CLINICAL LECTURES ON SURGERY NOW IN COURSE OF DELIVERY AT QUEEN'S COLLEGE, BIRMINGHAM.

By LANGSTON PARKER, Esq., Surgeon to the Queen's Hospital, and Professor of Anatomy in Queen's College, Birmingham.

[Reported by James Jaffray, Esq., and corrected by the Author.]

LECTURE VI.

ON SYPHILITIC AND OTHER DISEASES OF THE SKIN: PUSTULAR SECONDARY SYPHILIS.

Gentlemen,—The presence of two cases of pustular syphilis in the detached wards of the Queen's Hospital gives me an opportunity of saying something upon the nature of that disease, and upon syphilitic skin diseases generally. One of the patients I allude to is a man in broken health, with a large suppurating sore upon the forehead, and on the sores of a bad character on different parts of the body. The other patient is in a better condition of health, and has two secondary syphilitic ulcers on the leg. Both these diseases are consecutive, that is, they are a certain stage of pustular secondary syphilis; and, therefore, without understanding the nature of pustular secondary syphilis, it would be impossible to understand clearly the nature of these diseases, which we have here to treat. In themselves, then, these sores are secondary venereal ulcerations; but they form a stage in the history of pustular secondary syphilis.

These cases also illustrate one or two points in the general history of syphilis, which are instructive. They have both been preceded by primary sores; both patients have had two attacks of primary sores; both have been irregularly treated by mercury; and both have been allowed to go about their ordinary occupations, and to indulge in their customary diet during the mercurial course. I need not repeat that it is almost cruel to treat patients by mercury in this way. It is impossible that a patient can be so cured except by the observance of diet, rest, and freedom from cold. To give mercury, and to suffer ordinary labourers to go about their usual occupations, to drink and smoke, is worse than useless. Again, both these patients have had buboes, which is a very important point. In one, the bubo suppurated; in the other, it did not. You will find one of the more curious points in the history of the case. The medical men in charge of the patient, and the patient himself, who was a surgeon, were much surprised to find that the ulcer upon this patient's foot did not suppurate. They supposed that it was a small ulcer, with the common ulceration of the small-pox, and that it would have destroyed the patient's limb. I have repeatedly decried the use of purgatives in syphilis. I have shown that it is a bad practice to allow the patient to take what is called a stomach-cure, to expel all the blood, and to cause the patient to take his food under the influence of purgatives. This is a practice which in the old:days was generally followed, but in the present state of the disease, it is almost impossible that the patient should undergo the purgative course which is here spoken of.

There is another point with regard to the case which I have spoken of. It is true that, in many cases of pustular secondary syphilis, the ulcer suppurates, and that the ulceration is accompanied by fever or scab. This crust is of various sizes and shapes. It may vary from the size of a pin's-head to that of a smallshell. If it occurs in a bad habit of body, and the crust is large, black, or laminated, it assumes an appearance to which the name of syphilitic rupia is given. A distinction, however, is to be made between rupia and pustular secondary syphilis. Cazenave places rupia among the vesicular diseases of the skin. He says:—

"Rupia is characterised by flattened bullae, of variable size, filled with a fluid, frequently sepsis, and sometimes blackish, which are succeeded by thick scabs and ulcerations of more or less extent. This affection has a great analogy to esthema, of which, in many cases, it appears to be a variety, as indicated by Bateman and Biett. The lower extremities are more generally affected than any other parts. It may, however, appear on the loins, the buttocks, the upper extremities, and elsewhere. Rupia generally produces few bullae, which are widely separated from each other. It pursues a chronic course, and its duration varies from a fortnight to several months."

When the pestle breaks, a portion of the matter exudes, and forms a scab or crust, which assumes various appearances. Sometimes it is small and grey; sometimes it is black, sometimes flat, or at others elevated. All this takes place upon the rupture of the crust; and if the large crust becomes black, it looks as like rupia as can be; and I do not see why the name of syphilitic rupia should not be given to it. Such, then, are the two first stages of the rupia; if you pick off the crust—and you should never do that as a curative measure—you find a large ulcer under it, sometimes looking healthy, sometimes deep and foul, and even occasionally of a phagedenic character. The third stage of the syphilitic rupia is that of ulceration; and that is the stage in which the two patients are, whose cases form the text of this lecture. One has had a large single pustule on the forehead (esthema), and three forms: first, as a crust covered with a black crust, and ulceration has gone on...
beneath this, perhaps to the extent of an inch deep. This variety of pustule, when situated on the forehead, is very
formidable; the ulceration to which it gives rise commonly
extends to the bones of the head, the upper laminae of which
become carious in consequence. The pustule, the crust, and
the ulcer are, then, three stages of pustular syphilis; and
like all the other heats under the same head, the crust falls off,
if you adopt a proper plan of treatment; and you will find
that the cicatrix which marks the healing of the ulcer un-
derneath the crust is always depressed to a greater or
less extent in the skin; sometimes very much so, and
is vividly red. If you put the patient into a hot or vapour
bath after the healing of the ulcer, you will find that this
redness will be very apparent; and it will continue until
the whole of the syphilitic virus is eradicated.

The treatment resolves itself into three modes: a treat-
ment by diet; a local treatment in certain stages; and a
constitutional treatment. The diet depends very much upon
the age of the patient and his constitution. If you have a
young strong man of 22, put him on low diet, on broth and
milk. You rarely have, however, but secondary syphili-
s at all, or certainly not to any formidable extent in per-
sons of good health; it is a disease of a feeble
habit of body, and marks essentially that condition described
as the syphilitic temperament.

