NOTES ON SYPHILIS.

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Latent Syphilis.—The poison of syphilis may lie latent in the system for many years without any local manifestation. In some cases, indeed, it would, apparently, continue to slumber on to the end of life if it were not roused into activity by an accident; though, once having become active, it will probably pursue a long and lethal course unless checked by treatment. We see the same phenomenon in certain cases of cancerous diathesis, which I have ventured to call *epitheliosis*, when, e.g., a crack, or common sore, becomes a true epithelioma, or, as in other cases, when an eczematous eruption over the mamma is succeeded by scirrhus cancer in the gland itself. In none of these cases is there any evolution of disease properly so called; it is simply that the inherited, or acquired, diathesis is fed by the local irritation, and an explosion of syphilis or cancer, as the case may be, ensues.

One of the most remarkable instances of syphilis again becoming active after a long interval of years with which I am acquainted, is that of a gentleman whose testis I removed on account of gummatous infiltration; the case is so instructive in many ways that I will briefly record it. I was consulted by Mr. X. in 1877 for what appeared to be scrofulous disease of the left testis and adjoining scrotum. He was a strong, healthy-looking man, with an excellent family history, and he told me at the time that he had never had syphilis, though he confessed to a sore on his penis twenty-one years before, which was followed by two suppurating buboes. I regarded the case as one of strumous disease of the testis, though where he got the struma I could not guess; and, after some palliative treatment, I advised castration. This view of the case was corroborated by Sir James Paget, whom he consulted in the spring of 1878; and I accordingly removed the testis and infiltrated soft parts on his return from London. The case went on perfectly well, but I was not a little surprised to hear from Dr. Ross, at that time Pathologist to the Manchester Infirmary, who kindly assisted me at the operation, and examined the testis subsequently, that it was beyond all doubt a case of gummatous infiltration of that organ. On again asking him about the character and after-history of the initial lesion twenty years before, Mr. X. now said he could not be sure there had been no rash—he rather thought there had been, but that he had certainly seen nothing afterwards to rouse his suspicions of any lurking mischief. He had been married for fifteen years, and had a large family of perfectly healthy children. He himself attributed the mischief in the testis to a blow he received from one of his children two years before, followed by an attack of orchitis, which, subsiding in a few days, had ever since left the organ enlarged and rather tender. During convalescence from the operation, he one day fell down in an epileptic fit, and, in the course of the day, experienced three other seizures. On regaining consciousness, he told me his head had felt rather tight and uncomfortable for some time, and, on examining the scalp, I found three small projections (nodes) over the occiput. He was at once put on large doses of iodide of potassium, with a small quantity of pilula hydrargyri, and, since that day, has never had a relapse. The nodes became absorbed during the administration of the iodide, and his general health and spirits, which had rather flagged, rallied, until he was quite himself again.

Now this is certainly an interesting case, for, I take it, there is no doubt of its being one of syphilis. Dr. Ross, who, I need scarcely say, is a high authority in such matters, is confident of the syphilitic character of the extirpated testis; and this view is strongly confirmed by the epileptic attacks coinciding with the appearance and disappearance of the cranial tumours.

Assuming, then, the correctness of this view, we here have a case of chance, presumably soft (he is positive it suppurated very freely), accompanied by suppurating buboes, invading the general system, and, though not giving rise to any marked secondary affection, and not at all injuriously affecting either wife or children, yet lying *perdu* for twenty years, then bursting into a blaze of activity in consequence of an accidental blow, and gaining strength, forming distant (cerebral) deposits.

Amongst other points of interest, it certainly suggests the advisability of administering iodide of potassium along with the bromide in all cases of epilepsy when there is any possibility of the syphilitic virus being present.

