 1st. As the digestive
organs had improved I decided to
try what Arsenic would do &
gave 3 minims. dose of Fowler's
Solution thrice daily for a week in the
usual mixture after meals. I was
slow to try it but I found new
spots appearing thickly & those
old ones which were changing for
He better again assuming their inflammatory form. From this time I kept the alkali & diuretic tablet. The mixture was as follo\n
A q.s.

Aq. F. F. ½

Take in tea spoonful dose. Three daily in water. Soft soap rubbing & the baths of sulphur & rosin were continued. By Dec. 30th slow improvement had again set in. A few new spots had appeared but the old ones were gradually fading from their centres, becoming just a dark reddish brown then pale & finally healthy skin. I added Bry. Chrysanthemum to the treatment in the strength of eight grain to the ounce of vaccine & this application was employed to the more recent spots. Improvement continued
weekly, although the patient seeing she was getting well became more careless about the nightly scrubbing, often omitted them for a few nights, one week she spent away from home & had no external application at all. By the end of March 1854 after a treatment of seven months all vestige of jaundice had disappeared & in August 1854 the patient became pregnant. Whether the disease may recur at the conclusion of the pregnancy remains to be seen but as the patient has recovered after three years suffering in a seven months treatment I do not anticipate it. All along the diet had excluded all liquors except water & claret, meat was taken but always fresh, never twice cooked nor salted.

I took upon this case as an outcome of a Rheumatic diathesis.
I was guided in the treatment by the consideration of the slight Rheumatic pain manifesting not myriads. The patient but in the parents, by her dark unhealthy complexion, by the urinary symptoms, the distention which yielded to alkalies. All these are points observable in the Rheumatic Constitution. The Mercurial or Aureomica treatments were useless. The pain evocating the bowel, the second the stomach and skin. The improvement which resulted in the small yachts of Regence on applying of the powdered Calomel was most probably due to the fact that it was a powder. The Brownholt-Mask acted as local sedative to the stomach. The Mask + Colchicum carried off the product of the blood of the Kidneys. The local treatment was important but
but required irritation of the external, the fact that the addition of the Chrysophanic Oxide made a more prompt suppression of the new spots, although it had been applied two years before without any good result, seemed to depend on the change in the blood by internal medicines.
Case II  Estelle Manier aged 9 was brought home on August 19, 1884. 
Covering the back, chest, abdomen, thighs were patches of the size of 
a silver penny, of a pale reddish brown color approaching the circu-
lar in form. They were faintly felt if the figure were raised and if 
the clothes of most of them, nearly 
comprising each patch was a collection of small scales, pressed together to 
adherent, which when pulled if left 
a surface redder than the border 
round, but not much explained. 
Some of the patches were merely hyperemic macules, flat with the 
skin, & consist of scales. On the 
outer side of the left thigh was a 
patch the size of a halfpenny, a 
typical patch of psoriasis, with a 
thick raised edge of untrimmed scale 
or the surface. Here I occupied
If the complaint below looked very slight at first, it was not slight. The child was of a sensitive tendency, the skin pale and dry, the hair thin and light-colored. The tongue was reddened at its tip and slightly furred at its base, the trouble was hypertrophic enlarger, rash at times the right ear had discharged matter. She had experienced scarlet fever once or twice a few years before. The eruption commenced on the chest in Dec. 1883 and slowly increased up to the present time. In April 1872, she went to Blackpool and that time the eruption faded (I usually said the severe ones at the seaside) to a slight extent but she began to complain of pains in the joints, particularly when she was getting
warm in bed. The pain affected all the joints, but especially the knees, elbows &c. on returning to Manchester they did not appear, but the eruption regained its former power.

The patient, an educated man, was willing to give me all the information in his power and then no light on hereditary origin. Here was no history of the kind in his family, at least, but his father had been carcinoma in the family.

The patient had been taking arsenic in various forms under the advice of a physician some weeks from the first appearance of the eruption until now. I prescribed a mixture of mag.