If, on the other hand, you have a patient where the skin
is white, pulse frequent, and pustules large, he must be put
on a diet, plenty of animal food, and porter or ale. The
treatment by sweating, starving, and purging, is generally
an unsatisfactory plan, although recommended by some
persons. Under a low diet, I have seen the sores of pustular
syphilis rapidly spread.

At the head of all remedies in the treatment of pustular
secondary syphilis must stand the mercurial vapour bath,
prepared and used as I have frequently shown you, accord-
ing to the printed directions.* I have more than once had
occasion to allude to. The bath should be continued to
the extent of gentle diaphoresis three times a week. A generous
diet should be associated with it. The next best remedies
are the iodides of mercury, with the iodide of iron, and
the iodide of potassium, with sarsaparilla and bark, according
to circumstances and particular indications. There are two
iodides of mercury, a proto-iodide or ioduret, a yellow salt,
and the biniodide, of a beautiful red colour. The former
may be given in doses of half-a-grain to two grains, the
latter in doses of one-sixteenth to one-eighth of a grain.
Their properties are said by Cazenave to be injured by their
union with opium. As far as my experience goes, patients
in this country rarely bear the iodide of mercury well.
They always complain of the gripping pain and nausea it
produces. They may then be treated with the biniodide of
mercury, which is generally borne better; but that requires
to be given in small doses, the twentieth or twelfth of
a grain; and you may give it two or three times a day
in a solution of iodide of potassium. Patients generally bear
this better than the iodide. This form would answer very
well,

B. Hyd. biniodidi gr. l.
Potass. iodidi Bib. 5, 7.

Aque distilati fi. fl. M.

A teaspoonful to be given twice or three times a day in
some decoction of the woods, such as saponaria, guaiacum,
or sarsaparilla.

I generally prefer, however, giving from five to ten grains
of Plummer's pill at night, with the iodide of potassium in
the daytime. The iodide of potassium I believe rarely
cures without the assistance of some preparation of mer-
cury. One of the patients now in the hospital has been
treated in this way, and the result has been most satisfac-
tory. The other patient has been treated rather differently,
by five grains only of Plummer's pill at night, and the iodide
of potassium in fifteen grain doses twice in the day. He
has a deep secondary ulcer secreting a great quantity of


pus; and in such cases the iodide acts well in large doses,
but it must not be given in small doses. You may give it in five
or ten grain or scirpule doses. I have seen forty or fifty
patients who have had these large secondary syphilitic ulcers,
which have all healed well with the large doses
of the iodide of potassium. This salt, in the doses I have
just mentioned, is particularly indicated in those second-
ary ulcers which succeed to the rupture of the pustules of
syphilis, or the softening of syphilitic tubercles; in small
doses it has failed, whilst in larger, in the same case, it
has repeatedly had occasion to verify this remark. It must not, however, be continued
for more than two or three weeks in such doses. I have
known cases in which it was taken in small doses from
three to five years, and without any influence whatever on
the disease, beyond keeping it, as it were, in abeyance or
suppressed, while in such cases a mild treatment by mercurial
vapour has caused the disappearance of all the symptoms
in a few weeks.

The pustule, before its rupture, requires no local treat-
ment; that is, it requires no dressing. But when the crust
falls off, the local treatment must begin. We have in the
case of the patients under observation adopted a local

treatment, which has been very beneficial. The pustules
have been dressed with a preparation consisting of equal
parts of the prodigiously minute of mercury, made into a paste with glycerine. If you dress
secondary syphilitic sores with greasy substances, they
almost always disagree; and the sore spreads from the
error in the local treatment, and not from a fault in the con-
stitutional one; but with this mixture the ulcers heal better
than with any other I have lately tried. One patient has
only been under treatment for three weeks, and all
the ulcers are well. He had five or six large ripual crusts on
the leg; these were detached, and the foul ulcers thus
exposed were dressed with this mixture, which gives no pain,
and is a cleanly and elegant prescription.

Local applications are of vast importance in the treat-
ment of secondary as well as primary syphilitic ulcers; and
I cannot too strongly impress upon you the importance of
a remark made by a late French writer, that frequently the
best antisyphilitic is a proper dressing, methodically applied

Birmingham, June 1855.

TWO FATAL CASES, ONE OF APOPLEXY,
AND THE OTHER OF EPILEPSY,
OCcurring in the same family: with remarks.

By ROBERT DUNN, Esq., F.R.C.S.Eng.

[An abstract was read before the Medical Society of London
May 10th, 1855.]

HAVING, in a former communication on Tubercle of the
Brain,* advocated the importance and the duty of placing
upon record cases of interest which occur in the daily walks of
private practice, I am only carrying out the suggestions
which I have recommended to others, by publishing in the
pages of the Association Journal the following detail of
two fatal cases, occurring in the same family, which have
recently come under my observation; and which, I think,
are not devoid of practical interest, however small they
may be wanting in novelty to the experienced practitioner.
The cases are those of a father and daughter. The former
died of an attack of hemiplegia twenty hours after the seizure; the
latter sank from exhaustion after a succession of epileptic
fits, having ot the subject of epileptis for ten years. In
both cases, I had the advantage of a post mortem inspection.
It may not be unprofitable to narrate them together.
We shall thus be the better enabled to judge whether
there be anything in the antecedents of the father which
may throw light upon the origin of the same malady, of
which the daughter was the victim. For, in the emphatic language of Dr.