

when the trachea is dragged; then they complain of choking. One boy of 16, who otherwise showed no sign of discomfort, attempted to vomit when the gland was dragged away from the trachea. One woman whose superior thyroid arteries were tied for exophthalmic goitre, and whose condition with small, frequent pulse put general anaesthesia out of the question for her, bore the operation well, and said afterwards that the only painful steps in the procedure were the punctures for the deep injections. With all operations under local anaesthesia the patient's condition on her return to bed is much better than after general anaesthesia; all the post-anaesthetic distress is avoided. I have seen one goitre patient vomit during the day of operation, but no other has shown ill effects which could be attributed to the drugs injected. Another had a high temperature with frequent pulse-rate for a day, but I do not put this down to the eucaïne or adrenalin. Healing is not hindered by the injection.

I thank the surgeons to whose patients I have referred, both for their permission to publish these few notes and for their help in carrying out the process of anaesthesia at the times of their operations.

THE ECLECTIC TREATMENT OF LUPUS VULGARIS.*

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DR. MACKINTOSH has very kindly asked me to show some of the patients suffering from cutaneous diseases who have been treated in the electrical department of the Western Infirmary.

With your permission, I would like to make a few remarks bearing upon the treatment of lupus vulgaris, and, for purposes of illustration, I would draw attention particularly to three of the patients who have been under treatment for that clinical form of cutaneous tuberculosis.

CASE I.

R. C., a farm servant, aged 23, entered the electrical department on March 29th, 1906, suffering from lupus vulgaris exedens of the nose. His family history was good. He himself had enjoyed good health until about four years ago, when he began to suffer from a sensation of obstructed respiration in the right nostril. Examination on admission revealed a lesion occupying in the main the right ala nasi, the tip, and the lower half of the middle third of right half of the nose. There was more or less redness and swelling of the greater part of the organ, with a few vesico-pustular points here and there and considerable desquamation. The sebaceous glands, where visible, were widely dilated and plugged with comedones. There was slight loss of tissue at the middle of the margin of the right ala nasi with some ulceration. The mucous membrane of the right nostril was involved. There was right epiphora. Pressure with a microscope slide revealed "apple jelly" or "*surre d'orge*" areas. Prior to admission he had been under treatment for lupus vulgaris. With a lesion in such a situation the treatment obviously indicated was—first, that which would most likely ensure the best cosmetic results, namely, the least possible loss of tissue and the development of smooth and flexible cicatrices; secondly, rapidity of cure or of improvement.

There is no doubt as to the excellent quality of the cicatrix resulting from the Finsen treatment, but the length of time involved in its application is calculated to exhaust the patience of an individual immediately dependent upon his daily exertions for his living.

For three weeks, however, the patient was submitted to that treatment (Lortet and Genoud lamp) in so far as the non-ulcerated parts were concerned. In three weeks' time the x rays were called into use with resulting rapid record of improvement. The light treatment, however, was not entirely abandoned, and until July 28th, when the patient was dismissed (with instructions to return in three months' time, or earlier, if necessary) he was under both forms of treatment. In addition, the nasal mucous membrane was painted daily, or less frequently, according to tolerance, with pure lactic acid, and a weak salicylic acid ointment was continuously applied to the whole lesion. The general health was assisted by the internal administration of syrup of the iodide of iron and an occasional saline cathartic. In the middle of July he spent a whole week at sea. In all he was under active treatment for about four months. Three months after dismissal he returned for inspection. All swelling and virtually all redness had disappeared; the epiphora had greatly diminished, and the ulcerated area was replaced by a smooth and

* Read before the Western Division of the Glasgow and West of Scotland Branch.

very regular cicatrix. Some further treatment is still necessary, but the result at present is very satisfactory.

CASE II.

