WHITE (JAS. C.)

IMMIGRANT DERMATOSES.

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I HAVE long had it in mind to write a paper upon the subject to which I now ask your kind attention, for, although it must have forced itself upon the consideration of most members of this association, especially those practicing in our maritime cities, it has not yet received the public recognition on our part which, as it seems to me, it demands. It is my purpose, therefore, to give a brief account, first, of those affections of the skin which are directly caused by life on shipboard; secondly, to speak of certain conditions of the skin induced after arrival by influences not previously operative; and, thirdly, to mention the importation of those diseases which are more prevalent in other countries than our own.

1. Direct Effects of the Voyage.

It is hardly necessary that I should attempt to present to you a description of the conditions of life in the steerage of a large immigrant steamer, for the impressions, which you have so often received through eyes and nose on looking down upon this class of passengers upon the lower deck on your home voyages, speak more forcibly than any words of mine could of the atmosphere and customs which must prevail in the crowded and poorly ventilated compartments below. To those of you who have not inspected the latter, the graphic narration of certain English reporters, who have heroically taken a transatlantic steerage passage for humanity's sake, may be commended. It may be enough for our present purpose to say that existence under such conditions is simply vile.

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* Read at the fourteenth annual meeting of the American Dermatological Association at Richfield Springs.

The emigrant reaches his ship at the European port from far inland at times, often in a state of mental depression at leaving his kindred, which continues as a profound homesickness throughout the voyage. To this are added, in the majority of cases, the misery of seasickness, often of several days' duration, the usual condition of constipation, the entire inability to take exercise on the part of those who have been accustomed to constant muscular toil, and the necessary confinement below decks in the foulest atmosphere during stormy weather. It is not strange that under all these depressing influences the physical condition of the immigrant should be lowered, and that the effects of the voyage should find expression in disturbances of various functions and organs, which may be felt for months after landing. Cessation of the menstrual flow, anæmia, and disturbances of digestion are among the frequent and best known manifestations of this state. Besides these conditions which impress the system as a whole, there are certain agencies, inseparable from the voyage, which may affect the state of the skin particularly. Exposure to the glare and heat of the sun when reflected from the deck unprotected by an awning, and the action of the salt spray, will often, as is well known, produce a marked dermatitis of the face and hands after a single summer's day upon the water. A much higher grade of inflammation may naturally follow the operation of such agencies for ten or fourteen days continuously.

It is a not infrequent occurrence that young persons of both sexes come to the hospital within a few days, or two or three weeks even, after landing, presenting such typical lesions of the skin that the fact of recent immigration is at once recognized. These may be roughly classified as urticarial, bullous, and ecthymatous efflorescences, and they may occur in combination, or any one of them may be the sole form of eruption in individual cases. The most common is what may be regarded as a bullous urticaria, affecting chiefly the limbs, but less frequently the whole surface. It differs from ordinary cases of this affection in the greater predominance and larger size of the blebs, and their tendency to assume a protracted course, or to terminate in deep-seated ecthymatous lesions. In some cases bullæ of all sizes are the only efflorescence present. In the severer forms—those which reflect more evidently the profoundly depressing influences of the voyage upon the general system—the type of the eruption is chiefly that of ecthyma.

The seat of these manifestations, as might be expected, is chiefly the lower extremities, as in other cachectic conditions, and they range in intensity from superficial excoriations of circular shape to deep-seated sloughs and ulcerations of indolent and unhealthy character. They vary from a pea to an inch in diameter, and may present freely oozing surfaces, or be covered by thick sero-purulent and hæmorrhagic crusts. Their duration depends upon the restoration of the patient to a healthy condi-

tion, but is generally several weeks. They may leave pigment stains, which fade very slowly.

Another condition of the skin incidental to immigration is that dependent upon vaccination, so frequently performed upon steerage passengers. Although this may not be universally enforced, it is virtually practiced upon all who can not show a "sufficient mark." It has seemed to me that the local process is more severe, deeper, affecting a wider area, and terminating in prolonged ulceration more frequently, than after ordinary vaccination performed on shore, if I may judge by a limited number of observations. The general post-vaccine forms of efflorescence may be of unusual variety and severity too, but I have no means of judging as to the relative frequency of their occurrence. These exaggerated effects of vaccination may, no doubt, be partly explained by the fact that a considerable proportion of those operated on have passed the age of childhood, and experience then the impression of the virus for the first time, but they are without doubt also another expression of the depressing conditions of the sea-life we have been considering. I have never seen grounds for believing that they were the result of the employment of impure virus, although instances are by no means infrequent of patients attributing these unwonted manifestations to such a supposed cause.