... it will be necessary to take three drachms water, but taken twice daily. Some salicylated Carbonate of Iron (as much as will lie on a sixpence) was given on
her bread or butter at tea
an ointment containing turmeric.
Of Chrysophanic Acid to the Dose of
Vaseline was rubbed into the eruption
at night swelled up next morning.
Next time, weekly a hot bath
was given, while the patient was
in the bath the eruption was
rubbed energetically with soft soap &
planned. After that the ointment
was used. Next morning the ointment
was washed off in a soda bath
containing 25 ounces of soda. The bath
in this gallon of water lukewarm
in the bath was completed with
sprinkling with cold water & rapid
friction with a Turkish Towel.
The diet consisted of meats with
plenty of vegetables, milk, butter,
creame & half a pint of good
hot wine was given at night.
29

On October 1st I saw her again. I was told that the eruption had shown improvement in less than a fortnight. I found the patches were fading, with the exception of the large one on the thigh which was as prominent as ever. On the abdomen there were no spots but a feeling of roughness was communicated to the hand on pressing over it. The treatment was continued with the exception of the substitution of an ointment of ammoniated mercury (B.P.) for the chlorophan. Ointment which however was to be held in reserve to apply to new spots should any appear.

On Nov. 5th the large patch on the thigh was losing color, beginning...
Wheat ecellently. All the other spots had so faded as to be ill-defined. The treatment was continued but the tri-week soapsap washing & subsequent soda bath was limited to once weekly. The Charcoal oil had not been required or was not used. Dec 23. The large patch had disappeared, leaving healthy skin. He now takes 1 of the old Emptin, creosote in little pigment spots here and there like large light brown freckles. But two or three new patches had appeared on the arms. The patient had been very ecarte. Dr. prescribed a mixture of 1/2 oz. tinct. dialy in 3 parts, 1/2 oz. tinct. Krisil daily. The Mercuial treatment was continued alone & the bowels were regulated by a teaspoonful of Epsom salt. Taking 1 a week
37. Case II

- Full 2 water before breakfast daily.

January 5th: The skin was perfectly healthy. The tongue had resumed a natural appearance. The bowels had become regular. The parent said that the child had never been in such good health, they considered it unnecessary to return to Dr. as no sign of the slightest reappearance of med. occurred. Daughter then to continue the use of the salt in a limited dose daily, and to give the medicine last prescribed for a pot at night at a time in each month for a month of six months. Have not seen the patient since.
James Fletcher aged forty-two, a baker by trade, came to me on the 21st October 1884. On his back was one large and three smaller areas affected with Psoriasis. He said that they had been in their present condition for more than five years, during which time he had consulted various medical men besides undergoing much quackery from incompetent advisors. He showed me some of the prescriptions he had followed, all of which contained arsenic as liquids or aetic acid. The patches were a rich brownish-red color, edematous, deeply infiltrated, hard & scabbed to the touch like the feel of new baking. It inflicted a burning sensation to the hand... few of the scales of Epidermis...
Case 11

The sketch will show the shape of the pelvis. The largest part measured 12 inches in one direction from 6 to 9 inches in the other. It occupied two thirds of the dorsal vertebrae and all the lumbar, stretching from side to side. Near the right sacrum, corner B, this part was a smaller one, a little less siphonated, round, and on each side of the sacrum were other patches, two to three inches in size, where the pelvis was

...
Case 117

commencing to develop. He had declared the itching, burning, the unbearable, and he felt as if he carried a fire of live coals in his back. He described the affection as having been always of a dry nature. So far as he knew, none of his family had ever suffered from any similar disease. He most remarkable feature about the patient was his strength. He stood up just over five feet high, weighed over fifteen stones. His appetite was good, he said he could sleep well, were it not for the incessant itching. The bowels were regular. The urine normal. He had never been laid up with any illness. His special business was to attend to the shop. For a long time he had avoided the vicinity of the oven.
I gave him a mixture containing
May bush in ten grain doses only,
which he took with milk. I ordered the back to be scrubbed
with soft soap and an old nail brush,
enough brisk in an ointment of
whale oil, mercury, containing very
grain. He became I thanked,

On November 17th when he
returned home he expressed himself
as much pleased, saying that
the itching had not been so bad
since the applications
I found that the color had
slightly pasted thought
that
the eruption was a little softer
the thick. I pastured the
lower half with pine for a a
stick, covering it with extra waste
and directed a continuation of the

On Dec 1st there was a
marked improvement. He walk
higher patch was gone, there was no uncomfortable warmth about the skin. The color was less inflammatory and inclined to a pale brown, the hardness was much diminished. The surface seemed smoother. There was no difference between the lower part where the tar had been and the upper part where it had not. Renewed the tar spreading it all over the eruption with a wooden knife and directed that it should be left a few days, after which time the ointment could be contained.

