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NOTES ON THE HOSPITAL TREATMENT OF PSORIASIS.

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There is no service for skin-diseases, I believe, in Philadelphia, so rich in well-marked, extensive, and advanced types of psoriasis as the skin-ward of this hospital. The mild form so often seen in ordinary dispensary and private practice rarely comes under observation here. On the contrary, it is the widely-diffused and inflammatory forms of the eruption, with more or less thickening, which make this ward a rich place for studying the treatment of the disease. The various new external remedies which are brought forward from time to time have all had here opportunity to demonstrate their usefulness, but have almost without exception proved of much less value than the remedies which have been in routine use for a number of years. The external treatment which has been the most successful here, and upon which reliance is placed, consists of alkaline baths, salicylated vaseline, tarry ointments, and chrysarobin applications. The particular plan adopted depends measurably upon the type and extent of the disease. First, however, a few words as to the constitutional treatment.

In my experience, and I must believe in the experience of others unprejudiced against the remedy also, nothing rates so high as arsenic. In the great majority of cases, and especially if it is the first attack, or if the patient has never before been placed under systematic treatment, the favorable effect of the judicious administration of this drug is often remarkable, the eruption clearing steadily and rapidly away. On the other hand, in cases in which the disease has recurred several times, and in which the previous attacks had been treated with arsenic, the remedy, as a rule, signally fails; or, at the best, makes an impression only when pushed beyond a reasonably safe dose. The proper dose is that which

stops just this side of active physiological or toxic action; that is to say, there is no reason to push the drug to the point of having such objective or subjective evidences of its action as puffiness about the eyes, injection of the conjunctivæ, disturbance of the gastro-intestinal tract, restlessness, or other nervous symptoms. In short, its good effect upon the eruption must not be at the expense of the general health. Rarely more than fifteen to twenty minims of Fowler's solution, or its equivalent of arsenious acid, should be given daily. A fact that has been experimentally noted here is, that the drug is more valuable and less apt to provoke disagreeable symptoms when given in small divided doses, as for instance, one to two minims every hour during the day (ten or twelve hours). Next in value is the alkaline treatment. This, however, is suitable only in individuals in robust health, and more particularly when the eruption is of the markedly inflammatory type. The alkalies which experience has shown to be the most trustworthy are liquor potassæ, potassium acetate, and potassium iodide; the first-named is given in ten to thirty minims, the second fifteen to forty grains, and the last ten to sixty grain doses, three times daily. The potassium iodide acts, I believe, as an alkali, and not in virtue of its being an iodine compound.

Another remedy referred to in one or two of the older books is the oil of copaiba. This has proved of benefit in several more or less extensive and obstinate cases, in the dose of twenty to thirty minims three times a day. It is not an important or generally useful one in the treatment of this disease, but it may be remembered as possibly of value in rebellious cases. It need scarcely be stated that in those cases in which debility is the apparent and probably real predisposing cause of the outbreak, cod-liver oil and similar nutrient and other tonics have a curative value.

The external treatment of the disease is all important and is really indispensable. In those patients in whom the disease, though extensive, presents itself as small pea- to dime-sized patches, a daily alkaline bath alone often suffices. The patient soaks in the bath (warm to hot) for fifteen to thirty minutes. The alkali used is sodium carbonate, four to eight ounces to the bath. If the skin after a few days begins to get harsh and dry, the general surface is lightly greased after each bath with salicylated vaseline; or this ointment, ten grains of salicylic acid to the ounce, may be so used as a routine measure. In cases in which the patches are

larger—dime to a palm size, or of greater area—the same plan is sometimes successful; if the improvement is slow, then after the alkaline bath, instead of greasing with the salicylated vaseline, a weak ointment of oil of cade, a drachm to the ounce, or the ordinary tar ointment weakened with two or three parts of lard, is to be thoroughly rubbed into the patches, and starch-powder or rice-flour freely dusted over. In the more obstinate cases, the tar ointment, officinal strength, or the pure oil of cade is used. This method of treatment—by alkaline baths and tarry applications—is an extremely valuable one; and it is only in a small proportion of cases that a more active plan becomes necessary. The objection to tar in private practice does not, of course, hold in hospital treatment; and it is yet, all things considered, in spite of the various new remedies brought forward to supplant it, the best all-around external remedy we possess.

The plan of external treatment adopted in rebellious and obstinate cases is that consisting of applications of chrysarobin. There are three methods of applying this valuable remedy,—as a paint, as a powder, and as an ointment. The paint, the most elegant, but, comparatively speaking, least active of the three, consists of a drachm of chrysarobin, forty grains of salicylic acid, a fluid-drachm of ether, ten minims of castor-oil, and an ounce of collodion. A more elegant and more active paint is made with the solution of gutta-percha, in the same proportion as above, omitting the ether and castor-oil. Gutta-percha solution is, however, too costly for hospital use. As a powder, the chrysarobin is prescribed in chloroform, a drachm to the ounce, and painted over the patches; the chloroform evaporates, leaving a thin film of chrysarobin powder, over which, in order to fix it, is painted a coating of pure collodion. The collodion paint is that which I have most frequently employed here. It is painted on with a fine brush about once every two to four days, depending upon how long the coating remains intact. In extensive cases the diseased surface is gone over gradually from day to day. The alkaline baths are used as a preliminary measure to free the patches from scaliness, but are not used during the period of active painting. The coating loosens in a few days, and may be picked off and a repainting made; or, if parts of the film crack and become detached, then a new coating may be made over the remains of the old; or, at the end of several days or a week, the baths may again be used

for a few days to aid in loosening the collodion films, as a preliminary to another thorough painting. The method by chrysarobin ointment, while the least pleasant, is the most effective of all; it is employed when energy of action is desired, or for the reason that it is less costly than the paint. It is to be well rubbed into the diseased areas immediately following the alkaline bath. All methods of using chrysarobin produce more or less temporary staining, and after several applications may provoke a mild or even severe dermatitis; on the first evidence of the latter the applications should be suspended, and the alkaline baths and salicylated vaseline advised. As soon as the irritation has disappeared the chrysarobin applications are resumed, usually in weaker strength. These undesirable effects—the staining and dermatitis —are much less likely to occur with the paint than with the ointment. The good effect of the chrysarobin treatment is shown by a gradual paling of the areas of disease, and when the inflammatory hue and thickening have entirely disappeared, the applications should be discontinued, to be resumed again if the patches are found still active or incompletely removed.