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Notes
on a rare form of
Skin Disease.

During the years 1881-82-83, while residing in Venezuela, South America, my attention was directed to a form of skin disease, quite unlike any other I had ever seen and which I believe is confined to limited parts of meridional America.

The disease is confined to those residing in the deep valleys of the country and attacks, without exception, all three

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races Caucasian, American and Ethiopian, with their crosses, and if more natives are attacked, it is by reason of their greater number, in relation to the others, and because of their more filthy habits. It spares neither age nor sex.

It may be defined as a morbid condition of the skin, endemic in certain limited parts of the American continent, characterized by changes in the colour of the skin, and always attended by great itching. It is probably of parasitical origin.

It passes under a

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variety of names, in fact, almost every province has its own distinguishing one. The most common is Cuto, by which name it was known in the province where I was located, it is also known as Mal del pinto, the sufferers being known as Pintos. The Germans call it Karata-fleck.

There are several varieties of the disease, named according to the colour they present, red, white or blue.

The form I am acquainted with is the blue, which is prevalent in the province of Yacacuy

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where I resided. The other forms are rare.

In persons of white skin, the blue form of the disease appears as a pale or yellowish discolouration, generally first noticed on the dorsum of the hands, spreading to the arm and face, where it first appears on the forehead and other projecting parts, the maxillary sinusses, the tip of the nose and chin.

The colour is difficult to describe, but is marked and very distinct from the normal.

If the person is dark skinned, a negro or a

nigrito, the discolouration is grey, more or less marked and first appears on the dorsum of the fingers, over the articulations, thence it spreads as in the white races.

During this period of the disease the person may be in a state of complete health, in some cases slight itching of the discoloured part is present.

The duration of this period is very variable, but usually long, the discolouration does not at any time remain stationary, but follows constantly an invasive, but slow march.

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After a variable time, on those parts which first became discoloured, numerous blue spots appear, like the marks left by half-burnt grains of gunpowder when imbedded in the skin, these spots are constant and cannot be effaced by pressure, their circumference is regular, and the transition into healthy skin abrupt and without borders.

The healthy skin is soft and flexible, but the diseased parts feel thicker and harder, as if grains of coarse sand lay underneath the skin.

Sensibility of the

diseased skin to diminish.

These groups of marks become confluent and completely cover the discoloured part, and as it progresses until it covers the entire body, except the soles of the feet and palms of the hands, it seldom attacks the hairy parts.

In some cases the disease becomes arrested at this stage, but more frequently the blue places become lustrous and polished as if the parts had been anointed with mercurial ointment. This lustrous appearance of the blue patches would appear to

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be due to an excessive
secretion of the sebaceous
material.

This stage of the
disease does not present
any differences in the
various races, except that
it is more obvious in a
white man than in a negro.

As the disease pro-
gresses a burning, stinging,
itching sensation is exper-
ienced in the part attacked
and the hairs of the affected
places become thin at-
tenuated and stand
erect, they soon begin to
fall off and with all the
more rapidity because of
the excessive rubbing and

scratching to which they
are subjected.

After this condition
has existed for a time
scaling of the part becomes
abundant, this phenomenon
of scaling is generally, lim-
ited to the discoloured parts,
although it sometimes
passes on to the pigmented
portions of skin. On their
removal here the skin
still presents a blue
appearance. The scaly
spots generally assume cir-
cular forms which radiate
from a centre to invade
with their circumference
fresh parts.

The patient complains

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of pains in the arms and legs, increasing at night; these and the intolerant itching soon affect the person's health.

As the disease progresses, the itching continues to be very intense, and is almost insupportable.

The sick person gives off a very peculiar odour, which has been remarked as very similar to that given off by a dog suffering from red mange; persistent, disagreeable and intolerant, and so great is it that the sufferer's own digestive functions are disordered by the

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disgust which it causes him.

Many cases go on to ulceration, and foul bad smelling ulcers form. The ulceration would appear not to be caused by the disease but to be due to the scratchings of the sick person, who in his desperation will often use rough pieces of bark or rough stones. In those who have sufficient strength of mind not to scratch, crusts form and fall off.

A slight feeling of fatigue which has been felt since the beginning of the disease increases,

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the patient becomes thin,
the appetite fails, there is
great sleeplessness, the
patient now takes to his
bed, and unless relieved
quickly sinks from exhaus-
tion.

Many of the cases I
have seen have reached
this stage, when the person
is driven to seek the advice
of some one other than the
native curanderos.

The duration of
these phenomena is indefinite
some cases seem to run a
more rapid course than
others, but all progress
slowly. One point, aged
seventy, on whom the blue

blue mottling had spread but little, had had it as long as he could remember.

