ON A FORM
OF
CHRONIC INFLAMMATION OF THE LIPS
AND MOUTH,

WHICH SOMETIMES ENDS FATALLY, AND IS USUALLY
ATTENDED BY DISEASE OF THE SKIN AND NAILS.

BY
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My attention has been strongly drawn, during the last ten years, to certain cases, of which previously I had no knowledge, in which a severe form of ulcerative stomatitis is followed by disease of the skin, and which sometimes, after a duration of some months, end fatally. I have not been able to find any published description of this disease, or rather of this combination of symptoms. The cases are important on account of their severity, from their close resemblance in some instances to syphilis, and also, perhaps, because they are curable for the most part by one remedy only. On this latter point I must speak carefully, as the evidence is not complete. There appears, however, considerable reason for believing that small doses of opium, frequently repeated, will usually cure the malady, which resists all other drugs, and tends slowly but surely to end in death. I am not prepared to advance any suggestion as to the cause of the conditions which I am about to describe. In all the best-marked examples of

them the patients have been men, and in most of them men past middle life, living in the country, enjoying, until the beginning of the attack, excellent health, and in positions which enabled them to secure all the comforts of life. Two of them were master tanners, one a clergyman, one a farmer, and one a gentleman of no occupation. All these were country residents, but in some less well-marked cases the patient resided in London. It seems not improbable that the condition of health which gives rise to this form of stomatitis may be allied to that which originates certain forms of skin disease which are attended with severe constitutional symptoms, and in which occasionally the mouth is affected. Of these pemphigus is the best example, but not the only one. In it, however, I believe that the affection of the skin always precedes the affection of the mouth, whereas in the cases which, with the permission of the Society, I am about to describe, the reverse is the case.

I must ask the indulgence of the Society in the somewhat difficult task of bringing forward, in some detail, the particulars of a number of different cases which more or less resemble each other. It will be, I am afraid, impossible to avoid being tedious, and at the same time by no means easy so to state the cases as to prevent their being confused with each other. I will begin with a narration in a first group of those which were most severe, and most closely conformed to what may be considered the type of the disease. I will afterwards mention some which were less severe and concerning which there may be some question whether they are exactly of the same nature.

It will be a mistake, I am convinced, if we attempt to define the malady very closely, since it would lead to the omission of many collateral facts from which we are quite as likely to derive aid in discovering its true relationships as from the more typical cases. I will describe the cases almost in the order in which they have come under my own observation.

The first of them was a patient who was sent to me by

my colleague Dr. Ramskill, to whom he had been recommended by Dr. George Jones, of Framlingham. Dr. Jones had taken great interest in the case, and was kind enough after the man's death to supply me with notes. My narrative of his condition whilst in the London Hospital, and of the autopsy, will be taken from the notes kept by Mr. Hingston, who was at that time my dresser, and a very able and diligent student. Briefly I may summarise this case by stating that the man was a master currier of fifty-eight years of age, that he began to be ill at Christmas, 1879, and died in the beginning of May, 1880. His illness commenced with sore mouth which was quickly followed by swollen hands and feet "like chilblains." Later on a vesicular eruption occurred on his hand, with inflammation of the nails, and he had spontaneous pytalism with sore throat and sore lips. Next a bullous eruption extended over his whole body, and his nails fell off. Lastly, large granulation masses developed on the sores left by the bullæ, and some of these became pedunculated.

The man died apparently from exhaustion. He had long been in a most miserable condition, but although he had lost much flesh he had not become extremely emaciated. The post-mortem showed some recent broncho-pneumonia with pleurisy on the left side, and it revealed also the existence of a large lympho-sarcomatous tumour developed in front of the spine, and embedding the pancreas and large vessels. This mass weighed three pounds and a half. Nothing had occurred during life to lead us to suspect its existence, but as the man's skin was covered with excoriations we had not made any manual examination of the abdomen. Probably this tumour had but little to do with the cause of death, and I do not as yet see any probable connection between it and the rest of the symptoms. There was quite enough in the state of his skin and mouth to account for the fatal event; and whilst we must not forget the existence of the tumour, I incline for the present to set it aside as having been possibly an accidental concomitant of the disease.