Masked Syphilis.—Somewhat akin to this form of latent syphilis are

certain cases of syphilitic dyscrasia, met with in married females, which may be termed *masked syphilis*. In cases of this kind—and, I believe them to be of frequent occurrence—there is not, nor so far as I have been able to make out, has there at any time been, any local lesion. The poison, conveyed through some of the secretions of the male, presumably enters the system through an unbroken cuticle, and announces its presence by a general *malaise* rather than by any pathognomonic outbreak. The general outlines of this variety of the malady are as follows. A woman gives birth to a syphilitic child, her husband at the time suffering from constitutional syphilis, which, however, he does not appear to convey to his wife. After a time, the mother becomes anæmic and sallow, almost chlorotic looking, experiences depression of spirits, and a general feeling of being out of sorts; a few squamous spots, perhaps, but not at all necessarily, appear upon the neck, etc., and the catamenia, recurring, become profuse even to menorrhagia. Change of scene and iron tonics do little or no good, but improvement at once follows the administration of iodide of potassium and of mercury. Such a chain of events does not amount to a demonstration of syphilis, but it comes very near a demonstration, and is certainly quite good enough to entitle us to speak of such cases as instances of masked syphilis.

Of a similar nature I believe certain cases to be which I have seen of lingual fissure in young unmarried women, which do not firmly heal until treated with potassium iodide, and mercury. When, as occasionally happens, these rhagades alternate or are associated with “plaques muqueuses”, the question of a syphilitic origin may be regarded as settled in the affirmative.

Inveterate Syphilis in Infants.—Congenital or infantile syphilis occasionally presents a truly inveterate form, resisting treatment, however vigorous or persistent, for months, and even years. One of the most marked instances of the kind I have met with occurred in the child of well-to-do parents, both of whom at the time of its birth were apparently healthy. The mother, indeed, never contracted the disease at any time, but the father had had an attack of syphilis a dozen years before marriage, which had cropped up every now and then up to within about six months of the wedding. While his wife was *en route* he consulted me about a recurrence of slight palmar psoriasis, but beyond this there was no evidence of the poison being active. The infant was born syphilitic, with a glazed shiny red cuticle, and old look. Gummata early showed themselves in the cellular tissue of the arms, legs, and trunk; a pustular eruption broke out on the scalp, cracks formed in the flexures of the joints, and the voice was hoarse and muffled. A most vigorous and continuous attack was made upon the disease. The child was weaned. Hydrargyrum cum cretâ was given three times a day, in doses varying from one to three grains. Mercurial inunction was tried. Donovan's solution and iodide of potassium were administered; and all these remedies were continued for weeks at a time without making any impression on the disease. Parrish's chemical food and cod-liver oil were early added to the daily regimen; but, beyond maintaining the child's general health, no effect could be said to be produced upon the syphilis. Change of air to the seaside proved as valueless as everything else. So matters went on for two years, during which time the child had never been free from the most disfiguring evidence of the constitutional taint. At this time, pilula hydrargyri in grain doses was administered, being rubbed up with some gum-tragacanth and suspended in a syrup; then an improvement began to take place. It may be *post* and *non propter hoc*, but I quote the fact for what it is worth. After taking two grains of pilula hydrargyri daily for three weeks, the skin for the first time became clear, and shortly afterwards all traces of syphilis disappeared.

It is certainly true that crude mercury, whether it be in the form of unguentum hydrargyri, or pilula hydrargyri, or hydrargyrum cum cretâ, frequently acts better than the salts of mercury; but, in this case, both the hydrargyrum cum cretâ and the ointment had been fully and fairly tried without any good result. Hence the disappearance of the syphilides while taking the pilula hydrargyri may be, after all, nothing but a coincidence.

Syphilis cured by a Single Poisonous Dose of Mercury.—I believe that the following case, the accuracy of which I can vouch for, is unique. It clearly does not afford us any precedent to work on, and even were it acted on, might prove of delusive value, as I have seen, as the reverse of the medal, a case where a poisonous dose of mercuric chloride was injected subcutaneously, and in which the only result was a terrible attack of dysenteric diarrhoea and vomiting. The case referred to, however, in the last heading, is certainly interesting, and is as follows. Eight years ago, a medical man suffering from constitutional syphilis, lingual rhagades, maculæ, pharyngeal, ulceration, etc., took ten grains of bichloride of mercury in mistake for a sleeping draught. He soon became violently sick, and so, doubtless,

got rid of a good deal of the poison, but still retained enough to nearly kill him. Slowly recovering from the effects of the mineral, he found that his syphilitic symptoms, which had been somewhat troublesome, had entirely disappeared; and, from that day to this, he has never detected a trace of the old malady.