With respect to the hairy parts, I have mentioned that these are seldom attacked, this would appear to be due to the protection the hair affords from the light. In many cases where the disease attacks the face and spreads upwards, its march is arrested by the fringe of hair which falls over the forehead, as is the fashion in Venezuela. This seems to indicate that the disease requires the presence of light for its development and growth.

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When the patient's occupations oblige them to wet themselves frequently, as in the case of cultivators of maize, turners, boatmen and fishermen, the parts which are most frequently wet are the parts which are most liable to be attacked by the disease.

Some cases run a different course to the one already indicated, after passing through a period of scaling and itching, which usually lasts a year, the symptoms abate, but only to return with fresh force after a variable time. If he employs no judicious

treatment, there is no doubt of the disease returning.

The remission is generally in the dry season and returns at the approach of the rains.

The ulcerations may last for a long time, even after treatment which is followed by the disappearance of all the other signs and symptoms.

Another of the sequelae which follow the disease and which continues indefinitely, is induration of the skin. This induration gives the "pintos" a characteristic appearance, the wrinkles especially around the eyes.

become very much exaggerated.

The nails do not seem to suffer, at least, I have not met with a case where they seemed to undergo any change.

The cicatrices left by the healing of the ulcers are usually deep and irregular.

Temperature, climate and soil may be regarded as predisposing, if not exciting causes. That these are operative is proved by the fact, that the disease is endemic in certain localities, having a certain topographical

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similarity, namely, hot,
moist districts at the
bottom of deep valleys,
almost enclosed by moun-
tains.

That race is not
a specific cause, is seen
from the prevalence of
the disease among members
of both white and coloured
races.

Habits and occupa-
tion play a most impor-
tant part in the causation of
this disease. It is a well
known fact that the dis-
ease is more common
among the poor and filthy
than among the well-to-do
and clean.

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Syphilis and scrofula are looked upon by the natives as exciting causes, in fact, syphilis is said to be the entire cause of it by many. Both, however, may be looked on as predisposing causes simply from the debility they induce.

Whether the disease is hereditary or not, I am unable to say, the general opinion among the inhabitants is that it is hereditary. I have heard that children have been born showing unmistakable signs of the disease, but this I doubt very much. It is a fact, however, that many

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children, sons of fathers,
who have cuts, not born in
districts, where the disease
prevails, suffer from it.

In the inhabitants
of the infected regions, it
often makes its appearance,
between the ages of four
and six, an indication,
in my opinion, in favour
of its contagious nature,
but against that of it
being hereditary.

The predisposition
to the disease may be
hereditary, but only in a
general sense, due to the
debility and mal-nutrition
of the parents begetting the
children.

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The disease is contagious,
no one disputes this, and
there are numerous proofs
of its contagious nature.
In the first place, there is
the fact, that the emigration
of a person suffering from
Cut, to a place, favouring
the development of the dis-
ease, but where it has not
previously existed, is
followed by the propaga-
tion of the disease. I have
also seen sufferers, who
attributed their infirmity,
to their intimate contact with
persons who had the dis-
ease. Report mentions cases
where a healthy person has
been inoculated in an in-

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voluntary manner, by being wounded by the same instrument which had just wounded a person suffering from Buto.

I imagine the disease is most violent in its scaly and ulcerative stages.

Among the inhabitants of the valleys where this disease is endemic, it is regarded as incurable, but this fact does not prevent the natives employing numerous plants, mostly of unknown physiological action in its treatment. Among the favourite plants, is one called "Cedillo de peoro", an infusion of which is employ-

-ed, but so far as I have noticed, without any good effect. Its action seems to be chiefly diuretic.

The apparent incurability of the disease, is due to the negligent and filthy habits of the people, who look with contempt on a disease which permits them a long life, and to the certainty of the relapses so long as the person is exposed to the causes which predispose its appearance.

The first step in the treatment is to remove the person from the habitat of the disease, to the coast, if possible, or to a locality

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where it is unknown.

Then the exhibition of mercury internally, or externally, in the form of ointment or fumigations.

Of the preparations of mercury, the one which gives the best results is Calomel, especially when combined with Iodide of Potassium.

The mercury may be administered by friction.

Many among the common people, especially Italians, use a mixture of mercurial ointment, lead and sulphur.

Others use a mixture of metallic mercury, spirit of

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two pentime and lead, with
good results.

I have also used the red
oxide of mercury with mark-
ed benefit and baths of
corrosive sublimate are
useful.