In my next case, which was almost an exact parallel to the preceding, ending like it fatally, and running its course in five months, there was no tumour.

The patient in this case was a gentleman residing at Dorking, under the care of Mr. C. W. Chaldicott. His illness began whilst he was staying at the seaside in the winter of 1882, and on February 10th he came under Mr. Chaldicott's care, "with a very severe form of inflammation of the mucous membrane of the mouth." "The whole interior of the mouth was intensely, vividly red, excepting that in a few spots on the arch of the palate, and on the tonsils and pharynx, there were patches of very delicate pellicular whiteness, as if produced by the application of caustic. He had already been under the care of Mr. Coulson and Dr. Morell Mackenzie, and was taking the iodide of potassium. Mr. Chaldicott gave him a single mercurial pill, and two days later there were all the appearances of profuse pyalism. Shortly after this a patch of moist papillary growth appeared in the cleft between the scrotum and the left thigh. At this time I first saw the patient, who was now confined to bed with severe inflammation of the whole interior of the mouth, including the tongue and lips. The pharynx was also inflamed, and he had great difficulty in swallowing. There was a remote and obscure history of syphilis in this case, and at first I thought it best to advise that the iodide of potassium should be freely used. In the course of a week or two, however, I became convinced that there was no reason to suspect that the condition was due to syphilis. A large papillary patch appeared in the opposite groin, and all the toe-nails of the right foot inflamed. A little later all the toe-nails of the left foot passed into a similar condition and some of them were exfoliated. Later still small bullæ like those of pemphigus appeared on the feet and legs first, but afterwards on the trunk and arms. At this time he was taking fluid food freely, and a considerable quantity of stimulant. He was able to take exercise in his grounds, and on one occasion bore a journey to London

with but little fatigue. As soon as the skin disease commenced we began the use of arsenic in combination with quinine ; it had, however, no influence in arresting the progress of the disease, and after a little time the whole skin with exception of the head and face was covered with sores. When the bullæ broke, papillary excrescences sprouted up from their base. During the whole of this time the mouth remained sore. There were ulcers in the cheeks, and on the tongue, and a condition of constant ptyalism. At the end of exactly five months from the beginning of the illness, the patient, who had become greatly emaciated and very weak, sank from exhaustion. I had seen him with Mr. Chaldicott several times, and we had done our best to discover any cause for our patient's malady. The house in which he lived appeared to be quite healthy, and his wife, children, and servants, all remained well. In the endeavour to discover a cause, and also to devise a successful plan of treatment, we had the benefit of consultation with Sir James Paget and Dr. Bristowe. Nothing, however, which was done had any obvious effect upon the disease. During the last ten days of life small doses of opium were given, but it was possibly begun too late.

To recapitulate the principal features in this case we have an inflamed mouth, which after a few weeks took on a condition resembling ptyalism. Next, papillary growths in the flexures ; next, suppurative inflammation of all the nails ; next, a pemphigoid eruption over the whole body ; and lastly, debility, emaciation, and death. The autopsy did not reveal any structural disease excepting recent hepatization of the lower lobe of the right lung.

These two cases are the only ones under my own care in which the disease has ended fatally. But in several of those about to be related, the inflammation of the mouth resisted treatment so long and the failure of health was such that we much feared for the result.

At the same time that this last case was under care, I had under observation two others. In both of these the

stomatitis was severe, but the skin disease never became formidable. The subject of one of these was a master tanner, a patient of Mr. Cordwent's, at Milverton, near Taunton. He was about fifty years of age, and had enjoyed very good health until his sore mouth began. He did not believe that he had been exposed to any injurious influence in connection with his trade, and he said that he did not himself handle hides. When he first came to me he had sores on his lips, in the pouches of his cheeks, and on his palate. They were large ulcerated surfaces, with red margins, and in most parts covered by a distinct pellicle. If this pellicle was removed they bled easily. The tongue was but very slightly affected. During the first part of the case there was no eruption on the skin, but after the sore mouth had lasted for about three months there appeared some patches of a sort of papillary psoriasis on the backs of his hands, and his toenails inflamed, and several of them were lost. I had the advantage of a consultation with Sir James Paget in this case, as well as in the preceding one; I subsequently admitted the man into the London Hospital, and he was there seen by several of my colleagues, his case exciting great interest. The treatment which was first tried was arsenic internally, and the application of caustics to the ulcers. He also took quinine and used various mouth-washes. The treatment under which at length the ulcers healed and recovery took place, was the administration of *Liquor Opii Sedativus* in ten-minim doses three times a day. Mr. M— had been under my observation from March 25th to June 30th, and during the greater part of this time he had been in the hospital. When he left us both mouth and feet were perfectly well. When the mouth was at its worst he was very weak and had lost much flesh.