In December 24, there remained only a faint outline of brownish pigment where the patch had been. The application of ointment was limited to once weekly and kept up until July 30th.
when I discharged him as cured, with directions that in the future reappearance of any reddening of the surface he should apply the soap as before and come back to me. The patient's general health had in no degree suffered from the cure (contrary to a notion which has some rooted among medical men as well as practitioners), but had rather improved with his mental satisfaction at being freed from the vesicular eruption.

In this case the cure was gained by local treatment, I believe the origin of the disease was also local. It had begun when he was in the habit of being in the bakery every day long for the last two years had he avoided the hot atmosphere the irritant cause had subsided, but the was evidently too much local injury by the long standing for the eruption to subside.
Case III
Mrs. T. P. Oldham aged 56 consulted me on July 10th, 1874, about a skin disease which had troubled her for over twelve years. She had been fairly healthy until the appearance of "Rheumatism" which had been plaguing her in a chronic form for many years. Her uterine life had been characterized by three miscarriages in fifteen years and in an attack of Endometritis; but she had several healthy living children. She had no knowledge of a disease of any skin disease.
attempt her Ren, when children had
never been affected with such.
She ceased menstruating at forty-two years
of age, almost immediately after
that the skin-breaks began.
The eruption spread over the scalp,
the elbow, hands, the forearms, hands,
the back, the chest (below the level of
the breasts only), the hips, all around
the thighs, the knees on the front
sides of the legs. That in the
head was in circular patches
varied in size up to a crown piece
slightly destitute of hair, slightly
scaly but beneath the scales, smooth
reddened. The skin between the
patches was healthy except for a
slightly green of a dark. On the
body generally the patches were
also rounded, some however having
calculated so forming irregular marks.
Their size varied up to a diameter.
Case IV

If five inches in the axes & to a length of to a breadth of 8 inches in these irregularly shaped. Almost the skin was much inflamed and covered with thick scales, dry & at the top but white & shining when scraped with a knife but in the matter patches there were few scales.
There was not a healthy nail in the hand. The patient complained greatly of the constant itching. She had been treated at odd times during the 12 years by her family doctor amongst other drugs employed were CHLOROPLASTIN, QUINON, & ARSENIC internally. The latter had been varied to the stage of frequent vomiting which continued to mild doses. But treatment hitherto had produced no effect.
Dr. C. sent her home.
Mindful of the Rheumatic element, I gave her three Colchics Rigorosae in ten minim doses three daily. I directed her after scrubbing off the scales with a nail brush dipped in soft soap to warm water to rub in an ointment containing two drachms of the official Ung. Hydarg. Nitric to the ounce of Vaseline morning and night.

On August 11st she returned saying that her Rheumatic pains had scarcely troubled her that the spots had not itched so much. I ordered the treatment to be continued but as the scales renewed themselves quickly, the scrubbing aimed to be done only at night and the soft soap left on the hands until morning (being wrapped tight in linen) when they were to be washed off in a Soda bath, containing four ounces of Bicarb. of Soda to this gallon of warm
On September the eleventh there was not a patch that could be called hard, the infiltration was gone the few scales which had re-formed were very pale & easily detached. The red patches on the head began to grow pale & to look less tense more fleshy. The treatment was continued.

On Oct 27th the patches were quite soft & on passing the hand over the skin I could not detect any difference in their texture. They differed very little from the healthy skin of the intermediate areas, & the dark reddish color had been succeeded by a dull brown.

On November 20th hair was growing where the scalp-patches had been, although very thin as yet. I directed this to be kept short. A few new spots had appeared casually on the body & these I ordered the application-
habitual usage for a month, when I began to feel unwell. I
remember the day I had my first fever. I was ill for
three days. The fever was so high that I was hardly able to
walk, and I had to stay in bed. The fever eventually
decided to go away, and I was able to get up again.

The Gunsight was now almost in view. The wind was
right for us, and we were able to advance with ease. We
were in two or three columns. The

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Chaplain Duff in charge of
the sick. The Prince of Wales
visited the nurses and the
soldiers. The Prince and the
Chaplain rode around together.

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Case II
was along so well that she thought it unnecessary to return.