The element of contagion, too, becomes a factor in the acquirement of cutaneous disease on shipboard. I do not intend to include within this class the exanthemata, which are largely controlled by quarantine regulations, but refer to the parasitic affections only. Every steerage load of passengers is accompanied, without fail, by countless additions to their fauna, which in the close contact of the crowded quarters are readily transferred from the affected to new hosts, although they may not make their presence visible by cutaneous changes until after landing. The mycoses, although largely imported, are not so easily communicated from passenger to passenger.

2. New Impressions.

I may not inappropriately make a brief mention here of certain conditions of the skin incidental to immigration, although in no way importations. They are the result of agencies operating upon its tissues after arrival, to which they have never been exposed at home. The most striking example of such excessive susceptibility to new impressions is found in the action of mosquitoes upon immigrants from countries where these insects do not exist. The extraordinary effects of their "bites" in such cases have been described in detail in my book upon dermatitis venenata, and need not, therefore, be repeated here. It will be enough to state that, instead of the simple wheals and excoriations which they usually produce upon most persons here, far more aggravated forms of inflammatory lesions

are often excited—large areas of erythema, extensive bullæ, pustules, and furuncular processes. A whole family may be thus poisoned within a few days after landing, and so characteristic are the appearances thus produced that the fact of recent immigration may often be recognized by the mere inspection of such patients. I would explain such extraordinary manifestations on the theory of a lack of protection acquired under the previous influence of the virus.

Another form of cutaneous inflammation may be occasionally noticed in persons who have recently come to America from northern Europe, where their fair skins have never before been exposed to the intense heat of our summers. I have in several instances seen severe grades of dermatitis calorica upon the faces, arms, and hands of such immigrants after working in the sun, characterized by intense general redness and bullæ of great size.

3. Imported Affections.

Let us consider now the importation of those dermatoses which are more prevalent in other countries than with us. The most common one is undoubtedly—

Scabies.—There is a constant influx of itch from foreign countries, which is undoubtedly one of the causes of its notable increase among us in recent years. In the returns of our association of 1883, for example, there were reported 207 cases in a total of 11,514, representing a percentage of 1·8 of all cutaneous diseases. In the last-published returns, for the year 1888, five years later, there were 1,092 cases in a total of 15,165, a ratio of 7·2 per cent. The statistics of my own clinic confirm this conclusion in a very striking manner. In the period of 1878–'82 the number of cases coming to the Massachusetts General Hospital was only 69, whereas in the five years ending with 1889 this number had increased to 725.

But, notwithstanding this increase, it is still a rare disease with us when compared with its occurrence in other countries, and its further extension here is inevitable unless proper measures be taken to destroy it on arrival. Fortunately, the means of accomplishing this are simple and rapid. If all immigrants were carefully inspected at quarantine, and every one affected were submitted to a three hours' treatment, as in the quick cure of foreign military hospitals, we might before long reduce the prevalence of scabies to its former low percentage.

All forms of pediculosis should meet with the same reception on arrival.

It is a trifling condition to impose that the immigrant should be cleansed of such extraneous elements of disease at least before being received as one of ourselves.

Tinea Favosa.—The relative prevalence of the vegetable parasitic affec-

tions among us is liable to be materially modified by immigration, as may be readily demonstrated by an examination of the statistics of skin diseases in different countries. By our own returns tinea trichophytina forms 3·259 per cent., tinea versicolor 1·02 per cent., and tinea favosa only 0·286 per cent. of all affections of the skin. In Sweden favus is far more common than tinea trichophytina, 4,000 children in the public schools and Children's Hospital in Christiania furnishing, according to Hiorth,* 121 cases of the former to 59 of the latter. In Italy favus is very prevalent and far more common than ringworm. Now Scandinavia and Italy send enormous numbers of their peoples to our shores yearly, so that among them must come many cases of favus. Russian Poland, too, is sending this disease to us in noticeable amount. Indeed, I rarely see a case of it among our native population, and, were it not for the children of Polish and Italian immigrants, the clinic in Boston would almost wholly lack material for illustrating it. It is more plausible to explain the greater prevalence of this affection in the above-named countries on the ground that the habits of life of their poor inhabitants make the transfer of a difficultly inoculable parasite more easy, than to assume that the fungus finds more favorable external conditions for growth there than here.

