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RELATION OF SKIN DISEASES TO INTERNAL ORGANS.*

BY SAMUEL LILIENTHAL, M.D.

Jacta est alea, the die is cast, and I throw myself on your indulgence, as I cannot expect to elucidate fully a subject surrounded by so many difficulties, shrouded in so much obscurity, though the skin lies open to every observer, and of which, for ages, the most opposite opinions have been held, in regard to definition, anatomical seat, and alliances.

"*Jacta est alea.*" With these words Kafka, the author of that excellent work, "The Homœopathic Therapy, based on the Principles of the Physiological School," throws the gauntlet down to Dr. Goullon, of Weimar, and invites him to a friendly tournament, wherein to debate on the relation of skin diseases to internal organs. Kafka renounces in toto the traditional, and to him exploded, theories of metastasis and metaschematismus, and asserts that "if by chance, asthma, amaurosis, glaucoma, hepatic infarct, or any of the internal blennorrhœas should follow

* A lecture, delivered during the "Preliminary Course," at Hahnemann Medical College, Philadelphia.

the disappearance of an eruption, there must be certainly other and more approximating causes to explain these internal affections, than a mere external efflorescence." I have looked in vain through our late German periodicals for this interesting discussion, and with the greatest diffidence I take up the gauntlet to defend a theory so well laid down by Father Hahnemann, and of the truth of which I am fully convinced.

When we look through the standard works of Willan, of Bazin, of Hardy, of Hebra, or of Wilson, we find only confusion worse confounded, and it is really impossible from the mere name of a disease to know which disease and what is meant by it. Let us, therefore, discard names entirely, but let us fully study up every pathological state, which undoubtedly remains one of the most valuable parts in the totality of symptoms.

It may be partiality on my side that I prefer Hebra's classification of skin diseases to that of other dermatologists, and for our purpose to-night we take up chiefly his fourth class, entitled, "Exudative Diseases," which he subdivides into 1, diseases with an acute course, including the acute contagious and acute non-contagious diseases, and 2, exudative diseases with a chronic course, including *a*, squamous, acneform, pustular, and *b*, pruriginous, as eczema, scabies, prurigo.

Let us briefly examine some of the acute exudative skin diseases, and follow up with the chronic ones.

Hebra defines under the word "Exanthema," a morbid state manifesting itself by general malaise and certain febrile symptoms, the whole organismus suffering under the attack, and by certain cutaneous efflorescences running a regular well-known course and developing a contagium.

Dunglison defines a contagium to be "the art or process of transmitting a disease from one person to another by direct or indirect contact," and infection, the transmission of a disease by a more hidden and diffusive power. What

then is the nature of these poisons, be they contagious or infectious, regenerating themselves in the person attacked by the disease, impregnating the atmosphere, and spreading death and desolation far and near? That we are still uncertain about the nature of these poisons, be they of fungoid origin or caused by a dynamic aberration, does not mend the matter; all that we know is, that a poison has entered the circulation either from outside, or has developed itself in the blood through a faulty combination of its elements, and that the *vis medicatrix naturæ* tries its utmost to rid itself of this incubus through the natural channels, and health can only be re-established when this eliminative process is fully successful. Take any zymotic disease, be it typhus, scarlatina, or any other one, and the first symptoms of offended but reacting nature are, fever and convulsions, these guardians of the blood and nervous system, in order to regain the disturbed equilibrium and to expel the foreign intruder. Our best pathological writers, as Niemeyer, Wunderlich, and others, agree that not only zymotic diseases, but all diseases running a definite course, when they attack individuals previously in good health, and are not complicated and remain at a moderate intensity, require hardly any therapeutic interference, because this eliminative process is a natural effort which may be guided, but dare not be disturbed under any consideration. But sometimes this eliminative process will not take place upon the skin, and then the poison will necessarily do its work internally, and seize upon some one or more of the tracts of mucous membrane and locate therein, this membrane being, according to Gregg, essentially the same tissue as the skin, and the only internal texture analogous to it. The disease will be only the more virulent and more rapid in its work, the more this eliminative process is checked, or does not take place at all, and every physician has witnessed cases where the whole disease passes through the different stages, on the internal skin, without showing itself on the outside; thus

the ancients described already a *scarlatina sine eruptione*, *morbilli sine eruptione*, &c. Still the disease remains the same, let it be a diphtheria scarlatinosa, a bronchitis morbillosa, a neuralgia herpetica, or let a typhoid process reach its acme without any roseola ever having shown itself on the patient; and it is a curious fact that common people call a disease frequently by its mere external symptom, as "spotted fever" from the irregular, purplish, ecchymosed spots, although all other symptoms show a deep affection of the cerebro-spinal system.