Besides the preparation
of mercury, the salts of copper,
sulphur, iodine subfasciæ
and vegetable plants are also
used. Saosapavilla the
panacea of the Venezuelans
is much used and is credited
with some cures.

In the majority of
cases arsenic and cod-liver
oil are useful.

During the exhibition
of the medicine, the patient

should observe the greatest cleanliness, bathing daily in hot water, and changing linen more frequently than is the case among the natives of Venezuela.

The beneficial effects of the mercurial treatment are often seen during the first week of its use, by the cessation of the itching.

The disease is very liable to return, but quickly falls to the same treatment, which has a good influence on the disease in all its stages, and if treated sufficiently early, before ulceration has been induced, no mark or stain is left to tell of the

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patients past suffering.

The following is the treatment I used and can recommend, small doses of calomel, avoiding salivation but repeated till there is slight soreness of the gums, followed by increasing doses of iodide of potassium until visible effects are produced. The following parasiticide should be used at the same time, spongeing the diseased parts with it several times a day.

R. Hyd: perchlor. gr. xvi

Glycerini 3*ij*

Ag. ad 3*oz*

fr. lot.

Solve.

The prophylactic

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treatment may be summed up in one word, Sanitation, of the many filthy races on the face of the earth, I am sure the half-breed (Indian and Spanish) natives of Venezuela are the filthiest.

The houses are made of wattled work, in the interstices of which clay is worked so as to form a solid mass and which quickly dries in the sun, the roof is composed of thatch of palm leaves.

These cabins are of the smallest dimensions and the majority are without a window or any other means of ventilation.

This serves as the sleeping place of a man, his wife, and often a numerous family, half a dozen dogs and as many pigs, and occasionally the ubiquitous donkey is to be found domiciled under the same roof. The nearest bush serves as the family closet and all microbe on the clay floor. In front of the low door is a hole, formed by the wallowings of the pigs, into which all the offal and garbage of the household is thrown. This after every shower becomes a seething putrid mass of filth, which is

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constantly stirred up by the
pigs, and on passing which
a European is obliged to
fire spurs to his horse and
apply his handkerchief to
his nose.

It will be apparent
that this filthy mode of living
must have an immense effect
in propagating and spread-
ing the disease, and the con-
version of the people from
these filthy ways will be
the first step in a prophyl-
actic treatment.

Regulation of the
rains so as to obtain a
dryer climate might fol-
low the removal of the
dense forest from the

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valley slopes, and good natural drainage might be obtained by planting clumps of Australian blue gum trees, which are rapid in growth and easy of acclimatation.

It would be prudent even to change the sites of the villages to a higher level. At present they are situated as near the rivers as they possibly can, because of the ease with which water is to be obtained, this might be obviated by sinking wells on the hill side.

To improve the social condition of the

natives, lucrative employment
ought to be provided for
them, this would do much
to raise them from the misery
in which they live, the im-
proving of their condition,
would, without doubt, create
in them habits of cleanliness
and they would then under-
stand the benefits of accept-
ing a civilized mode of
living. By these means, also,
they would learn the use
of appropriate clothing,
which would protect them
from the solar rays, which
I am convinced, favour the
development of this disease,
they would be enabled to
procure better, and more

wholesome food, which would recruit their strength and enable them to resist the advances of the disease.

They would also be in a position to provide themselves with larger, better arranged and better ventilated dwellings and so prevent the herding together which takes place.

The diet of these people consists in great part of maize, which is, oftener than not, infected with a fungus, this judging from the effects of similarly diseased cereals may play an important part in the causation of

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the disease. I would enact
the disease of all diseased
maize, order its destruction,
and either procure a
supply of fresh seed or
make an attempt to grow
other food stuffs.

By measures of
this kind and by others not
mentioned, but which may
easily be deduced, and by
following up the treatment
which I have indicated,
this loathsome disease
might be combated, and
hundreds who at present
are looked on with terror
and repugnance, and who
are living in a state of
complete isolation, in ascer-

de Lefros" and elsewhere, be relieved from their sufferings and enabled to enjoy again the society of their fellow creatures.

Regarding the literature of this disease, very little seems to have been written on it. In the British Medical Journal of 4th Nov. 1882, there appears a short account of the disease, extracted from a Mexican Journal.

Mr. Duncan of the Faculty of Physicians and Surgeons Glasgow, has kindly searched many volumes for me, with the result of only finding one reference to it, in one

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of Alibert's works, this,
however, I have been unable
to see.

I hereby certify that the
foregoing "Notes on a rare
form of skin disease," have
been composed by me, and
are the results of original
observations.

Alexander Macindoe.