CASE OF HÆMORRHAGE IN ONE LOBE OF THE CEREBELLUM.

By EDWARD MACKEY, M.D., M.R.C.P., Brighton.

DR. HUGHLINGS JACKSON says:—"Large and fatal effusions of blood limited to one lobe of the cerebellum are very rare, except from injuries. In the latter case, the blood reaches the surface, and indeed is often rather a pulp of brain and blood than a distinct clot." And again:—"Hæmorrhage in the cerebellum is very rare, and it is very difficult to diagnose it. I have not yet seen an instance. Sometimes there is hemiplegia, and sometimes there is not. One mark is vomiting." (Reynolds's *System of Medicine*, vol. ii, Art. Apoplexy.) These remarks from so high an authority induce me to record the following case.

On November 7th, at 5 P.M., I first saw the patient, a strongly built man aged 32, lying on his back comatose, with stertorous breathing, swollen livid face, and clenched teeth, from which spumous fluid oozed. The pupils were equally and moderately contracted. There was no hæmorrhage from the eyes, nose, or ears. The face seemed rather flaccid on the left side. The pulse was 56, full but unequal, slightly irregular; the heart's impulse was the same; there was no *bruit*. Coarse *râles* were heard over the chest. The right arm was sometimes moved, and the hand twitched slightly. The left arm moved not at all; it fell heavily when lifted, and seemed paralysed. The legs were not moved. The bladder had emptied itself in the bed, and was not now distended. The skin was warm, not very perspiring; temperature 100 deg. Fahr.

I was informed by his companion coachman (who was with him constantly) that the patient went to bed, apparently perfectly well, at eleven, on the night of the 5th; had one or two glasses of ale, as usual; nothing more. On the 6th, at 4 A.M., he awoke, saying he had a "splitting" headache, and vomited. Vomiting and retching continued every five or ten minutes up to about 9 A.M. He was sensible, but said he was very giddy and could not see. His head-pain was like "opening and shutting at the top". Subsequent inquiry elicited the following curious statement. In the course of the morning, he got out of bed and tried to walk to the door; but, instead of doing so, turned round "two or three times" and fell. This he stated himself to his companion soon afterwards, and showed the wall against which he struck his head. From the arrangement of the room, it was clear to me that his turning would be from left to right. He never got up from bed afterwards. In the evening, he was still sensible enough to speak to his brother and hear a letter. Neither the bowels nor bladder had acted. He asked for a "composing draught"; but the druggist, who sent "something", tells me it was soda with aromatics only. About eleven, his companion went to bed with him as usual, and soon afterwards noticed that his breathing became very heavy, and he thought him asleep. In the morning (7th), he found him unconscious. He could hear; for, when loudly called, he opened his eyes, but he could not speak or swallow. He grew gradually worse through the day. The bladder seems to have acted about 2 P.M. After my visit at five, the coma deepened, and he died quietly at seven that evening. There was no convulsion.

POST MORTEM EXAMINATION.—November 9th (under coroner's precept). There was no external injury; no contraction of toes or fingers. On removing the calvarium, the vessels of the dura and pia mater were found gorged with venous blood. The brain-substance was not markedly congested. A normal amount of serous fluid was in the lateral ventricles. The corpora striata and optic thalami were quite healthy (to the eye). On turning the brain with its base upward, the left lobe of the cerebellum (the subject's left) was found pulpy, and about half an inch inwards was a dark red clot of the size of a small hazel-nut. This was not like an ordinary recent apoplectic clot, but, as Dr. Hughlings Jackson describes, "rather a pulp of brain and blood". It could not be washed out by a stream of water, but adhered to the brain-substance by small fibrils (capillaries). All round it, for at least half the lobe, the brain-substance was pulpy. The opposite lobe (subject's right) presented a marked contrast, being firm and apparently normal in every respect. The heart was large and loaded with much external fat; all the cavities were flaccid and empty; the valves were healthy; the endocardium and inner coat of the aorta were very

deeply stained. The lungs were intensely congested, dark-coloured, crepitant. The bronchi contained much secretion. The stomach was empty, rather patchy, not inflamed. The liver was large, healthy, or at least not at all cirrhotic. The spleen was engorged, pulpy. The kidneys were intensely congested, of dark purple colour, but the pyramids were distinct enough; the pelvis of one kidney was distended, containing urine. The bladder was level with the pubes. (The urine was not examined for albumen.)