Prof. Niemeyer wisely limits his "let well enough alone," or expectant treatment, to mild cases, in persons enjoying previously good health, and uncomplicated with any other disease; but we cannot select our patients; we have to take them with all their faults and all their iniquities, and our patients offer us too often, alas! the proof of the scriptural assertion that the sins of the father will be punished yet in the third and fourth generation. In all zymotic disease we have to deal with three factors: 1, the quality of the poison, 2, the quantity of the poison, 3, the reactive power of nature. Thus we have mild epidemics, where the three factors correspond one to the other, the disease runs its usual course, and health is re-established. In other cases, it is thought that the reactive power of nature is too strong, if such a thing is possible, and some authors ascribe the inflammatory states of internal organs to such a cause, although the zymotic poison in itself showed no malignity; but there are cases where the quality and the quantity of the poison are of such magnitude, so overwhelming, as to overpower all efforts of nature, and the patient succumbs, although the external and the internal skin, corresponding to the poison, may be covered with the efflorescence; or the patients die before the disease had even time to develop its eruption, leaving us, in extreme cases, even in doubt to what we should ascribe the fatal result. Other cases again are frequently seen, where the germ of a zymotic poison falls on well-

prepared ground, and though the patient passes moderately well through the primary disease, latent morbific states are stirred up, leading eventually to a sickly life and slow death. Let the poison find a congenial soil to work out its destructive agencies, and our art and our science stand too often baffled in restoring the equilibrium so necessary to perfect health. How often is it the case, that a mild case of measles has run its regular course, but in a person of delicate health, perhaps descending from tuberculous parents, and instead of the promised and expected convalescence setting in, our patient languishes, looks anæmic, and complains still of a general tired feeling, hectic symptoms with a suspicious cough appear, and with a phthisis fully developed, we may easily imagine what the end will be. The train was well laid, and it needed only the explosive power of a new agent to set it in motion. What else is Bright's disease during or after scarlatina, than an affection of the renal mucous membrane, a metastasis of the poison from the external to the internal skin, or seating itself primarily on the internal skin through a non-development of that same poison on the external skin. Nature somehow was frustrated in its endeavors to throw the poison out, and internal disease is the necessary consequence. Allow me to give you a case or two on this point.

About two months ago one of our prima donnas consulted me about the precarious state of her health, after having been under different treatment for more than half a year. From formerly being of good health and of lively temperament, she looked now greatly emaciated, was constantly in a crying mood, and she, who was before all activity, felt herself unable to undergo any exertion. While singing at the Brooklyn Academy of Music on New Year's eve, she caught a severe cold, and as it did not affect her voice, she repeated, though ailing, her difficult rôle on the evening of New Year. Chilled through, she reached her home, passed a sleepless night with high

fever, and the morning found an erysipelas of the face fully developed. Crowded houses would not allow a tedious sickness to their favorite; to drive the erysipelas away her physician was requested to use external means; sugar of lead lotions were assiduously applied, and he succeeded beyond his most sanguine expectation; he did drive it from its seat on the face and my poor patient has not seen a well day since. The erysipelas, driven off from its normal seat, took up its habitation on the skin of the gastro-intestinal organs. Gastralgia and abdominal colics were now her daily tormentors; she vomited constantly large quantities of glairy white masses; her formerly clear complexion turned now to a dirty yellow; her appetite failed, and the little she forced down was vomited up again; obstinate constipation set in, or when she passed a stool with excruciating agony, the discharged feces were not larger than a small pebble, and equally hard. Although under treatment of two of our most distinguished allopathic physicians, she became steadily worse, and, in truth, what else could be expected from narcotics, nervines, and quinine? As spring advanced, she was advised to visit Saratoga, but Congress Water did not bring the promised relief, it laid like so much lead in her stomach, aggravating every symptom, and adding a suspension of her formerly regular menstruation to her other ailments. Her abdomen was bloated even to meteorismus, and then she suffered terribly. Discouraged, she returned from Saratoga, and fairly in despair she allowed herself to be persuaded to try homœopathy. Will Nux vomica cover this case, a remedy so beneficial in abdominal aberrations, or will the poison of the honey-bee reproduce the original efflorescence, or will the Sumach and its compeers reproduce the checked perspiration. Thus I pondered in my mind, and after a careful study of our incomparable Materia Medica, my choice fell on Ammonium-carb. and Lachesis, and I am proud to say my fair patient is on the right road to recover her former health.