Lupus. — Notwithstanding the enormous prevalence of pulmonary tuberculosis in this country, the comparatively rare occurrence of the cutaneous forms, hitherto called lupus vulgaris, has long been recognized. In the tables presented by me to the International Congress in 1876, it made but 0·34 per cent. of all the American cases of cutaneous disease against 3 per cent. of the Vienna cases. In the combined returns of this society for ten years it forms but 0·433 per cent. of the 123,746 cases reported. It is plain, therefore, that we are open to an increase in the relative occurrence of this affection at home by the influx of foreigners to our shores. Without any positive data at hand to offer, it is my impression that a noticeable preponderance of the cases at my clinic are residents of or immigrants from the British provinces lying to the north of the United States.

There is no longer doubt in my own mind that our definitions of cutaneous tuberculosis must be greatly enlarged to comprise all the clinical forms we now recognize, and that no such sharp dividing lines as have hitherto separated lupus as a distinct variety from them can be longer maintained. Certain it is that the several conditions of tissue change called lupus, scrofuloderma, scrofulous gummata, tuberculosis verrucosa, etc., may occur not only simultaneously in a patient, but upon a limited area of the skin even, as one extremity for instance, and blend as one

* Viertelj. für Derm. und Syph., 1888, p. 284.

common process, as well as that there are other lesions, not commonly included under the above titles, which are also to be properly regarded as manifestations of cutaneous tuberculosis. There is abundant evidence, in my opinion, that such local forms of the disease are inoculable and autoinoculable, and that one form may change into another clinical variety. I have upon record a considerable number of cases in which a most significant coincidence exists between such forms of single or multiple lesions upon the skin of a child and phthisis in the mother, as well as of cases where the allied sequence of scrofulous sores in one member of a family and the subsequent development of verrucous tuberculosis upon the hands of another, who has habitually dressed it, may be traced. It seems to me, therefore, plausible that the unequal prevalence of cutaneous forms of tuberculosis, like lupus, in various countries, may be explained by the difference in the habits of personal cleanliness which characterizes them. If we as a nation are exceptionally prone to expectoration, we may well understand how in this way pulmonary tuberculosis may be fostered to the enormous extent to which it prevails among us, whereas, if we are more cleanly than some other nations in the care of the skin, it is evident that we shall remain more exempt from the manifestations of the disease in its tissues. In accordance with this view, it is apparent that the prevalence of tuberculosis cutis among us may be diminished by instructing the public as to the dangerous and contagious character of the discharges from and of contact with all forms of the disease, and that it is likely to be increased by immigration from nations whose dirty habits favor such means of communicating it.

Leprosy.—It seems hardly necessary to say more of leprosy in this connection than that it is *par excellence* an immigrant within our borders. It has come to us from many sources and it is impossible to determine the date of its first importation. I may be permitted to quote upon this point the remarks in my paper presented to the association in 1882:

"This brief account of the geographical distribution of the disease in North America suggests a mention at least of the sources from which it has been derived, and the dangers to which we are still exposed through immigration from them. Spain, at the time of her colonization of the southern portion of North America, had many lepers within the home kingdom, through whom, in the Gulf States and Mexico, the seeds of the disease were planted. Her island colonies in the Spanish Main also served, as at the present day, for distributing foci in their intimate commercial relations with our continent. Of this implantation, however, no traces, save those of historical record, remain along our shores, although it survives in a state of no inconsiderable activity in the West Indies and the maritime countries south of Texas.

"Portugal, too, scattered her leprous settlements over many of the

islands of the Atlantic, with which our sailor population has kept up constant intercourse through our fleets. It is from these two sources that the occasional cases among our native stock, those known to have been acquired out of the country, have been mostly derived.

"From Africa also we drew a supply of the disease in connection with our importation of negroes, and the instances observed among the blacks in the Southern States, up to a very recent period, were no doubt largely of this origin. With the cessation of the slave trade we were relieved from this source of danger.

"France, as we have already seen, peopled her North American colonies in the Gulf with numerous lepers, so that Old-World and old-time means were employed in dealing with the disease so successfully that it was eradicated before Louisiana became one of the United States. But the home country remained leprous in some of her districts, and has succeeded in re-establishing, through her emigrants, the modern outbreak of the disease in Louisiana we have just been studying, although its immediate origin is so completely a mystery at present. In Tracadie, too, the disease originated in and has continued to affect mainly the residents of French origin, although in neither instance were those first attacked direct immigrants from their mother country.