At the inquest, no evidence whatever of injury could be elicited; and there was a clear history of very good health for at least eleven years back. He had only occasional headache and some "trouble with his heart". The man was reckoned "very steady" by his companions; he was certainly not an habitual drunkard, though his employer said he drank sometimes. He had been married four years, and had three children. I could find absolutely no cause for the fatal seizure. It was mistaken at first by those about him for alcoholism, and afterwards for opium-stupor; but there was no real difficulty in the diagnosis of "apoplexy" when I saw him. "Death from apoplexy" was the verdict. (Two interesting cases of cerebellar hæmorrhage are recorded by Dr. Broadbent in the *Pathological Transactions*, vols. xii and xv.)

PSORIASIS PALMARIA IN MILKERS.

By GEORGE GASKOIN,

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It seems accredited by modern clinical teaching that psoriasis palmaria is nearly always syphilitic. This is hardly in accordance with my experience. In this complaint, as it comes before me, scarcely one case in four is syphilitic or has a syphilitic history. There are syphilitic and non-syphilitic cases of psoriasis palmaria, and some are of a doubtful or complex character. In these last, there is more than one element of uncertainty; for the scorbutic are liable to incur syphilis, and the antecedence of syphilis is not a certain proof, however strong the presumption may be.

Not at all unfrequently psoriasis (lepra) is seen to affect the palms as an exclusively local affection, and in the same way the soles of the feet and the nails; but always some additional manifestation should be searched for: perchance it may be found in the line of the peronæi muscles, above the external malleolus, in a patch the size of half-a-crown; or perchance it will be seen elsewhere. The character of the affection will then be made known. But where there are sore places on the tongue or angles of the mouth, or an eruption on the scrotum, moist or dry, or scars on the surface of the body, then the chances are immensely increased that the palmar affection is specific.

Moreover, the syphilitic form is more liable than the other to fall into ulceration, especially when irritants are applied. The signs which are generally relied on, as the unilateral character of the affection and the white fringe of Biett, I have not found sufficient guides. In fine, if we would be perfectly skilled in diagnosis of these cases, we should study the palms of the hands in cases of general psoriasis.

Among dairymen who take a share in milking cows, I have seen several cases of this affection, and I do not think it is uncommon among them. The service, I believe, is now commonly performed by men. Such cases are scorbutic, syphilitic, or doubtful, agreeably to the division I have made. In the first instance, the arrangement of the crusts or scales is peculiar, as they circle round the ball of the thumb; it is determined by the nature of the pressure in the act of milking. Of the syphilitic cases I may mention one as peculiarly revolting. The hands were the seat of rhagades and ulcerations, yet with the characteristic painlessness which is seen in syphilitic sores. The man pursued his task from day to day with apparent indifference, though it involved the milking of twenty cows. He had soft nodes, and suffered much from iritis, and it was this last symptom that distressed him. His wife was more recently infected.

Although the subject is of an unpleasant character, I think it would be possible to insist on a great circumspection in the choice of men who have this duty to perform. If the "neat-handed Phillis" is to be discarded, which I cannot but think of with regret, we ought to be very particular in the class of men employed. Thus, for instance, it is obvious that discharged soldiers and seamen, in whom the probability is not small that they may have had syphilis, are not the people we should make choice of for milking our cows; but, in short, whoever has had this complaint in any degree or at any period of his existence is unsuited for so delicate a duty from the following considerations.

One of the most notable effects of the syphilitic contagion is the loosening or impairment of the soft tissues, so that they fall into sudden ulcerations; and commonly enough we trace syphilis by the scars it