I recollect another case, where a gentlman of wealth and refinement suffered for years from a confirmed dyspepsia, contracted by getting a thorough wetting during the chase. Although trying the remedies of every school, nothing ever did him any good; and he had to restrict his food to the plainest aliments and in the smallest quantity, or else suffer the penalty of excruciating pains; whereas in former years he had been not only a gourmand, but worshipped also at the shrine of Bacchus. Without giving any exciting cause for it, he felt himself suddenly attacked by a severe erysipelas of the face, extending to the membranes of the brain, producing an erysipelatous meningitis with typhoid symptoms. His life was despaired of, for seven long weeks he struggled with death, but when he at last recovered, he found to his astonishment all his former dyspeptic symptoms gone, and he could indulge again as of old in whatever he liked, and at any time of the day.

Most of you have studied the case which our friend Gregg narrates in his excellent quarterly, where an apparently consumptive patient regained his health, after the disease had been forced, through the beneficial action of a high dilution of Sepia, to return from the lungs to its primary seat of the stomach, and thence from the internal skin to the external skin, and only after passing through a severe eczematous attack was health fully re-established.

Many similar cases could be given to prove the truth of metastasis in acute diseases, but my time is short and I desire to come to the real battle-ground, the chronic skin diseases, which we affirm are never a mere external efflorescence, except when caused by local influences, but always a proof of an abnormal internal state and of a reaction of the *vis medicatrix naturæ* to rid itself of noxious elements. But, cry our adversaries, your Hahnemannian nonsensical psora is caused by local influences, being the veritable itch or scabies, and everybody acknowledges

nowadays, that the itch is caused by that reputed mite the Sarcoptes hominis (Acarus Scabiei), and where even Jahr acknowledges that the parasite of the itch can just as little be extirpated by internal means, as the tinea caused by lice can be removed without the vermin being first destroyed. It is far from us to deny the relationship of the acarus to the itch, but we affirm with your Hering, that the pith of the psora theory is not refuted by the discovery of the Acarus, nor by the *generatio æquivoca*, nor by the propagation of the animalculæ. Grauvogel refutes nicely the opinions of those who consider the psora theory illusory, if it does not find its derivation from the acarus, the progenitor of scabies. To us, says he, the psora theory is a declaration of facts, produced from conditions in the human organismus, which, among others, have also given rise to the acarus as well as to other vermin. Such causes may be found in sedentary habits, heavy damp atmosphere, or in anything which produces insalubrity in men, and although the itch with its vermin has, during the last fifty years, thanks to an improved hygiene, lost a great deal of that malignity and obstinacy which it showed in the times of an Autenrieth or a Hahnemann, still the same diseases which Hahnemann declared to be sequels of scabies, are to-day still at work, and the same remedies which he gave us under the name of Antipsorica, act favorably, and cure to-day yet, the same series of diseases. Your own Frost says: "The method by which Hahnemann arrived at his psora theory may seem insufficient, as the limits within which he proposed to restrain it were too narrow. Instead of being limited to an itch, suppressed in the person of the sufferer himself, or in some of his ancestors, psora may be regarded as the hereditary taint of constitution, and doubtless the skin is the primary and preferred form of development of all chronic, as of all acute diseases."