I. M., a married woman, aged 23, was admitted to the electrical department on March 5th, 1906. One of her brothers had suffered from hip-joint disease. The disease—lupus vulgaris of vegetating ulcerative type—for which she sought relief commenced about eleven years ago as a circumscribed swelling in the left malar region. In spite of treatment, it had been steadily progressive. On admission, the affected area was found to occupy the greater part of both cheeks, virtually the whole of the nose—of which there was considerable loss of tissue—and the upper lip. The centre of the right cheek exhibited an area of about the size of a florin covered with vegetations, purulent discharge, and some crusting. The surrounding parts were markedly injected and somewhat swollen. At the junction of the nose and lip the tissues were broken down, while the lip itself was much swollen, more or less cicatrized, and showed tuberculous nodules. Somewhat hard cicatricial tissue occupied the greater part of left cheek, with consequent ectropion of slight degree. There was some crusting at the lower limit of this area. The same eclectic methods were adopted in this as in the other two cases. The non-ulcerated areas were exposed to the Finsen light, while the vegetating and ulcerated parts were treated by the x rays. The vegetating area at the onset of treatment gave considerable trouble, the associated inflammatory action, due doubtless to secondary infection, sometimes being very intense. Wet boracic dressings frequently applied were found to be of considerable alleviative value, and in a relatively short time the vegetations flattened down, and by the end of June the patient had so much improved that she went home for five weeks. On her return the area which at the onset of treatment was covered with vegetations showed a smooth cicatrix of very flexible quality, and the ulceration in the naso-labial region had practically disappeared. The mixed treatment was recommenced, but since October 2nd the Finsen light has been discontinued.

With a view to the reducing of the widespread hyperaemia, which was a marked feature at the onset of treatment, a lotion containing zinc oxide and calamine with a little ichthyol was used; also, it should be added, salicylic acid in the form of plaster, rarely, and as a weak ointment more frequently, have been employed. The local treatment has been supplemented from time to time by the internal administration of haematinics and cod-liver oil, and saline aperients when indicated. Since March 5th, 1906, the patient has had about seven and a half months of active treatment. Although some further treatment is necessary, the result so far is eminently satisfactory, especially when considering the revolting aspect presented by the patient at the time she arrived for treatment.

Obviously the x rays have been in the main responsible for the relative rapidity of improvement in both of these cases—a rapidity which was strikingly apparent in the first case described.

CASE III.

J. D., a domestic servant, aged 27, who has suffered from lupus vulgaris of the right maxillary and submaxillary region for many years, and who has a distinctly tuberculous family history, commenced treatment in the electrical department on January 3rd, 1902. She has had virtually all forms of light treatment—the Finsen, the iron electrode lamp, and the x rays. The upper limit of the affected area has continued, however, more or less rebellious to treatment. Latterly this has been largely overcome by the alternation of x -ray treatment with a mildly caustic method which, briefly described, consists in removing as much of the diseased tissue as possible by the use of a strong salicylic acid plaster, the subsequent application of ichthyol in ointment and lotion, till the irritation more or less subsides, and thereafter repeated cauterization by 80 per cent. phenol in absolute alcohol, the strength advocated by Dr. Billet, of the good results of whose treatment for lupus vulgaris I had visible evidence some time after hearing his paper at the Paris Congress on Tuberculosis, held last year.

In conclusion, judging from patients who have been under my own personal treatment and from the experience of others, the x rays are a very valuable addition to the dermatologist's armamentarium for the treatment of lupus vulgaris. Unfortunately, some cases appear to be at present altogether irresponsive to their curative action, but, on the other hand, there are cases which respond with relative rapidity and with the production of a cicatrix of high aesthetic value, as the first two cases demonstrate. Almost all are agreed as to the benefits resulting from the Finsen treatment in cases of limited extent, but the length of time demanded in the treatment of extensive areas considerably restricts its practical value in such cases. The older methods undoubtedly still play an important rôle in the therapeutics of cutaneous tuberculosis, and, along with the newer ones, should be recognized and employed as mutual adjuvants.