ORIGINAL COMMUNICATIONS.

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 other 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 concurrent 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 school of pathologists telling you that secondary symptoms seldom come on after a bubo has suppurated. It is true, that in a case where a bubo has suppurated, secondary symptoms do not so frequently come on; and that secondary diseases are much more common after buboes that go back. The theory upon which this opinion is founded seems to me to be, that when a bubo suppurates, the poison is thrown out of the system; but when the glands of the groin are merely indurated, and no suppuration follows, the poison is not eliminated, but goes on into the system. This is the way, I apprehend, such schools account for the disease occurring much more frequently in non-suppurating buboes than in cases where buboes have suppurated. I mention these circumstances, because both the cases under notice give me an opportunity of showing the fallacy of exclusive opinions. If you were to meet with a patient, and tell him confidently "You will have no secondary symptoms, because you have had a bubo that has suppurated", you would be doing that man a great wrong; for this reason, the dictum is not true.

Pustular secondary syphilis consists in the breaking out of pustules of various sizes on the skin. These pustules occur at a variable period after the appearance of the primary disease; their average duration being from six to ten months after. In both the cases under notice, they appeared in about ten months. There is, however, some difficulty in ascertaining this in the present cases; because it is impossible to say whether the pustules are due to the first or the second primary attack; but from six to ten months may be taken as the average. Pustular secondary syphilis sometimes occurs

without any of the other concomitant symptoms of syphilis. No doubt we have it often with sore throat and other symptoms: but it does also occur at times in the absence of all other symptoms of syphilis. Where, then, it occurs as an isolated skin disease, it may be, and has been, confounded with other diseases. I have known it confounded with small-pox, where there has been no affection of the throat, or other concomitant symptom. When it occurs in the face, it is also very commonly confounded with acne. Before deciding, you should always make inquiry into the antecedent history of the patient. This will be of very great advantage under any circumstances. Pustular secondary syphilis may be distinguished from small-pox by the almost entire absence of symptomatic fever. We have none of that preceding sickness, or coma, or fever, which we find in small-pox. I have seen patients covered with syphilitic pustules, so like those of small-pox in the commencement, that it was really difficult to tell whether they were syphilitic or otherwise. I have actually seen a case of pustular syphilis diagnosed as small-pox. But you cannot be long in doubt. You find that in small-pox the pustules dry up about the ninth day; but you do not find this in pustular syphilis. There you find one crop dying away, and another crop forming; and you also generally—almost invariably—find concomitants of other syphilitic disease. The pustule occurs in three forms: first, as a small milium pustule, which spreads generally all over the body; second, it occurs about the size of small-pox (the pustules of impetigo), and again in the form of large single pustules (ecthyma), where the pustules are almost all as large as a marble or small pigeon's egg. The latter occur where the health is very much broken. The syphilitic pustule runs a peculiar course. It first raises a portion of the epidermis by a certain amount of pus under it. After four or five days, the epidermis at the top becomes ruptured, the pus dries up, and has the appearance of a crust 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 snail-shell. 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 bullæ, of variable size, filled with a fluid, frequently serous, frequently purulent, sometimes blackish, which are succeeded by thick scabs and ulcerations of more or less extent. This affection has a great analogy to ecthyma, 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 bullæ, which are widely separated from each other. It pursues a chronic course, and its duration varies from a fortnight to several months."*

When the pustule 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, at others elevated. All this takes place on the rupture of the pustule; and if the large pustule 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 pustule; 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 phagedænic character. The third stage of the syphilitic pustule 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 (ecthyma). It has broken, has been covered with a black crust, and ulceration has gone on

* Cazenave, *Manual of Diseases of the Skin*, by Burgess. Second edition, p. 165.

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 secondary syphilis. When the ulcer heals under the crust, 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 underneath 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 treatment 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, pustular secondary syphilis at all, or certainly not to any formidable extent in persons otherwise 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 good 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, according to the printed directions* I have more than once had occasion to allude to. The bath should be used 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 griping 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.

R. Hyd. biniodidi gr. i.
Potass. iodidi ℥ii.—℥i.
Aque distillatæ ℥i. 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 mercury. One of the patients now in the hospital has been treated in this way, and the result has been most satisfactory. 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, it must not be given in small doses. You may give it in five or ten grain or scruple 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 secondary ulcers which succeed to the rupture of the pustules of ecthyma, or the softening of syphilitic tubercles; in small doses it has failed, whilst in larger, in the same case, it has been equally successful. I have repeatedly had occasion to verify this remark. It must not, however, be continued long; not beyond 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 suspense, 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 treatment; 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 precipitate of sulphur and the white precipitate 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 constitutional 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 rupial 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 treatment 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 antisiphilitic 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 19th, 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 much 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 been the subject of epilepsy 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 can throw light upon the origin of the dire malady, of which the daughter was the victim. For, in the emphatic language of Dr.

* The Modern Treatment of Syphilitic Diseases. Third edition, p. 268.

* ASSOCIATION JOURNAL, 1851, p. 712.