Looking at the etymology of the word psora, or even of the word scabies, we find in the works of Erasmus

Wilson, certainly an acknowledged authority in skin diseases, that the words eczema and psora mean one and the same thing—itch, itchiness—because of the necessity which is induced by its itchiness to rub or to scratch, the word ψώειν meaning to rub. This is the language of Hippocrates, and we all know how deeply the works of the sage of Kos were studied by Hahnemann. Celsus designates the same diseased state by the Latin name *scabies*, from *scabĕre*, to scratch, or *impetigo*, from *ab impetu agens*, a breaking out of impetus, an involuntary scratching, and all the four terms, eczema, psora, scabies, impetigo, have originally been applied to one and the same disease. Nowadays we restrict eczema to an uplifting of the cuticle so as to produce vesicles, which burst and discharge a sero-purulent fluid that dries into thin yellow crusts. Although Fox considers the pathological type of eczema that of catarrhal inflammation, we consider this application too limited, considering scabies also an eczematous eruption, excited by the acarus, whose extinction by local means remains our first duty, to be followed by constitutional or antipsoric remedies to remove the effects of the animal poison.

Studying again the word *psoriasis*, from psora, we find it by different authors restricted to different chronic skin diseases, to the *lepra alphos* of the Greeks, to the *lepra vulgaris*, &c., and it would be unjust to confine the meaning of the word psora, according to the teachings of Hahnemann, to such narrow limits. That great and good man understood by the word psora and psora-dyscrasia, that undefinable contamination of the blood, so often found in our days that a healthy offspring is a *rara avis* in our civilized age. There we have syphilis, sycosis, rheumatismus, gout, hæmorrhoids, scrofula, leucocythæmia, and a host of others afflicting the parents, and propagated from parents to children; and if we wonder that at present chronic skin diseases are not more prevalent than we really find them, we can only explain this anomaly by our present physical degeneration, whereby our constitutions are un-

able any more to throw off these deleterious effluvia on the skin, and they remain internally to undermine our lives, and to carry off their hecatombs by infantile diseases, and by consumption in its different shapes. Look at the host of skin diseases mentioned in the Bible; remember the lazarettos of olden times; and we see that a change has come, and with all its blessings civilization has also given us some drawbacks.

In fact, Hahnemann was so far from claiming the credit of being the originator of the psora doctrine, that he adduces in support of it nearly a hundred allopathic authorities, his predecessors, as having more or less explicitly declared their conviction of its truth, or given examples in illustration of it. "I call it psora," says Hahnemann, in that mine of thought, the Organon, "with the view of giving it a general designation, and not synonymous or limited in its meaning to the itch. I am persuaded, that not only are the majority of the innumerable skin diseases, but also almost all the pseudo-organizations, merely the products of a multiform psora, and that the majority of chronic diseases that appear as palsy, asthma, dyspepsia, consumption, headache, epilepsy, vertigo, &c., are due to a morbid matter existing in the body, the same as that when it comes to the skin produces the almost numberless varieties of eruptions known as scaly diseases, leprosies, milk-crust, scald-head, ringworms, itch, pustules," or locating itself in other tissues, producing the manifold pseudo-organizations which surgery in its foolhardiness tries to remove, without considering that a disease must necessarily take so much deeper hold on the constitution when we cut off its branches but leave its roots untouched.

Recent allopathic authorities occupy the same ground, and we could fill a volume with proofs of our assertion. Says Dr. George Ross: "By tracing a cutaneous disease to its constitutional cause, we simplify both our diagnosis and our curative agents." Cazenave has found lichen, ec-

zema, and psoriasis, originating in gout, and instead of the usual arthritic paroxysms, he has seen exacerbations of the skin disease, when the usual state of health became disturbed. Tillbury Fox, physician to St. John's Hospital for Skin Diseases, offers the observation that it is not uncommon for the majority of cases of skin diseases to be preceded or accompanied by severe constitutional disturbances, and when symmetrical, the disease is usually due to a blood-poison; when unsymmetrical, to local causes, or to affections of the nervous trunks. He names as hereditary diseases, lepra, psoriasis, ichthyosis, lichen, eczema, and syphiloderma; as congenital, syphiloderma, pemphigus, pigmentary nævoid, ichthyosis (scales); and continues, "the more chronic a disease becomes, the more does it tend to become a local disease, hence in these cases local treatment is the most important;" an assertion to which we may fully agree, for at that time this remnant of a former constitutional, but now mere local cutaneous affection, is only the debris of a former disease, which has run itself out or been extinguished by artificial means.

