

Clinical Memoranda

Relative Frequency of Certain Skin Diseases

There are, I believe, no recent statistics illustrating the frequency of skin diseases in the British Isles. The statistics of hospital and private dermatological practice cannot, of course, give any accurate estimate. For example, zoster, which must be one of the commonest dermatoses in general practice, is hardly ever seen by the consultant; epithelioma at different times and in different places is sent to the surgeon, or even to the radiologist, and plantar warts to the chiropodist. Again, different methods of diagnosis may, for example, alter the proportion between eczema and dermatitis. The numbers of alopecia, rosacea, and acne—which are dermatoses mainly of cosmetic interest—vary according to the length of the public purse and the activity of beauty parlours.

Disease	I.H.T.D. Private Practice. 3,000	Radcliffe Crocker. Private Practice. 5,000. Adjusted to 3,000	R.S.C.H. 3,000	Brighton Children's Hospital. 50 Cases seen during same Period as Third Column. Ad- justed to 3,000 for Comparison	Numbers adjusted to 3,000 for comparison		
					St. Bart's. 1929	L.H. 1929	U.C.H., R. Crocker 1903
Seborrhoeic eczema, etc.	406	127	227	84	123	395	127
Eczema and cheiropompholyx	398	585	484	438	269	156	535
Warts, including plantar warts (273)	353	28	167	162	146 (18)	80 (3)	2
Pruritus, lichenification, neurodermite, pruritus ani	262	76	120	6	59	203	27
Acne vulgaris, seborrhoea, etc.	171	186	119	18	118	85	74
Psoriasis ...	168	180	151	66	138	121	215
Dermatitis (exogenous)	158	22	227	138	450	200	7
Tinea ...	124	91	82	174	100	137	392
Epithelioma ...	111	25	128	0	33	68	2
Alopecia ...	110	452	100	35	332	275	75
Impetigo etc. ...	96	30	119	216	322	275	290
Rosacea ...	89	180	68	0	40	13	60
Urticaria ...	72	112	80	186	46	163	130
Lichen planus ...	60	70	37	0	30	26	29
Lupus erythematosus	53	54	20	0	16	18	19
Vascular naevi ...	51	7	96	954	105	54	1
P. rosea ...	49	37	63	18	66	5	12
Scabies ...	36	35	77	90	117	90	278
Ulcus cruris ...	36	0	175	0	25	35	0
Syphilis ...	23	76	36	6	Not given	44	180
Lupus ...	16	30	15	12	12	30	38
Artefact ...	11	0	24	6	3	22	1
Pediculosis ...	8	4	5	12	5	26	117
Zoster ...	8	18	13	12	12	30	38
Molluscum contagiosum	4	7	2	0	10	5	6

It will be seen that, contrary to the impression given by Dr. Herman Lawrence's paper (*Journal*, September 28th, 1935, p. 572), so far from "hardly coming into the picture at all," epithelioma is sixth in my hospital list, ninth in my private list, eleventh in that of the London Hospital, and sixteenth at St. Bart's. On the other hand, I had only thirteen cases complaining of keratoma senilis in private and nine at the hospital,

while at the London Hospital they had nine in 5,473 cases and one in 2,656 at Bart's. This again illustrates a fallacy of such statistics as these. It is obvious that many people complaining of epithelioma had keratoses as well, but only the more important diagnosis was recorded.

However, the numbers of lupus erythematosus, with its traditional predominance in private practice, psoriasis, lichen planus, and others which are easily and certainly diagnosed, seem to show that such figures as these are not altogether valueless.

I have included the twenty commonest diagnoses together with a few others, such as pediculosis, artefact, lupus, zoster, and molluscum contagiosum, the frequency of which has been very variously estimated, particularly the last, which I am told is very common indeed in Edinburgh. Space will not allow me to give a complete list. I may mention that my lists and those of St. Bart's and the London Hospital each contained about 175 different diagnoses, while nearly 80 per cent. of all the cases could be included under twenty of these headings.

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Herpes Zoster as a Sequel to Lightning Trauma

A large proportion of cases of herpes zoster occur in young adults, and of the facial types affection of the supra-orbital branch of the trigeminal nerve is the commonest. The disease, however, is comparatively rare, and in view of the frequency of nervous lesions in lightning accidents it is highly probable that the herpes zoster followed the previous shock in the case reported below, although Critchley¹ in recent reviews does not mention this as a sequel to lightning trauma.

On September 27th, 1935, a healthy and athletic male, aged 25, was shaving during a severe thunderstorm when a lightning shock flung the razor from his left hand and sent a stabbing pain up the left arm. No immediate ill effect apart from slight shock was noticed, but on October 11th, exactly fourteen days after, severe pain was felt in the distribution of the left supraorbital nerve, and this was followed on the 13th and 14th by an outbreak of typical herpes zoster in the distribution of this nerve, including some vesicles on the upper left lateral aspect of the nose and some mild conjunctivitis of the left eye. There was no history of any previous medication or contact with cases of varicella or herpes. Recovery was without incident.

The possible relation of herpes zoster to varicella, as maintained by McCormick,² Netter,³ and others is of interest here, for the incubation period was exactly fourteen days, presuming that the zoster virus attacked the injured trigeminal ganglion soon after the lightning shock, and the commonest incubation period of varicella is fourteen days (twelve to twenty-one days). Bruusgaard⁴ and Kundratitz⁵ found by inoculation experiments that the incubation period of herpes zoster was fourteen days or less.

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- Kundratitz: Quoted by Bruusgaard.