A year later, in answer to a letter of inquiry, Mr. M— told me that he remained in fairly good health, but was still liable to have his lower lip chap and peel. He came to town to show himself two years later still. He was in good health and had shown no tendency to relapse.

My next case is almost an exact repetition of the one just given, and it is scarcely worth while to repeat the details. A healthy clergyman, aged 46, became the subject of a sore mouth, which at first nothing would cure. The sores began on his tongue, but spread to his gums, pouches of the cheeks, and the lining of the lips. The prolabia were but little inflamed. Before Mr. E— came under my care he had had the advice both of Sir William Jenner and of Sir James Paget, and had tried internally both arsenic and iodide of potassium. He had left the country and come to reside in London, but neither the change of residence nor any drugs which had been used had effected anything for his advantage. He had lost flesh and strength and become very anxious. It was four months after the beginning of his complaint that I first saw him. There was then much fœtor from his mouth, and numerous ulcers, with dusky, liver-coloured edges. On some of the ulcers there was a distinct tendency to the production of a grey pellicle. In this case there was no skin disease, with the exception of a lichenoid eczema on the left side of the abdomen, to which he had been liable for some years. I cannot claim any share in the cure of this patient. He was disappointed with the result of a single application of caustic to the sores, and fortunately for himself left me, and consulted Mr. Pollock, who at once put him under the influence of opium and with the very pleasing result that a cure quickly followed.

So far as I know the cure has been permanent. Mr. Pollock has mentioned this case in a paper, "On the Use of Opium as an aid to Surgery," 'British Medical Journal,' 1884, vol. i, p. 801.

The last case which I have to relate is one which has been exceedingly well characterised, so far as the mouth is concerned, but has been unattended by any inflammation of the skin, the extremities, or, in fact, of any part excepting by extension from the mouth. Although for a considerable time the disease appeared to resist all treatment and to be likely to end fatally, a most satisfactory

cure has at length resulted under opium. The subject of this case is a farmer from near Rugby, named S—, about 66 years of age. He had always been a remarkably strong, healthy man, until his sore mouth set in. He was sent to me by Dr. Clement Dukes, of Rugby, in the beginning of December, 1885. He had at that time suffered from sore mouth for about six weeks, and it had resisted various methods of treatment, which had been perseveringly used. The inflammation involved both lips, the pouches of his cheeks, his tongue, and his palate. There was swelling, congestion, and large excoriated patches in various places. He was rapidly losing flesh, and could swallow only fluid food. There was no disease of the skin in any part, and his nails were quite sound. His breath was foetid from the secretion from the ulcers. He had lost many teeth, and those which remained were covered with greenish, glutinous secretion, as his mouth was too painful to allow of his using a toothbrush. There was no material ptyalism, and his teeth were all quite firmly fixed. I began the treatment by prescribing quinine in two-grain doses, with three minims of Battey's solution of opium. A fortnight later the dose of the latter was increased to five minims, and at the same time he was made to wash his mouth very freely indeed with weak Condly's Fluid.

On January 29th, after six weeks' treatment, he was not much better, excepting that his palate was less inflamed. His lips and tongue were still much swollen and raw. From his lower lip the inflammation had extended upon the skin to the chin, and the whole of this region was much swollen, raw, and granular. He reported that he took plenty of fluid food, but he slept badly, and felt very weak. He had got so much thinner that all his relatives thought he was going to die. The opium had caused him much constipation, but at this date I increased it to eight minims, giving at the same time aperients. A fortnight later I had the pleasure of finding his tongue almost well, and his lips and mouth

generally much improved. There could I think be but little doubt that the improvement was consequent on the increased dose of opium. He was now able to swallow more food, and was feeling stronger.