Again, if we even should acknowledge with some of our adversaries, that Hahnemann considered under psora only the common itch, the German "Kraetze," and nothing else, even then we can bring recent allopathic authorities to prove the same assertion. Thus, Tillbury Fox remarks, in an article on the Action of Fungi in the Production of Disease, "taking all things in consideration, it is clear that a parasitic disease consists of three distinct components, which must be recognized if the physician would cure his patient well and quickly. 1. A certain state of soil. 2. The access of air and the presence of heat and moisture. 3. The introduction from without to, and action upon the body, of the vegetable germs." And Hunt declares that the causes of parasitic disease are four,—uncleanliness, atmospheric impurity, deficient exercise, and contagion (the very same causes which Hahnemann and Grauvogel mentioned for the propagation of scabies). Mr.

Hunt states, furthermore, that the above four conditions poison the blood, producing not only their immediate effects in the form of parasitic diseases, but laying the foundation probably of more serious disorders, manifested in after-life by the presence of lumbrici, ascarides, tape-worm, pediculi, fungi, hydatids, tubercles, and perhaps cancerous germs, in the various organisms. Parasitic disease, then (like scabies), is a composite affair, consisting of mal-nutrition, a growing parasite, and certain effects of such growth.

But even Fox himself argues in like manner in regard to the animal parasites, saying, the acarus demands a suitable soil. It has been pretty well shown, in animals especially, that acari will not grow on all surfaces, but only on those whose hygienic condition we have reason to know, from the circumstances that have been at play, is not that of health. (*Edinburgh Medical Journal*, April, 1866.)

Take either horn of the dilemma, you scoffers of the psora theory, and you may be now perhaps better satisfied to believe in it and adopt it because some master-minds of the physiological school have freshly discovered what Hahnemann and his followers taught years ago; for I will not be uncharitable enough to accuse them of theft, although it would not be the first time that they were guilty of such an action.

(To be concluded.)

DIARRHŒA, DYSENTERY, AND OTHER ALVINE DEJECTIONS.

BY WALLACE McGEORGE, M.D.

(Read before the Homœopathic Medical Society of the Western District of New Jersey, November 17, 1869.)

Having promised at the last meeting to give the result of my treatment in loose evacuations of the bowels, as treated with the "higher potencies," I furnish the follow-

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BY SAMUEL LILIENTHAL, M.D.

(Concluded from page 268.)

HAVING settled, as we trust, to your satisfaction, that there is a psora-dyscrasia, we now propose to show that only exceptionally external means may be applied for the eradication of cutaneous diseases: 1. When the disease which originated the efflorescence on the skin has been eradicated and only a mere external debris remains, which clogs up the skin and prevents its performance of its natural functions; and 2. In all cutaneous diseases of whose parasitic origin we have full proof; but even these Wilson, who is usually the most exact in his nomenclature, restricts to one natural group, distinguished by a morbid alteration of the epidermis and of the hair, rendering the latter friable and brittle, changing their appearance and color, and causing their exfoliation. Fox, following Wilson, includes them all under the general term tinea, and particularizes them by the terms favosa, tonsurans, sycosis, versicolor, circinata, &c. Reyer figures the pediculus by the side of his plate of prurigo, which agrees also

with the opinion of Squire, who insists on the fact, that prurigo is commonly due to the pediculus corporis. If these are the only two exceptions, where external means may be applied, then we may state as a general rule, in the words of your own Raue, "that the affections of the skin are almost always tokens of some internal derangement, hence their suppression is almost always followed by an aggravation of internal troubles. On the other hand, internal complaints get better in the same degree that the morbid process passes outwardly to the skin. This, we might state in brief, is the essence of Hahnemann's psora theory, which has been thrown aside by the would-be-wise, who never understood it."

