SECTION-J

ILLUSTRATIONS
ASIATICK RESEARCHES:
OR,
TRANSACTIONS
OF THE
SOCIETY,
INSTITUTE IN BENGAL,
FOR INQUIRING INTO THE
HISTORY AND ANTIQUITIES, THE ARTS,
SCIENCES, AND LITERATURE,
of
ASI A.
VOLUME THE FIRST.
CALCUTTA:
PRINTED AND SOLD BY MANUEL CANTOPHER,
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M DCC LXXXVIII.

Fig.-1.Facsimile of the First volume of 'Asiatick Researches'
(1784).
AN
INTRODUCTION
TO
DERMATOLOGY.

BY
NORMAN WALKER, M.D.,
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH,
ASSISTANT PHYSICIAN FOR DISEASES OF THE SKIN TO THE ROYAL INFIRMARY, EDINBURGH,
EDITOR OF THE SCOTTISH MEDICAL AND SURGICAL JOURNAL

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Fig.-2. Facsimile of title page of dermatology text book 'An Introduction to Dermatology' by Norman Walker (1904).
ORGANON

The Art of Healing.

SIXTH AMERICAN EDITION,
TRANSLATED FROM THE FIFTH GERMAN EDITION,

PHILADELPHIA:
BOERICKE & TAFEL
1907.

Fig.-3.Facsimile of title page of Homocopathy text book 'Organon' by Samuel Hahnemann in English (Sixth American Edn.) (1907).
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Fig.-4.Facsimile of title page of dermatology text book ‘Tropical Diseases’ by Sir Patrick Manson (1914).
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Fig.-5. Facsimile of an announcement of the publication of the second edition of 'Syphilis' written by Sir Jonathan Hutchinson (year not traceable).
DISEASES OF THE SKIN
An Outline of the Principles and Practice of Dermatology

BY
Sir MALCOLM MORRIS, K.C.V.O.
Surgeon to the Skin Department of the Seamen's Hospital, Greenwich; Lecturer on Dermatology in the London School of Clinical Medicine; Consulting Surgeon to the Skin Department, St. Mary's Hospital

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Fig.-6. Facsimile of an announcement of the publication of the fifth edition of 'Diseases of the Skin' written by Sir Malcolm Morris (year not traceable).
small and circular; occasionally they are oval, irregular, or form rings encircling islets of healthy skin. Their extent and number are very uncertain. They are scattered irregularly over limbs and trunk; occasionally they may be almost confluent, the patches coalescing and giving rise to an appearance as if the entire skin had been dusted over with flour. On the other hand, this furfuraceous desquamation may be so slight as to be overlooked. In other instances it may be very marked, the heaping up of desquamating epidermic scales producing white marks, very evident on the dark skin of a negro or Oriental.

This patchy, furfuraceous condition of the skin* not only occurs at the early stages of yaws, but may persist throughout the attack, or reappear as a fresh eruption at any period of the disease.

The yaw (Figs. 89, 90).—When the furfuraceous patches have been in existence for a few days, minute papules appear in them. Describing these papules,

* The furfuraceous eruption has been carefully studied by Nicholls. It is not mentioned by the majority of authors.
Nicholls remarks that, in examining them with a lens, “they are seen to be apparently pushed up from the rete Malpighii through the horny epidermis, which breaks over their summits and splits in radiating lines from the centre, the necrosed segments curling away from the increasing papule. When the papules become about a millimetre in height and breadth, a yellow point may be observed on the summits ... consisting not of a drop of pus under the epidermis ... but of a naked, cheesy-looking substance, which cannot be wiped away unless undue force be used. Frequently a hair will be observed issuing from this yellow substance, thereby indicating that the hair-follicles are the centres of the change.

Fig. 00.—Another case of yaws.

Fig. 08. An illustration of 'Yaws' (drawn). (1914).
ELEPHANTIASIS

disease. The foot and ankle only, or the foot
1 leg, or the foot, leg, and thigh, may, each or
be involved. The scrotum is also a common
situation for elephantiasis. The arms are more rarely
acked; still more rarely the mammae, vulva, and
umscibed portions of the integuments of the
ibs, trunk, neck, or scalp (Fig. 118).
The recurring erysipelas attacks.—The disease
any of these situations commences with a rapidly
olwed lymphangitis, dermatitis, and cellulitis ac-
panied by elephantoid fever. On the subsidence of
acute symptoms the
in and subcutaneous
emia of the affected part
ot quite resume their
iginal proportions; the
mamatory effusion not
pletely absorbed, one permanent thickening remains. Recurrences
of this inflammation once or twice a month,
or perhaps once in six
ths, or every twelve
ths, or even at longer
vals, add a little each
time to the bulk of the
b or scrotum. Thus,
gradually, an enormous
elling may be built up.
Occasionally, though very rarely, enlargement may
progress after one, two, or more initial inflammatory
acks, and without further recurrence of these.
Clinical characters of the swelling.—The affected
part is greatly increased in bulk. The surface of the
kin, in confirmed elephantiasis especially, is rough
nd coarse; the mouths of the follicles are sometimes
usually distinct; the papille and glands are either
ypertrophied or atrophied; the hair is coarse and
sparse; the nails are rough, thick, and deformed.
Round joints the thickened integuments are thrown
into folds, the comparatively smooth-sided and deep

Fig. -9. An illustration of 'Elephantiasis of scalp' (wooden block
drawing). (1914).
are, as a rule, clinically fairly distinguishable. It is customarily, therefore, to describe them separately.