After this the dose of opium was still further increased, with the result that the recovery was in the course of a few months complete. Mr. S— is I believe at the present date, that is, one year after the treatment, in good health and his mouth quite sound.

With this case it will be convenient, I think, to conclude this group. I have, however, seen one other case in the person of a gentleman under the care of Mr. Charles Macnamara, who was kind enough to send him for my inspection. In him a very sore mouth had been coincident with an eruption on the skin, and with steady failure of health, and I believe that death followed a few weeks after I saw the patient. In this case the patient had lost his health after his return from India; he suffered from diarrhoea for some time. Opium was tried during the last few weeks, but I do not know to what extent it was pushed. The soreness of the mouth, lasting for weeks, and the peculiar eruption, were the marked features of the case, and it was on account of these symptoms that the patient was referred to me.

If I may count Mr. Macnamara's case as one of the same group—and there seems no reason for omitting it—we have six examples of the same combination of symptoms, in three of which death occurred.

In two the patient is known to have recovered under the opium treatment, and to have remained without any definite relapse up to the present time. All the six patients were men, and none of them under forty-five years of age. All had been in good health until the first symptom of sore mouth occurred. In all the three fatal cases the inflammation of the skin was extensive and severe, whilst in the three which recovered it was but slight, in two, indeed, being almost absent. In one of these three, although the eruption was but very limited in

extent, affecting only the hands and feet, there was the peculiar feature of inflammation of the toe-nails ; and from four of the toes the nails were shed. In none of the fatal cases had the opiate treatment been tried until within a very short period of death.

In my next group I have to mention cases in which we still encounter the combination of a sore mouth and an eruption on the skin ; and with the soreness of the mouth taking precedence in point of time over the skin disease. In these, however, the disease showed itself much more amenable, and in fact on several occasions got well without any definite treatment. It also showed a very definite tendency to recurrence after a few years' interval. Two of the patients in this group, which comprises only three, were comparatively young. One was a lady of thirty-five, and the two others were men, aged respectively forty-six and thirty-six. In one of these, which before I saw it had long been treated as syphilis, arsenic effected a definite cure on more than one occasion. In two of them the influence of opium seemed to be very definite, in one a rapid cure taking place under its influence. In none of these three cases was there any approach to the failure of health which occurred in those of the first group. It may possibly be the fact that the age of the patient has something to do with determining the severity of the disease.

My next case is one in which sores in the mouth and on the tongue occurred repeatedly in association with an eruption on the skin, and in which the diagnosis presented much difficulty.

Mrs. P—, a lady æt. 35, living in the country, came under my care on March 2nd, 1880. The surgeon who attended her told me that she had been under his treatment for ulcer in the mouth and eruption on the skin for sixteen months. A distinguished physician had been consulted and the case had been pronounced syphilis, but a very long treatment with specifics had failed to cure.

I found the tongue, cheeks, and lips covered with white-

edged ulcers, which certainly looked very suspicious. She had at this time no skin eruption excepting on the elbows and knees, but I was told that there had formerly been patches on the palms and soles and between the toes. The eruption had first shown itself at Christmas, 1878, and the sore mouth came soon after.

I had some doubt as to whether the symptoms really were specific although I could give no other diagnosis; and we agreed to leave off both mercury and iodides, to use soothing remedies to the mouth, and to give arsenic. I did not see her again for several months but was informed that the mouth soon got much better. Possibly it had been made worse by mercury.