Case III

This case is very similar to that already mentioned of Mrs. H. (Case I), in that there is the same tendency to the production of that abnormal state of the blood which gave rise to Rheumatism. In both cases, Arsenic had been given internally for a length of time & Chrysophanic Oil externally. In neither case was there any gain from the use of Arsenic but in both cases Chrysophanic Ointment with used before produced good in my hands but not before the system had been improved by ordinary treatment.

The external application of iodoform cannot be overlooked as a factor in the result, for it assisted in a mechanical removal of the debris of the skin and acted as a
Case V.

Mrs B.— of Stockport a young woman of about thirty and married four years consults me on June 7. 1883. For ten years she had suffered from an appearance of red blotches on her skin, which blottches soon became covered with a scale. She had given birth to one child in the first year of her married life which was still-born. She did not know that any of her relations or those of her husband had ever been marked on the skin. She had undergone treatment from various medical men, all of whom having remained under the same doctor for five months, but without improvement. There seemed no peculiarity about the patient constitution except that for several years her urine had been deacon or seldom passed. Less Hair...
a punt daily, having been about her average & often bluish colored. She wore a nervous, frightened look while she said was habitual, that at times she felt impelled to look over her shoulder although she knew no one was there.

State of the Skin: The affection was unvariably the patches varied in size but none were smaller than a florin while several were up to eight inches in diameter. They were very thickly covered with rough, dry scales which when scratched superficially, glittered with a slightly lustre but showed the usual characteristics under a surface of Inland skin seen in Psoriasis.

Treatment: At first I gave her 7% solution in three minutes then 1% daily in ordinary flotation container persistent application of soft soap at night put on with an old nail brush kept spare.
this. The night covered with strips of linen; in the morning a bath of Soda Bicarb (1/2 lb in 30 gal) at a comfortably warm temperature was taken. The soaks were then rubbed with Ointment of Ammoniac Mercury.

On July 21 there were no pustules left on the face, those on the body generally had improved. There was some clearing of the cheeks & eyelids, upper arms. This I think was due to the soap applications rather than the Arsenic. On relinquishing the soap for the face the swelling disappeared although the Arsenic was continued.

On August 10, the arms became quite free from pustules except in the hips and legs were fading. By October 27 every trace of the eruption had disappeared. I ordered the soft soap application to be discontinued.
The continued until December—
then stopped as the eruption remained away.
I did not see the patient again until January 1874 when she returned followed me her body in nearly the same condition as when I first examined her. She said that my instruction had been followed but had toward the end of November 1873 she began to notice new spots occurring in the old places. She had used the 87180 again as in our account but had failed to get benefit this time. I was not surprised at her statement, for I had already noticed that 87180 had a tendency to act rapidly at first apparently produce a cure but that soon after its discontinuance, no matter when it was taken place, a relapse would occur generally being initiated by some slight alimentary disturbance.
Case I

She told me that her urine had again become high-colored, that she had but little desire for food. I now directed that the soft soap application should be renewed, the same ointment applied as before, gave her a mixture containing ten minims of hyoscyamus in each ounce with three grains of phosphorus and some mustard. By Feb'y 13th improvement had again set in, the patches were but faintly marked. She had however become very constipated, so I ordered a teaspoonful of syrup of salts to be taken each morning, fasting, in a half pint of water. A brand of

The patient was well; all traces of the eruption had gone, the bowels were regularly moved, the urine was in normal quantity & quality. I cautioned her as to the future care of the bowels, urging advising her to continue the use of the salts
as long as necessary, & if her urine became cloudy, to drink two bottles of soda water daily.

In January 1874, I had an opportunity of asking about her, & was told that her skin was keeping free from eruption.

In this case Arsenic retained its reputation in rapidly removing the eruption but failed to maintain its cure after its own elimination from the system. The treatment which had for its guidance the return of the secretion of the stomach, touch & rubrep. was more lasting successful than the Arsenic—Under the different internal remedies, the external remained constant, so that whatever proved it had as a factor in the result, it did not—
effect the relative value of the internal medicines. At the last case
I enquired into the evidence of arsenic taken. Incertain if she had ever been treated with that
drug by any former adviser.
I found that she had never been treated with medicine of the eye or
swelling of the eye lids but that during the five months she was
under one doctor she had at one
time felt severe pain in the stomach
accompanied by wind. With a
havving her medicine changed the
pain ceased quickly. This is
sufficient ground for suspicion, alth-
ough no proof that she had taken
arsenic previously, why her own
statement without gaining any
benefit. If the suspicion be correct
one is naturally led to doubt whether
Arsenic had any share in the suit improvement which took place or whether the soap application could not claim the credit all for itself.