"From the infected regions of Norway and Sweden immigrants are constantly pouring into our land and forming a new Scandinavia in our northwestern States, with a not inconsiderable number of lepers, at least in the incubative stage, among them.

"And upon our Pacific shore, both in California and Oregon, the much-feared invasion from China was certainly not without its tangible elements of evil in the victims of leprosy already developed among us. Thus, both at the extreme north and south and west of our boundaries, and directly in the heart of the country, have been planted centers of the disease, from which, under favorable conditions, it may spread in all directions."

Since this was written public interest has been awakened in the disease, its real nature has been definitely determined, and its contagiousness satisfactorily demonstrated. Popular and even professional dread of it has been excited to such a degree that strict measures have been adopted for its exclusion all along our Atlantic and Pacific seaboard, and it seems improbable that advanced cases will hereafter gain entrance to the United States through such points of ingress. A Norwegian case has recently been arrested at quarantine and sent back from Boston to England, from one of whose ports she sailed hither.* Our danger lies in the admission of cases of leprosy in which the disease has not developed enough to be easily detected. Its prolonged period of incubation and its obscure pro-

* Yet, it might well be asked, why turn this woman back and admit by the same steamer perhaps many another infected by syphilis?

dromal stages will continue to permit its contributions to our immigrant diseases to an indefinite extent. It is owing to our more civilized customs of daily life, no doubt, that it has failed to multiply or to extend seriously beyond the very restricted limits of its present foci.

Melanosis Lenticularis Progressiva.—This rare and strange affection, to use the name which most commends itself to me, may fairly be regarded as an imported dermatosis. So far as I can ascertain, none of the cases which have been observed in this country—eleven in all—have occurred in native American stock, if such a type exist. Dr. Duhring's patient was of "Irish parentage." Dr. Taylor kindly writes to me about his seven cases as follows:

"My seventh case was in the person of a child, born of recently landed Polish Jew parents. My first case came of a wealthy German Jew family, which had been in America for many decades. My second to sixth cases were in cousins, the offspring of German Jew parents born in America."

My own two cases were the children of Russian Polish Jews.

Dr. Elsenberg, of Warsaw, has reported in a recent number* of the Viertelj. für Derm. und Syph. two new cases, which makes the total number of instances thus far reported, according to his estimate, fifty-two. In this article he calls attention to the large proportion of Jews from Poland and Galicia in this list of patients—24 per cent.—and expresses the opinion that, if the nationality of all recorded cases were given, this ratio would be greatly increased.

In answer to an inquiry upon this point, Dr. Crocker, of London, kindly sends word that his three cases were all children of an English farmer, and that some Irish and Scotch cases have been observed since his own were published.

Professor Vidal, of Paris, has also placed me under obligation by the following reply to my question:

CHEF CONFRÈRE: The cases observed in France can not be cited in support of the ætiological hypothesis of Anton Elsenberg, physician of the Israelitish Hospital of Varsovia.

The Delahaye children (Cases I and II of my memoir of 1883), both girls, were born in the environs of Paris, of French parents, *not* Israelites, nor descendants of Israelites; so far as their ancestry can be traced, all were French.

The three boys of the Larré family (Cases III, IV, and V of my memoir) belonged to a Catholic family, never having an alliance with Israelites, and inhabiting, from one generation to another, the department of Basses Pyrénées. I have inquired concerning the patients with xeroderma pigmentosum presented before the International Congress of Dermatology (*v. Trans.*, 1889, pp. 161, 169) by MM. Quinquand and Thibierge, with the following result: None of the ancestors of the two sisters, Berthe and Fleurette Condray, pre-

* Heft 1 and 2, 1890.

sented by M. Quinquand, were of the Israelitish race. They were both born in Paris, as were their father and mother. The maternal grandfather was from the department of Seine et Oire, the maternal grandmother from Cote d'Or, the paternal grandfather from Paris, the paternal grandmother from Creteil, near Paris.

The patient of M. Thibierge, a young man, sixteen years old, was born in the department of La Manche, of Norman parents, inhabiting the environs of Carenton for generations; no alliance with foreigners or with Israelites.

I do not know if you have information of the origin of the patient of Prof. Arnozan, of Bordeaux (*Annales de dermatol.*, 1888, p. 369). This boy of eleven years was born of parents living in Libourne (Department of La Gironde). . . .