In the beginning of the following June, however, Mrs. P— came to me again with a single sore in the mouth, and on June 27th, in spite of my treatment, several small florid ulcers had formed in the mucous membrane of the lips, and there was general inflammation of lips, cheeks, and palate. At this time there were no sores on the tongue. She had now a general eruption of dry, scaly, superficial patches on various parts of the body, on the waist, where the strings of her dress pressed, and on her knees and thighs. On the mucous membrane of the labia were some abruptly margined sores just like those on her lips. I examined her mouth and found that she had no artificial teeth and none that were stopped. She considered that her relapses were due to catching cold, and excepting a peculiar proneness to catch cold she considered herself in good health. She had been taking arsenic for a month and we continued it in increased doses and combined with it the chlorate of potash. Two weeks later the sores on the genitals had healed but the mouth remained very sore and many abrasions had now appeared on her tongue. The eruption was fading. About six weeks later she came to me again, her mouth being almost well and the eruption having made a considerable change in type. She now had a copious rash of erythema multiforme on her hands. On her fingers the eruption looked

much like flat chilblains, and there were red fissures in the finger clefts. She told me that on a former occasion her toes had been affected in a somewhat similar manner. The sores which had healed in her mouth had left white scars.

From the last date, the end of 1880, I saw nothing of Mrs. P— until March, 1883. She told me that she had in the interval been free from symptoms with the exception of being now and then threatened with relapse both in the mouth and on the skin after taking cold. During the last three weeks she had experienced a relapse more severe than usual and a number of pellicular ulcers were again present inside her cheeks and lips. Leucomata from the old ones were still visible. On this occasion she had no eruption on the hands, but during a relapse last autumn a few spots had appeared there. She considered that she had always prevented the attacks from developing by using the arsenic which I had formerly prescribed. She was easily influenced by it and often had her eyelids made puffy.

Reviewing this case now in the light of a three years' narrative, I feel able, in the first place, to dismiss conclusively the suspicion that it was syphilis. In the first instance I may confess that I was almost inclined to share in the diagnosis which had been previously given. We may admit that the combination of conditions, sores on the genitals, between the toes and in the mouth, with an eruption on the skin, was such as might easily lead astray in this direction. The results of treatment leave us, however, in no doubt. The eruption always disappeared under arsenic and the stomatitis yielded to chlorate of potash in combination with it. We have then a case of stomatitis clearly not of local origin, and attended by numerous ulcers on the tongue, lips, and cheeks, and associated with skin eruption of very varying type. That which had been first called eczema was subsequently dry and scaly, next looked like lichen planus, and next like bad chilblains or erythema multiforme. It affected the

hands and feet especially, though it was not confined to them. I do not think that we need fear to recognise an essential similarity between this and the other cases which I have narrated, and it may perhaps help us to a right conclusion as to their nature. It is, possibly, a modified form of lichen planus. In that disease, as I have already shown, an eruption appears on the tongue and on the cheeks. The difference is here that these patches ulcerate and are attended by general stomatitis; both are curable by arsenic, if curable at all, with, however, the reservation that the arsenic may cure the skin disease and not cure the mouth. This drug has, I think, but little influence on the mouth, and when pemphigus causes bullæ in the mouth it usually fails to do good. If we accept the suggestion of alliance with lichen planus then, inasmuch as the latter is after all only a variety of psoriasis, we succeed in placing them all together as modifications of one and the same diathesis.

A very interesting example of the disease was brought to me by Dr. Whistler. Its subject was a gentleman, aged about forty-six, and the attack of inflammation of the mouth for which I saw him was the third from which he had suffered, but it was the first in which any eruption had appeared on the skin. His first attack began in May, 1880, and lasted till August. On this occasion after having resisted many remedies his mouth finally got well very quickly when he went to the seaside. Another attack occurred in November, 1885, and again the cure was effected by a visit to the sea in December. In neither of these attacks was his skin in any way affected, and during the intervals his mouth got perfectly well.

The one for which I saw him had begun about two weeks before Dr. Whistler brought him to me. There was a distant and doubtful history of syphilis, but he was married and had a healthy family, and nothing had occurred of recent years to indicate that any taint persisted. His mouth was exceedingly sore and the conditions at first sight certainly suggested specific disease.