Case VI

Annie Bradley, a pale-faced languid girl aged twenty came home on Sep. 25th 1884 exhibiting an eruption which extended over the scalp, over the trunk from the back of the neck to the ankle behind; and in front from below the nipples to the dorsa of the feet, the external surfaces of the forearms and both surfaces of the hands. It was concentrated at the elbows, wrists, mainly symmetrical. It consisted of patches varying in size from a mere speck to a diameter of four inches having various shapes which mostly tended to be circular or modification of it.
such as figures of eight. One layer had spread between the layers, and the 
were dotted with small elevations of a pale or pinkish color. The 
hatches presented on their surfaces a crumby appearance of a yellowish 
white color consisting of Epidermis 
cales x dust; the top layer could be 
brushed off with the finger but it 
gradually became dense and hard 
until it merged into a thick 
plate, which could adhere to the skin 
shiver. The hatches were raised up to 
1/2 of an inch, or picking up a corner 
and smart plates. The surface 
below showed itself more inclined or 
abraded. On the hand, particularly 
their dorsa, the same process was 
seen as also a more advanced 
stage. Here hatches about the eye
If a shilling had accumulated so rapidly that there was no room for them to spread, their borders had become infiltrated prurient but were still covered with closely adherent scales. They presented the same undermuffle as all the others when the scales were stripped off. The centres of two or three were reddened, and was almost like natural skin, but most of them were actually suppressant, the suppressant instead advancing into the hard border.

The scabs were so matted with a mixture of dirt, scales & scabs, that I prevented it from expanding until it was cleared.

Family History: The patient's mother bore seven children, two being adopted. Her twin sister had been affected at different periods with a skin
Case IV

The disease which affected the patient kept her head running with water. The patient had been under treatment more or less all the life of the said, without getting any good.

Treatment: I gave Bittero, phosphorus in 1/32 grain doses twice daily. The red bile glistened, and it was rubbed into the skin morning and night. The diet was unchanged.

Oct 9. All the ulcers on the hands had healed, leaving scabbed surfaces while at their now flattened borders still showed traces of scales. There was not much change in the rest of the body.

Oct 30, Patient said she was feeling stronger than she did to

thought he patches were fewer. I ordered Soft Soap to be well

rubbed into the hand only massed
and also into the head nightly.

Nov. 13 The patches have all begun to fade, one of a dull pinkish color with no trace of brown staining which I have observed in other cases. The head is tolerably clean. I found a few representative patches like those of the trunk, but mere a disposition to accumulate occurs.

The back of the whole body and the hands are free from any trace of eruption, only one other on the front of the right sub-dome are the lingering reddened surfaces.

The patient though she was so well enough to save the expense of coming did not return.

My paper is in the care of J. Provan, M.D. He seems likely to have the Scuare of forming and delivering our case of Provan.
It is necessary to explain my reasons for the diagnosis.

In a New York skin hospital I heard it stated for a clinical lecture that syphilis could not occur as a result of syphilis. I believe this is the generally accepted American view. That this case is one of syphilis origin I suppose one would doubt, considering, the abortion of the mother, the tendency tuberculous, the occurrence of other skin affections (not catching) in the family, the early manifestations (short after birth), etc. facility of cure with mercurial only.

The differential diagnosis between psoriasis and its imitator the papulo-squamous syphilodermia is as follow (Rive Dubrinsi, Diseases of the Skin; Lippincott; Philadelphia, 1877).

1. Psoriasis tends to symmetry; syphilis does not.
Case VI

2. Psoriasis tends to involve a large surface at the same time; Syphilis does not.
3. Psoriasis exhibits an exudant growth of scales; Syphilis does not.
4. Psoriasis attacks remote part at the same time; Syphilis seldom does.
5. Psoriasis often affects the elbows and knees; Syphilis seldom does.
6. The color in Psoriasis is bright; in Syphilis it is that of lamp.
7. The scale in psoriasis hide the skin; they do not in syphilis.
8. Impetigo is most marked in syphilis.
9. The papulo-Squama Syphilidentem is rare before the age of twenty but psoriasis occurs at any age.
10. In case 2 doubt the result of treatment will decide the nature of the lesion.