The fact that in some of the instances recorded by Dr. Taylor and myself the patients were born in this country furnishes no counter-evidence against the proposition that the disease is to be regarded as an importation, for it is pre-eminently a family disease, although apparently not directly at least hereditary. It has come too recently under our close observation to determine the interesting question of its occurrence in distant ancestry or in equally remote descendants. It seems scarcely possible that an affection confined to so few families among mankind, as thus far observed, and affecting so especially the epithelial structures of the skin, tissues most prone to transmissible tendencies, should assert itself in one generation alone, and be independent of the law of heredity and descent.

The parents of the cases observed by Dr. Taylor and myself were immigrants, mostly of recent date, and in some of them the disease had begun to manifest itself before leaving home. Immigration from Russian Poland is certainly not to be encouraged, for the increasing influx of its people, who seem to be of the most filthy personal habits, has exercised within the last few years a material influence upon the relative occurrence of certain cutaneous affections, especially those of a parasitic nature, in Boston, or at least in the districts which furnish the city contingent of my dispensary practice.*

Prurigo.—At the last meeting of this association a paper was presented upon "the occurrence of prurigo in America," in which the writer, Dr. Zeissler, quotes me as declaring that the disease did not exist in America.

In 1876, the year before the formation of this society, I read before the International Medical Congress a paper upon variations in the prevalence of diseases of the skin in different countries. At that time I was able to collect statistics of the occurrence of but 12,000 cases of such affec-

* It may not be unimportant to state that one of the cases which I reported to the association has accepted an offer to join a traveling show, but under what popular title I am unable to state.

tions in this country under the observation of reliable dermatologists. As all of these gentlemen had had ample opportunities of studying the disease in question in Vienna, it may be presumed that the data furnished by them, on which the statement was based that not a single case had been recorded in dispensary practice, were reliable. Two or three doubtful cases of mild type had been observed among the private patients of these physicians. In that paper I quoted its occurrence 740 times in 24,000 cases in Hebra's clinic in Vienna. It may be fairly claimed, then, that at the period above represented prurigo was virtually unknown in America to those even who could recognize it.

Since then the association has tabulated in the first ten years of its existence 123,746 cases of disease of the skin, chiefly under the observation of its own members, of which 34 are set down as prurigo. It is a significant fact that in the first five years of these returns (1878–'82) but six instances of the disease were recorded out of 58,617 cases, and these early figures covered many preceding years of previously unreported disease. In the succeeding five years (1883–'87) twenty-eight cases are reported as occurring, of which twenty-one were observed in New York.

It would appear, then, that prurigo is becoming more prevalent among us, or that dermatologists recognize it more readily than previously, or are more disposed to give this name to conditions of the skin which they formerly placed among other affections. I believe that true prurigo is still an extremely rare autochthonal disease in America, and my colleagues in Boston would agree with me upon this point, so far as that city is concerned, I feel sure. That it is becoming a more noticeable imported affection is equally true, no doubt, and it is in such towns as New York and Chicago, where there is an enormous resident German population, that we may expect to find such evidence of it as is shown in our recent annual returns, and in the interesting data furnished by Dr. Zeissler above referred to. Of the twelve cases reported by him, it may be remembered, only one was of American parentage, while eleven were either of foreign birth or were born here from German parents.

Unless some more stringent laws are made to keep out of our country the pauper and dirty populations of Europe, the direct importation of the diseases we have been considering, and those which may arise as well from the filthy habits they bring with them and transmit to their children, must follow with increasing magnitude. If the proposed plan of the U. S. Marine-Hospital Service, to station physicians in every European port from which immigrants embark to this country for the purpose of keeping back improper classes, be made sufficiently authoritative and restrictive, it can not fail to be of vast benefit. It is certainly as important to protect ourselves by legislation against the introduction of ignorance, filth, and dis-

ease, as against cheap labor, if we would keep our civilization upon a high plane. The Chinese have set us an example of building walls, which we might better erect against other nations than theirs.

In conclusion, I venture to suggest for the consideration of this association the propriety and importance of memorializing the National Government with regard to taking such steps as may be possible and practicable for the establishment and execution of the following measures:

1. To cleanse all immigrants of animal parasites on landing by treatment of person and clothing.

2. To retain in quarantine all immigrants with other contagious diseases, including venereal affections, a sufficient time for treatment.

3. To return to their homes all persons affected with such contagious diseases as it is impracticable to treat in such way, as leprosy, tuberculosis, and advanced syphilis.

4. To provide for efficient medical inspection at foreign ports of emigration, with the power of arresting importation of dangerous diseases to this country.