**Nodular Leprosy**

This form of leprosy often appears without a well-marked preliminary macular stage, being ushered in, after a longer or shorter prodromal stage, by a smart attack of fever and the rapid development on

![Nodular leprosy](image)

*Fig. 85.—Nodular leprosy. (After Labat.)*

the face or elsewhere of the specific lesion. In other instances a well-defined but, in comparison with nerve leprosy, short macular stage precedes the appearance of the characteristic lepromata (Fig. 85).

The essential element in nodular leprosy is the leproma. The dimensions, the combinations, the situations, the growth, and the decay of this give rise to the more manifest symptoms of the earlier stages, at all events, of the disease. The leproma, which will be more fully described in the section on

Fig.-10. An illustration of 'Nodular leprosy' (1914).
leaving a characteristic scar. After an interval of months or years, fungating and eroding ulcers (Fig. 60) of a most intractable character break out on the tongue, and on the buccal and nasal cavities, destroying and obstructing them, and ultimately, after years of suffering, leading to the death of the patient by exhaustion. The lymphatic glands are often involved, but the abdominal and thoracic organs are spared.

Leishman bodies are to be found, though not in great profusion, in scrapings and sections of the fungating ulcers; giant cells also occur. Dermal ulcers of oriental-sore type may concur with the buccal and nasal lesions. It is believed that the original sore in this grave form of leishmaniasis develops at the site of the bite of a jungle insect of unknown species.
Fig.-12. An illustration of 'Mycosis fungoides.' (1904).
Pellagra. An English case, diagnosed by Dr. Sambon.

Fig.-13. An illustration of 'Pellagra'. (1914).
Fig. 14. An illustration of 'Xanthoma diabeticorum.' (1904).
Fig.-15. An illustration of ‘Lupus erythematosus.’ (1904).
Fig.-16. An illustration of 'Lupus vulgaris.' (1904).
Fig.17. An illustration of ‘Syphilis (tertiary).’ (1904).
Fig.-18. An illustration of 'Syphilis(secondary).’ (1904).
Fig.-19. An illustration of ‘Lichen planus.’ (1904).
Fig.-20. An illustration of 'Acne.' (1904).
Fig.-21. An illustration of 'Seborrhoea.' (1904).
Fig. 22. An illustration of 'Impetigo contagiosa' (1904).
Fig. - 23. An illustration of 'Erythema nodosum.' (1904).
Fig.-24. An illustration of 'Erythema bullosum.' (1904).
Fig.-25. An illustration of 'Pityriasis rosea.' (1904).
Right side of face (left of observer) represents the second day of the eruption. The other, pustular, side represents the sixth day of the eruption; a few of the pustules show commencing umbilication.

Drawn from nature by Miss Mabel Green.

Fig.-26. An illustration of 'Variola.' (1914).
Fig.-27. An illustration of 'Typhus eruption on the front of the trunk.' (1925).
Fig.-28. Facsimile of the Title page of the first edition of 'Rasarnava.' (1910)
Fig.-29. Photograph of a hand written copy of the 'Maftah-ul-Khazayeen' (Title page) (1924).
Fig.-30. Photograph of pages from a hand written copy of the 'Maftah-ul-Khazayeen' (1924).
Fig.-33. An illustration of 'View of Calcutta Medical College.' (1952).
GLOBAL APPEAL TO END STIGMA AND DISCRIMINATION AGAINST PEOPLE AFFECTED BY LEPROSY

Leprosy is among the world’s oldest and most dreaded diseases. Without an effective remedy for much of its long history, it often resulted in terrible deformity. It was also thought to be extremely communicable. Patients were abandoned, forced to live in isolation and discriminated against as social outcasts.

In the early 1980s, an effective cure for leprosy became available. Multidrug therapy has successfully treated over 14 million people to date. Contrary to popular belief, leprosy is extremely difficult to contract. With proper diagnosis and treatment, it can be medically cured within 6 to 12 months without risk of deformity.

Yet fear of leprosy remains deep-rooted. Misguided notions endure — that it is highly contagious, incurable and hereditary. Some even regard it as a divine punishment.

Ignorance and misunderstanding result in prejudice and discriminatory attitudes that remain firmly implanted as custom and tradition.

Consequently, patients, cured persons and their entire families suffer stigma and discrimination. This limits their opportunities for education, employment and marriage, and restricts their access to public services.

Fearful that speaking out will invite further discrimination, long years of silence have kept leprosy patients from raising their voices. This silence reinforces the stigma that surrounds them.

The world has remained indifferent to their plight for too long.

Article 1 of the Universal Declaration of Human Rights states, “All human beings are born free and equal in dignity and rights.” This week, however, it means little to people affected by leprosy who continue to suffer discrimination.

We appeal to the UN Commission on Human Rights to take up this matter as an item on its agenda, and request that it issue principles and guidelines for governments to follow in eliminating all discrimination against people affected by leprosy.

We further urge governments themselves to speak out against and act to improve the present situation with a sense of urgency.

Finally, we call on people all over the world to change their perceptions and foster an environment in which leprosy patients, cured persons and their families can lead normal lives free from stigma and discrimination.

January 29, 2000

Fig.-34. Facsimile of the ‘Global appeal to end stigma and discrimination against people affected by leprosy.’ (2006).