Understanding by the words "metastasis, metaschematismus," the removal of a disease from one part to another, we comprehend, according to this definition, that the same process will be beneficial, when its action is from the internal organs outwardly, from the centre to the periphery, and, on the contrary, injurious, when outward diseases are driven in.

Let us briefly examine how many cutaneous diseases may be really called idiopathic, or whether a constitutional derangement is not at the bottom of most of them. I must again be allowed to quote Mr. Fox (*Lancet*, 1867), where he says: "Most skin diseases employ the agency of inflammation in their operation, and this consists of redness (congestive), papulation (depositive), vesiculation (effusive), pustulation, &c. Now, some diseases only need the aid of the minor, others of the greater of these, and in many cases *this congestion is augmented by deficiency of elimination*, especially in regard to the kidneys."

On the strength of such authorities, we would propose to go one step further, and affirm that there is hardly ever such a thing as a cutaneous *disease*, but only *symptoms of affections of the skin*, caused either by visible or invisible external influences, running an acute or a chronic course, and, secondly, symptoms of affections of the skin, caused by

internal perturbations; and, as the *vis medicatrix naturæ* makes itself felt sometimes by a diarrhœa, or by sweat, or by critical urine, so, also, nature may try to throw off noxious particles by producing efflorescences on the skin. We may, perhaps, laugh at the incongruities found in the works of the ancient authors, but certain it is, that every close observer can affirm the truth of their critical days and of their critical secretions, and, although frequently assaulted and denied, humoral pathology, when rightly understood, will stand even the test of modern pathology with all its exquisite inventions.

Hausmann, in his *Causes and Condition of Disease*, remarks that every deviation from the normal state of health consists in a plus or minus from the regular standard. Applying this rule to the affections of the skin, we have on the negative pole calvities and atrophia cutanea senilis, and, as Fox remarks, on the plus or positive pole, the erythema, papula, vesicle, pustule, and ulcer; in other words, the different stages of inflammation in its widest sense, exactly as we find it in diseases of internal organs, which may remain at a lower stage, or reach at once the highest degree. We see this most plainly in the different degrees of burns; or, if we examine variola, we find, in the stage of efflorescence, the cutis in a state of turgidity, with the usual high fever, some papulæ rise up, changing to bullæ, which fill up by degrees with pus; and, if scratched or carelessly treated, they may even ulcerate. In one and the same patient all the different stages can often be seen on different parts of the body, and daily examinations of the fauces, of the vagina, or any other mucous membrane, will show the same morbid state on the internal skin.

How, then, can metastasis be denied, if every-day experience proves the danger of such changes? Use in such acute exudative diseases your external means to drive them away, to dry them up, and I, for one, would neither like to be your patient, nor, as attending physician, to

have such murderous practice on my conscience. But, perhaps you reply, "acute exudative diseases are not the point of dispute." There we all agree on the danger of metastasis, but will you deny the danger of metastatic processes in chronic cutaneous diseases? Are congenital and hereditary diseases mere local affections, or is it not only too true, as a British reviewer says, "that in a civilized country some are born to health, others to disease. That there is some fundamental difference in the original organization of the two classes, seems highly probable. We may not be able to discover what the morbific principle is, but we may use a common denomination for these various, and inherent, and radical causes of disorder of the human economy, and, in lack of a better word, we might just as well, with Hahnemann, use the old-fashioned word psora." How else can we explain that hare lip, hypospadismus, supernumerary fingers and toes, microcephalus, cretinismus, &c., are caused by powerful invisible agencies, and become heir-looms from one generation to another? How is it that tuberculosis, cancer, arthritis, hæmorrhoids, goitre, rachitis, and even psychical degenerations are found in parents and offspring, and that they mercifully pass by one generation to reappear in the third generation? How is it that lepra, psoriasis, icthyosis, lichen, eczema, syphiloderma, are so frequently found and acknowledged as hereditary affections, and who dares affirm that they may be driven away carelessly? How many have died from pulmonary phthisis caused by the forced healing of a fissura ani? How many have had hæmorrhoids extirpated, to languish from incurable hepatic disorder? And is there not scarcely any skin disease that is not closely connected with some internal deviation from the normal standard? Hebra acknowledges lichen to originate frequently in scrophulosis, and if it extends over a large surface of the skin, marasmus may set in in consequence of disturbed nutrition, with sometimes fatal results. Graves says, that every arthritic

swelling is only an erythema of the cutis attended with œdema of the subjacent tissues, and that eczema and lichen are frequent exponents of the gouty diathesis. Herpes zoster and intercostal neuralgia frequently alternate, and we find the neuralgia the more obstinate till the affection of the skin relieves the nervous attack. How does it come that scholars, suffering the penalty of excruciating headache, find relief only in the breaking out of carbuncles? Why do some skin diseases belong only to the age of evolution, others to middle age, and others again to wintry involution?