All these distinguishing characters of psoriasis occur in my case.
with the exception of the last - the result of treatment, but the result of treatment taken alone is not a sufficient guide to diagnosis in any case is uncertain on the other hand, if diagnosis are in favor of pneumoia we are bound to diagnose from the principal facts.

As the patient had been under no treatment it was doubtless looked upon as simple pneumonia received routine treatment, so had the history been made a step supplying only symptoms of inquiry the patient would never have come to me but been cured in earlier life.
Mrs L. C. Charlton aged 32, married well-to-do, conceived me on Dec 22. 84. Occupying the whole body from just above the mammæa in front and the same level behind (where the line of demarcation was well marked) was an eruption of a reddish brown colour. On the abdomen, chest, back the eruption was confluent, but as it reached the feet and leg gradually became divided into islands often into tiny patches. It consisted of innumerable red points raised harder than the natural skin, covered with scale of Epidermis. It was infiltrated and oedematous. The itching increasing were severe, had caused some restless nights that the patient looked pale, swollen. As she undressed she shook out quite a large quantity of matted scales from her vest & drawers. The eruption had been always dry. She believed that she had brought it on by basking in the sun during
A menstrual period which ceased suddenly. That occurred in August 1874. She immediately put herself under the care of her family doctor, but two occasions saw her in a similar skin disease. The latter in his first visit prescribed a mixture containing arsenic and iron. In his second visit repeated it. The eruption which came at very rapidly at first had increased up to now without the least indication of improvement.

The patient tongue was brownish in the dorsum. Hyperaemia extended to the tips at the edges, the voice had acted fairly. The urine was cloudy as it passed slept a red stain in the chamber. The periods had occurred at intervals of 2 or 3 months for the better part of a year. The last period was a fortnight before she saw me, it lasted for two days only stopped suddenly.
Treatment. Prescribed a mixture containing Brynnch, e.g. Pottasae, T. Cassic. Co. x 0.1 fl. 1. Also an ointment, the diethylm ointment made according to the formula Pottasae x 0.01, 1/2 oz. Glycerine 1/2 oz. Olive Oil 2 oz. made oleum. The ointment was spread on linen strips, three daily applied to the trunk, arms, legs, being supported in position by roller bandages. The diet consisted only of white fish & the grains; good quality oatmeal. No sleep disturbance occurred before about 12 o'clock each night a full containing 1/2 grain of each. This was the taken.

On 29 Dec. Patient returned said that she had been the highest fever week for three months, as the chills were as much relieved that she slept well for four nights. Her appetite had improved. She wrote last 15 Cloridries. Here 1
Here a red skin white point was commencing to appear around the ulcerated part. The ointment was discontinued for one of Ammoniated Mercury (187) vt the mixture I added T. Merci Vomica in the unina dose to the pills, calomel one for dose.

On 31st December, the patient wrote he felt the mercurial oint. had given her no much pain. Had she had discomforted it in favor of the wicloton oint.

On Jan 3. Found the eruption was slowly spreading up the back of the neck in the form of tiny scaly patches, but the general eruption was much fainter in color, the healthy skin appeared in irregular lines. The pain had ceased to produce sleep, I gave instead a draught of Chloral 10 m a pot. from 30 p nightly in orange flower water. The mercurial ointment was recommenced this time caused no pain, it was applied
one day, by simple rubbing. The broken
moist of bandaging was discontinued. A
tight-fitting combinaion gament was worn to
keep the ointment cloth applied.
Twice weekly a soda bath was prescribed
containing half a pound of the Broacetate
to a full-length bath.
A Jan 9. Report said that the bath
had given her so much relief that
she had taken the every night
until the 8th when her menses came
on. She complained of a bad taste
in the mouth. 1 2 pound of the
medicine was followed by slight salivation
had begun. The ointment was continued.
The direction changed to Pot. Sod 3ij
Bri. Subnit q 4 to Quin. Sulf q 20 in a
4% once bottle, with quanta sine dos.
I also ordered a month wack of Chlorate
of Must.
A Jan 16. The eruption had faded
from the neck, a the trunk, arm, to
the lips had become of a pale pinkish
brown colour. The was with easy
until patient went near the fire. He eyelid was scabbed, the mouth tender. He appetite had fallen. I was obliged to fix the mercury in all directions & substituted for the ointment one containing three of Mercurial & two of Cynamide of Mason to three ounces of Vaccine. The dose of P. L. 3d. in the mixture was doubled. quieter was not required to produce sleep. The bowels being entire I gave a pill the taken nightly which contained 16 grains of Podophyllum Resin & 6/17 of Soda Bicarbonate. In a few fortnight the tendering of the mouth lessened. The pain & site was able to eat hard food. I ordered a full diet excepting my salt meat, pickles & beer. The ointment was contained. The mixture changed for the mixture of salpetre iron & the hypochlorite of lime daily. The eruption still faded.
By Feb 23rd the skin, excepting the inner side of both wrists, had become pale and the wrists looked as if a week longer with an application of the daily, quite cleared them. The patient was retreated on March 12th. During the treatment the period had occurred monthly.

