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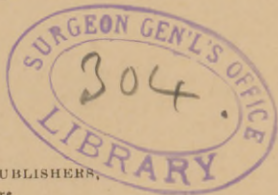
SOME ADDITIONAL
CLINICAL NOTES ON
PSORIASIS.

BY
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READ AT THE MEETING OF THE AMERICAN DERMATOLOGICAL
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A FEW ADDITIONAL NOTES ON PSORIASIS.

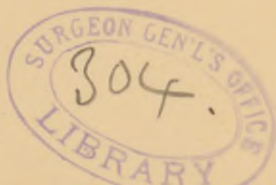
BY F. B. GREENOUGH, M.D., OF BOSTON.

THE few notes that I have made on the cases of psoriasis that have come under my observation during the past dermatological year, hardly merit the title of a communication to the Association. I had hoped that some paper on this subject would be read, which would permit me to say the few words I wish to during its discussion. As, however, none such has been presented, I am forced to give you the results of my year's investigation on this subject, brief as they are, which briefness may perhaps be their greatest merit. My notes are supplementary to the paper I read last year,¹ containing the statistics as to sex, age of patients when seen, and, as far as seemingly reliable testimony could be obtained, the age when the disease manifested itself for the first time; also the evidence, either affirmative or negative, of an hereditary tendency.

In addition to these points, there is one in which I have been especially interested, which I referred to incidentally last year, but which was much more elaborately treated of by Dr. Sherwell in a later communication; namely, the fact that patients subject to psoriasis, as a rule, are remarkably healthy and strong. This, during the discussion, was doubted, and I thought I would test the matter as far as the number of cases that I should see would allow me to do.

I find on my case-books for the year from July 1, 1885, to June 30, 1886, twenty-five cases in dispensary practice, and seven in my private work. Of this number, that is, thirty-two, I have statistics of twenty-

¹ See Vol. CXIII, p. 24.



nine, the other three being cases that were seen when I was absent, and the records on these points were not noted by my colleagues. With the object of trying to reduce to figures the condition of patients with psoriasis, as far as general health goes, I started to mark each case on a scale of five, that is to say, I assumed that five represented a patient in perfect health, and marked each of the twenty-nine cases on that scale. This is, of course, rough work, as I have not subjected the patients to a thorough examination, but when they seemed in blooming health, and reported themselves as being perfectly well, I have marked them five, and when they seemed below par, have marked them on that scale to the best of my ability. I must say, however, that I have been so anxious not to force the point that I hoped and expected to prove, that I really think I have been inclined rather to under, than overmark. The points that my statistics showed last year which seemed to me most interesting and important were not noticed in the discussion, namely, the fact that while out of the whole number of cases seen, that is, three hundred and ninety-four, twenty-one were under ten years old, there were five cases who insisted that they were first affected by the disease after the age of fifty, and that in ninety-seven cases where the patients felt able to testify as to the fact of a hereditary tendency or not, thirty-one gave an affirmative answer.

A table of the twenty-nine cases observed is given on the next page. It appears that sixteen of the patients were of the male sex, and thirteen female. That the youngest case seen was nine years old. That in nineteen cases, what appeared to be reliable information as to the age at which the disease first manifested itself was obtained, according to which it was under ten in nine cases, the earliest definitely reported being at three years of age, and four being stated as

having first shown symptoms of psoriasis during early childhood. That one case seen at the age of fifty-seven insisted that she never had had any similar trouble before. That these twenty-nine cases showed a percentage of psoriasis to total number of cases of skin diseases seen, that is, twelve hundred and twenty, of a little over two and one-third per cent. Twelve cases gave decided evidence as to the existence or not of psoriasis in their parents or other members of their family. Of these, four were affirmative and eight negative.

CASES OF PSORIASIS SEEN FROM JULY 1, 1885, TO JUNE 30, 1886.

No. of Case.	Health on a Scale of 5.	Sex.	Age.	Hereditary influence.	Age at the first manifestations.	Remarks.
1	5	Female.	50	....	....
2	4	Male.	42	....	....
3	4	Female.	50	....	....
4	4	Male.	25	....	....
5	3	"	12	....	....
6	5	Female.	36	....	....
7	4	Male.	34	....	....
8	4	Female.	23	No.	7	
9	5	Male.	30	....	25	
10	4	"	40	....	15	
11	4	Female.	49	....	42	
12	5	"	12	....	11½	
13	2	"	26	....	14	Phthisis.
14	5	"	10	....	7	
15	5	"	15	....	....
16	4	"	21	....	3	
17	5	Male.	31	No.	21	
18	5	"	22	....	21	
19	5	"	9	No.	9	
20	4	Female.	25	No.	Childhood.	
21	5	"	57	No.	57	{ Is sure this is first attack.
22	5	Male.	24	....	....
23	4	Female.	45	Yes.	35	Father has it.
24	4	Male.	13	No.	10	{ Had syphilis 10 yrs., symptoms now present.
25	3	"	27	No.	Childhood.	
26	3	"	35	Yes.	12	
27	4	"	34	Yes.	Childhood.	
28	5	"	30	No.	....
29	5	"	28	Yes.	Childhood.	