Grauvogle, that war-horse of homœopathy, truly remarks (II, 221), that the cause of chronic diseases is based on the excess or want of substances of which the organismus itself is composed, and which may remain dormant for years in different parts of certain organs, until roused by sometimes even trifling circumstances, to reappear in different directions and localities of the same tissues, changing thus the whole constitution, if not eradicated by a curative plan following the laws of nature. Neither foreign quantities nor qualities can be therefore admitted as the sole cause of chronic morbid states, but there must always be a second factor, belonging to the organismus itself, and the *united result of both causes gives us the chronic disease.*

But let us prove to Kafka, from his own work, that psora theory and metastasis are not idle dreams. A faithful disciple of Hebra, as he is, he tries to condemn them in his theory, while his practice, on the contrary, shows continually that he considers skin diseases far more than a mere external efflorescence. Let us pass some of the chronic skin diseases in review, as Kafka gives them in his second volume, and we see that he considers:

Psoriasis (schuppenflechte) only a disease of nutrition in the skin, and not based on constitutional anomalies; still he acknowledges it as an affection frequently hereditary in families, and often accompanied by peripheral

neuralgia, and continues: alkaline baths and cleanliness (external treatment) alone will never eradicate this disease, we have to use, steadily and methodically, sulphur and sepia (antipsorica) at the same time, and our patient has rigorously to abstain from liquors and irritating food.

Hebra already divides *lichen* (schwindflechte) into lichen scrophulosus, and ruber, and Kafka considers Calc. Silic., Iod., Hepar, and even Arsen., indicated for its eradication.

Eczema (naessende flechte) is, according to the same author, frequently based on a scrofulous or rachitic anomaly of constitution, and in grown persons it may be caused by mechanical disturbances of circulation in patients suffering from diseases of the heart and lungs, by varicosity of the veins at the time of climaxis or of pregnancy, or through menstrual anomalies, or in anæmia; and still, he affirms, a dyscrasia cannot be proved, because an eczema might also be produced from intense heat or cold, or by inaction with acrid or metallic salves, and agrees with Hebra, that every eczema ought to be removed as quickly as possible, and that such a removal could never injure the constitution of the patient. Why, then, does Kafka insist, in the treatment of eczematous diseases, that great exactness is necessary in the choice of the remedy, after the removal of the etiological state, to insure a cure? Are Mercurius (soluble or ruber), Hepar., Arsen., Rhus, Graphite, Lycopodium, or Sulphur, not counted among our deeply penetrating remedies, and needed for the eradication of the internal disease which produced the eczema? Yea, there is hardly any one of our standard remedies which does not find its indication in one of the many forms of eczema, and Kafka certainly would not insist on such strict diagnosis if eczema were only a mere efflorescence, whose forced disappearance could never injure any internal organ.

Of *acne* (finnenausschlag) he says its frequent appearance at the time of puberty can be explained, as at that time a general congestive state (heat, brunst) takes place,

through which a large quantity of sebum is deposited in the follicles, producing seborrhœa or inflammation of the follicles. Now, if nature wishes to relieve this internal congestion by throwing it out on the skin, can it be without danger to dam these channels by external applications, and drive it back to organs more necessary to the welfare of the whole organism? Have you, Kafka, master as you are of your profession, ever seen that coppery nose shining so resplendently without a cause, generally understood even by people who are not disciples of Æsculapius? Why is it that external applications without number have been applied in vain to remove this sign-board of the bar-room, and still these sufferers beg to be relieved of these accusing beauty-spots by internal means, for emphysema, menstrual anomalies, or portal difficulties may share the blame of such an eruption. Petroleum, Nux vom., Calcarea, Sulph., Alumina, are the remedies recommended by Kafka, and every physician will say amen to their application!