If it were of that nature, however, it must have been of recent acquisition, for the stomatitis was acute and symmetrical. It was quite out of the question that there had been any recent syphilis, indeed the history of the two previous attacks and of complete recovery between them, may, I think, be considered to put this suspicion entirely aside. Nor on careful examination did the state of his mouth resemble anything that occurs in syphilis.¹ There were large patches inside his lips and cheeks which were well margined and covered by a thick pellicular membrane. When this membrane was peeled off the surface easily bled. This tendency to bleed was, I may remark, noticed in most of the other cases. The tongue and palate were not affected. The skin eruption, which had been developed quite independently of any drug treatment, consisted in the formation, on the hands and feet, of patches of erythema as large as sixpences, which rapidly vesicated, but without producing bullæ. There were not more than about half a dozen of these on each of the extremities, and none on other parts. No suggestion could be made as to the cause of the attack. Mr. T— appeared to be perfectly well, but was beginning to feel somewhat low, and to lose flesh, in consequence of the difficulty in taking food. He got quickly well under small doses of opium.

In conclusion, it may be remarked that none of the cases seem to afford any light as to the real cause of the malady. It may, however, be plausibly conjectured that it is allied to some of the severe forms of skin disease which are attended by failure of health and tendency, unless cured, to death. Examples of this we have in pemphigus, of which the natural termination is death in six months unless cured by arsenic, and in which as a further feature of resemblance the mouth is in some cases affected as well as the skin. Nor is common pemphigus the only instance, for pityriasis rubra and certain rare forms of psoriasis and lichen ruber and planus, especially when occurring in the aged, show a tendency to

¹ In this my opinion coincided with Dr. Whistler's.

end in death by exhaustion. In lichen planus, as I have shown some years ago (and as was, indeed, first noticed by Dr. Sparks), there is an eruption on the tongue and in the cheeks. The precise form of the skin eruption does not seem to be of much consequence, for whatever it is, if it become very extensive, the patient's strength may fail and death may result. It is a very remarkable fact that these diseases, like the one which I have been describing, almost always begin in those who up to the time of the attack have enjoyed excellent health. The failure of strength always appears to be due to the extension of the local disease. The feature in which my cases differ from those to which I have just referred is in that the mouth inflamed before the skin was affected, and suffered throughout with preponderating severity. The disease of the skin was, as I remarked in the beginning of my paper, very different in the several cases. In one it appeared to be a direct extension from the lips to the skin of the chin, which became greatly thickened and covered with papillary outgrowths. In others it was bullous like pemphigus. In several, papillary outgrowths at the flexures occurred in great abundance, whilst in two a few eczematous patches on the hands and abdomen constituted all the skin affection that ever showed itself. In all the severe cases the nails inflamed.

It is impossible not to be struck with the apparently specific efficacy of opium, and the uselessness of other drugs. I think it may be fairly asserted that in all the cases in which opium was given early enough it cured the patient, and it not only removed the local symptoms but restored perfect health. In the first case it was not given at all, in the second only a week or two before death, and in Mr. Macnamara's patient the state was so far advanced that recovery was almost hopeless.

I do not doubt that this observation of the usefulness of opium may with advantage be extended to many chronic maladies affecting the skin in elderly persons.

I will ask permission to cite by way of illustration a

case which has recently been under my care which places the value of opium in a very strong light.

The patient (whose hands were represented in a portrait shown to the Society) was a lady of sixty-one, who had enjoyed excellent health until her hands began to inflame in the manner depicted. It was a sort of exfoliative dermatitis which developed with exact symmetry on hands and feet, and gradually spread. All the nails were inflamed, and when at length it attacked the scalp all the hair fell out. The lady had had much and very skilful treatment before she came to me, but the disease had steadily advanced. I had her under care for four months before I thought of trying opium, and during this period various local appliances were used, and arsenic and phosphorus and other internal remedies had a very fair trial. So far from improving, the state of things got worse and worse, and the general health began to fail very definitely. The patient had lost much flesh, she was bald, and her hands were quite disabled by swelling when I first prescribed opium. From this time improvement set in, and after about four months' use of the drug we could boast that her hands were quite well, that her nails and hair had grown again, and that she was in excellent health. The drug has now been laid aside for three months, and there has been no relapse.¹ The case differs chiefly from the others mentioned in this paper in that there never was any sore mouth.

¹ Since this paper was read I have seen this patient again with some symptoms of relapse, but they were quite slight.

(For report of the discussion on this paper, see 'Proceedings of the Royal Medical and Chirurgical Society,' New Series, vol. ii, p. 286.)