With regard to what I have been especially interested in during the past year, the condition of these patients as to general condition and health, while from my previous observations I felt sure that an attempt to make statistics bearing on this point would show that, as a rule, it was decidedly above the average, I did not expect to have my supposition confirmed as strikingly as it has been. I marked each case on a scale of five, and the average mark of the twenty-nine cases is a little over four and one-third! As I have previously said, this is loose work, but I have tried to be fair in my estimate, and have not given any case a five unless they looked and reported themselves as perfectly well. The careful examination of some of these cases might very possibly show that they were not as robust and healthy as they appeared, but in thirteen of the twenty-nine cases I felt justified in marking them five, twelve of them are scored as four, three as three, and one as two. The latter was a phthisical subject. One of the cases marked three, reported having acquired syphilis ten years ago, and when seen, had well-marked specific cutaneous manifestations, concomitant with the efflorescences due to psoriasis, he himself appreciating the difference between the two lesions. It seems to me that this case where syphilis and psoriasis were seen on the same subject is a pretty strong proof against the theory of any connection between the two diseases. The fact, also, which I have been trying to prove, that the subjects of psoriasis are generally strong and healthy, would certainly tend to make the claim that psoriasis was in any way connected with a syphilitic taint untenable. The typical subject with psoriasis, as I believe, is perhaps rather too fleshy to be in perfect health. He is very well described by the German's expression of what he considers the best physical condition, "dick und fett."

I have not seen, and from what was said at our meeting last year, I have looked very carefully for it, any case where psoriasis showed itself on the palmar region. I do not mean that I have not seen an eruption on the palms that resembled psoriasis, because I have seen several, but they were all syphilitic, or, at least I thought so, and if I should see any such without symptoms of psoriasis elsewhere, I should much consider it *ipse facto* specific, and be very astonished if it did not yield to specific treatment.

Since the above was written, through the kindness of Dr. Tilden, I have seen a case which compels me to modify my statement. It was one of a boy, aged sixteen, strong, and with decidedly more than the average amount of muscular and adipose tissue, who showed lesions on both palms and on the upper, outside, and posterior aspect of the calf of one leg, a typical, almost circular patch of psoriasis about the size of a silver dollar, the vertical axis of which had been a little elongated. The left hand, which showed decidedly the most development of the disease, had been subjected to local treatment, so that beyond the fact that we had to do with a serpiginous-shaped efflorescence, covering pretty much the whole of the palm, of a non-ulcerative character, from which the horny layer was being separated, not much could be seen. The right palm, however, showed several lesions, such as I had never seen before, and I think that had I seen them, even in a case where there was no characteristic patch of psoriasis elsewhere, I should have hesitated before pronouncing them syphilitic. They were circular, from about one-eighth to three-eighths of an inch in diameter, scattered over the palm in such a way that their coalescing would produce a serpiginous lesion. The largest of them showed a raised margin of thickened epidermis with an almost cup-shaped de-

pression in the centre, as though something had been picked out. There was no appearance of the characteristic silvery scales, nor was there any areola of congestion. The boy had not been working at any trade that would by the use of tools cause any irritation of his palms. He reported that he had been troubled with these symptoms for two years, and gave a pretty reliable account of one of his brothers having had a scaly eruption on his arms. The patient's elbows and knees were perfectly free from any lesions. His two outer lower incisors did show a faint tendency towards notching, but it was very slight, and otherwise he was a decidedly stocky, well-developed boy.

There was one case in which the result of treatment was very interesting to me. It was that of a very stout, strong young man, that I especially noticed, from the fact that one of my colleagues who saw it, was inclined to consider it as specific. The eruption was of short standing, generally developed, and had shown no signs of improvement during four or five weeks' treatment. One week's use of chryso-robin cleared his skin up entirely, and although afterwards there were some fresh manifestations they were easily kept under control.

I am perfectly aware of the fact that the mere statistical tabulation of cases of skin disease may be perfectly useless and uninteresting, nevertheless, from the observation of a large number of cases some facts of importance and interest may be deduced, and facts which cannot be got at in any other way. From the records which I have, of four hundred and twenty-three cases seen, the fact is shown that psoriasis appears, sometimes in early childhood, and sometimes not until the half century is past, and that the male sex is slightly more subject to it than the female. Also, it is proved that an hereditary influence exists

in a certain number of cases. From the notes recorded on the twenty-nine cases seen during the past year it would certainly seem that the average physical development and general health was far above the average.