Case VIII

Mrs. A. of Harpurley consulted me on Aug 13, 1873, brought with her a bundle of prescriptions, which she said represented the treatment she had undergone for a skin disease for the last nine years. Beyond the eruption she had been fairly healthy. She gained a living as a clerk, her husband being an invalid.

The eruption was confined to the elbows, knees on each of which was a typical patch of psoriasis. It had first appeared on the elbows in 1874; although the itching was very severe...
She thought little of it until the next year when the knees also became affected and the fingers enlarged. She had been treated by five different medical men for periods varying from one month to two years at a time. None of them had relied almost exclusively on arsenic as an internal remedy, but had used various ointments such as tann, chromophanic acid, ointments with boric acid and salt. The fifth had treated her with baths and water dressings. She told me that arsenic always made her worse. Had she could take thirty drops daily of the liquor arseni- for a week and then the eruption would gradually decrease. The amount increased. There were slight, slightly at first, then rapidly spreading, that she had taken it until the eruption would be overcome, but that
no improvement ensued until she ceased to take it when the poison gradually disappeared until it settled in the uterus. Knees alone. As my patient knew all the name of the arsenical preparation, I wished to try the effect on myself. I arranged with the chemist to give Auroa Muriatica whenever I prescribed Tinct. Auroa Muriatica. I tried it in small dose. In a month when it large with the effect I brought out the eruption in the arms, no unusual symptoms occurred. 29th Oct. The patient began to suspect me of giving her arsenic. I stopped it. The disease in less than a week retreated to the uterus, knees. In a week, I tried me living on other without any result. External application relieved the itching to improved the appearance whilst
They were employed but no real advantage was gained until the end of Jan. 1874, when I elicited the information that the patient was occasionally troubled with worms which he had noticed as small threads for several years, but never thought worth mentioning as they did not irritate. I however put him on a short course of Pantothen, giving four grains every third night in Castor oil for three weeks, and at the same time ceased all local treatment. At the end of that time I found marked improvement in the patient, and on applying a unilateral treatment after clearing the bladder of scales, the symptoms entirely disappeared in a week further. The patient has never seen the worms nor the empty sacs (Jan. 1875).
of the remaining cases I present a few notes.

Case IX. Mrs. Holden, housewife, age 35. Psoriasis seven years, legs, arms & forehead. Treated on & off without effect by different practitioners. Acadanite Sept 63 gave Unit Xepico for internal use & externally soft soap application followed by U.S. 90. Am. Treated four months & cured. No relapse.

Case X.


Case XI.

James Starvit, 15, Brass worker,
Case 81
Mary E. A. 18. Milliner. Psoriasis cutanea 17 years, said to have had for vaccination. Treated intermittently with Arsenie for 2 yrs. Told to take Chlorophacin Omnitreat 30. Taken self had Rheumatic fever. Treated five mo. with Tinct. Calelnii & Bosis. Marine & 6% soap externally. Cured. Relapse after 6 mo. Internal + cured in two weeks with 2 more treatment.
Mrs. Chadduck, age 42, housekeeper. Peculiar one year, small patches on forehead, neck, knees and arm. Treated three months with Ascarii, no effect but gastric pain. Micturition was frequent, painful, urine albuminuous, eyelids swollen in morning. Anaemia.
Treated first with 2 M. Aces of Thun.
Tabnaupt Hume daily. Then
Mrs. Vomica + Digitali combined. Then
Liquor Ferri + Mrs. Vomica. Diet
entirely excluded beef, mutton, pork, veal, beer. Cmt. pickles + spices.
Which was allowed. Hot bath taken three weekly or occasional
a blanket bath. Soft soap was applied to the patches nightly or strips of
linen, being washed off next day. Eight months' treatment, no relapse.
Cured of all symptoms.