Pustular eruptions, *as impetigo*, *ecthyma*, *porrigo*, *achor*, &c., even Hebra acknowledges are frequently secondary morbid products accompanying other diseased states, or appearing as sequels of other skin diseases. These pustular affections, when caused by mere local irritations, produce severe itching, and, at the time they scab over, normal epidermis is found under the scabs (as there is no internal diseased state to throw itself out); whereas, those produced by general diseases, as puerperal fever, pyæmia, scrophulosis, &c., never itch, and are very apt to form ulcerations under the crusts. To prevent absorption, it is a good practice to puncture every pustule in order to empty it of its contents, and the corresponding remedies have to be chosen according to the law of similia, if we wish to be sure of curing our patient.

All authors agree that *rupia* (schmutzflechte) is based on a syphilitic dyscrasia, and in *pemphigus* (blasenausschlag) we agree so far with Kafka, as to distinguish the

malignant, dyscratic pompholix from the lighter kind; still, even the acute pemphigus, as a secondary process, based on resorption of pus and following in the wake of such diseases as typhus or puerperal fever, shows clearly that it is an effort of the *vis medicatrix naturæ* to rid itself of some poisonous detritus; and we agree pefectly with Kafka, as regards the benefit resulting from puncturing such bullæ and emptying them of their contents. But chronic pemphigus is frequently caused by the syphilitic virus, and in consequence of the great loss of the constituents of the blood, muscular debility, hectic fever, and marasmus set in, sometimes with fatal results. Heroic remedies, as Arsen., Lachesis, Sepia, Rhus, are therefore recommended for its eradication, with good nourishing diet, this eruption frequently undermining the health of even formerly strong constitutions.

We read in Raue's Pathology that Nūnez teaches how the suppression of cutaneous eruptions on the anus are followed by liver complaint (and in olden times many chronic congestions of the liver were relieved by leeching the anus); their suppression on the legs by digestive derangements; on the scrotum and penis by impotence and seminal emissions; behind the ears by cough and affections of the eyes; on the scalp by pulmonary phthisis; on the arms and hands by laryngeal phthisis; in the palms of the hands by nervous asthma; on the nose and nostrils by discharge from the ears; on the face (acne rosacea) by heart-disease.

Our task is finished, and, although we cannot hope to have elucidated this interesting subject to your entire satisfaction, or to have brought forward anything new in this evening's lecture, still let me trust to having awakened a train of ideas in the minds of young hearers, showing them that, wherever there are two sides to a question, it is their duty to examine closely for themselves, to believe in no man's *ipse dictum*, to scan thoroughly old and

new theories, and to hold fast to truth wherever it is found.

"Be sure you are right and then go ahead," is sound American doctrine, and nowhere more applicable than in medical practice. You enjoy that great, that enviable privilege of sitting at the feet of some of the masters of our profession. The few years that it may be your good fortune to listen to the teachings of a Hering, or a Williamson, will soon pass away. We, who have borne the brunt of the battle and carried the banner with our motto, "*Similia similibus curantur*," victoriously through the strife, we, the old guard, will drop off one by one, but we leave you a rich legacy, which it will be your holy duty to keep untarnished and to increase; and, in parting, allow me one remark: If you are not certain that you can do good, be at least sure to inflict no injury.

CARBOLIC ACID.

BY CHARLES H. HAESELER, M.D.

(Concluded from page 233.)

It is only since the publication of my previous articles on Carbolic Acid, that my attention was directed to the *brochure* on that subject, being the result of the provings of Drs. Bacmeister, Hoyne, Duncan, Hedges, and Boyce, published in Chicago last year. Had I read this *brochure* —most valuable, from being the joint labor and *resultat* of five eminent medical gentlemen—at an earlier day, I might have excluded from my own article the history and enumeration of the cases of poisoning, and confined myself to the relation of my own proving and therapeutical experience with the medicine. I cannot help expressing my great pleasure, upon examining the treatise of the Chicago physicians, to find how nearly we come out