PART OF A CLINICAL LECTURE

ON THE

USE OF IODIDE OF POTASSIUM IN TERTIARY SYPHILIS.

*Delivered at St. Bartholomew's Hospital, London.*By JAMES PAGET, Esq., F.R.S.,
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THE case which I have read to you from Mr. Butcher's notes is very rare, in that it shows a failure of iodide of potassium in the treatment of tertiary syphilitic ulcers of the leg. The good effects of this treatment you have plenty of opportunities of seeing; and I have often pointed it out to you as an instance of the action of what may justly be called a specific remedy; that is, of one that acts against a disease surely, directly, and, in cases free from complication, almost irrespectively of such circumstances as rest, diet, and the like.

But there are some rules for the giving of iodide of potassium which I wish to commend to you. They are useful in whatever cases you may employ this medicine, but they are especially worth observing in cases of tertiary syphilis, whether evidenced by ulcers, or periostitis, or any other symptoms. The method in which you usually see me order the iodide is in what we call the *haustus potassii iodidi cum ammoniâ*, in which three grains of iodide of potassium and half a drachm of aromatic spirit of ammonia are given in two ounces of water three times a day. For the dressing of ulcers, the ointment of nitric oxide of mercury is used, spread on pieces of lint exactly big enough to put into the several sores. And in a very great majority of our cases this method is sufficient for the cure; that is, for so much of a cure as the iodide can effect; for, however it may be given, it never, in any of the forms of tertiary syphilis, does more than cure the existing symptoms. It thus helps time and the natural processes of recovery in curing the disease, but it is not a complete cure for syphilis as, in some cases, mercury is. The doses of the iodide thus prescribed should be taken soon after meals. It is probable that the iodide becomes combined with starch directly after it gets into the stomach, when starch and free acid are generally present after meals. But this seems to do no harm, and an advantage of giving the medicine at these times is that it very rarely causes the feeling of sinking and depression which often follows when it is taken into an empty stomach. Perhaps, also, the ammonia helps to this end; or it may be useful by combining with any free iodine. Any how, I know that the formula we use is a good one; it may not be the best possible, but it is a very good one, and will suffice for the cure of the present symptoms in a very large majority of the cases of tertiary syphilis that you will have to do with.

When this method of giving iodide of potassium fails, or is less quick in its influence, or in any way troublesome, there are several modes of helping it. Sometimes, but, I think, very rarely, the dose must be increased. Nine grains of iodide in the day seem insufficient in some cases; fifteen or thirty may suffice. I do not find reason for this increase more than once or twice a year; and a larger increase I have never yet prescribed. I do not say that much larger doses cannot be necessary, for some good observers say they are; but I have not yet had cases requiring them. Whatever doses you may generally prescribe, you will find it useful, and sometimes essential, to aid the action of iodide of potassium by curing whatever complicates the syphilis for which you give it. For syphilis in all its forms is a very miscible disease. You may find it mixed not only with common inflammation, but with gout or rheumatism, scrofula or tuberculosis, or, so far as I know, any other chronic constitutional disease whatever. And in every such case, it is proper to pay regard to the complication as well as to the syphilis. Even in primary syphilis, if a patient have an acutely inflamed, or a sloughing, or any wise diseased, hard chancre, you should try to cure the inflammation, or the sloughing, or whatever else it may be that complicates the chancre before you give mercury. And so with tertiary syphilitic ulcers. If they come under care when they are acutely inflamed, it seems always a saving of time to give them a few days' rest, and cleaning and poulticing, before using the iodide of potassium and the nitric-oxide ointment. In short, in all these cases of local complication, you should, if possible, reduce the specific disease to its simple typical form before giving the specific remedy. In like manner, when any form of syphilis is mixed with any other constitutional disease, you should try to cure them both at the same time; for the complication sometimes hinders the cure of the syphilis by disturbing or spoiling the

action of its best remedies. It is, I think, through want of attention to this rule that the common doses of iodide are sometimes thought useless.

Tertiary syphilis is often very tenacious in its hold on the bones and joints of persons of gouty constitution; and there are some continental watering places that have gained a great repute for the cure of tertiary symptoms. The reason is, I believe, that the sensible physicians of those places give their patients not only the waters, but the appropriate doses of iodide of potassium or of mercury. And you will find that, in some of your patients, and, especially, in those of gouty constitution, the iodide will act better, and with much greater power, if, while taking it, the patient will drink daily a large quantity of water. Alkaline water may be the best; but plain water will often suffice, and the rule may be that each dose of the iodide should be taken in from six to ten ounces of water, or some very weak liquid. I have seen so great good from this plan that I can readily believe that there was real utility in the plan of giving of diet-drinks in large quantity, though I may suspect that the chief value of the drink was not in the herbs but in the water they were boiled in. None profit more by this method than the gouty syphilitic. But there are many more whose excretions seem habitually insufficient. They are fat or plethoric, coarse-skinned or muddy in complexion; they pass little urine, and seem to retain too much of the refuse of their food and tissues. For any of these, the water drinking may be very usefully prescribed with the iodide of potassium.

When either scrofula or tuberculosis is mixed with syphilis, the combination produces one of the worst forms of disease we ever have to deal with. And the worseness attains its worst when the mischief of an injudicious use of mercury is added. It is in these cases, and in these almost exclusively, that syphilis, not affecting internal organs, becomes dangerous to life; and, commonly the danger is to be warded off only by attending at the same time to the syphilis and to the complications. So far as it is possible, the whole of the treatment advisable for scrofula or for tuberculosis must be combined with the treatment for syphilis. What this whole treatment should be, I need not now try to tell. Cod-liver oil, and bark and other tonics, fresh air and sea bathing, which are of comparatively little direct use against the syphilis itself, may greatly help its cure by curing its complications. Iron, too, is often useful; and there is a rule, I believe, of some value to be observed in giving it. The iodide of iron (at least that which is to be had in the *syrupus ferri iodidi*) is not a remedy for syphilis as the iodide of potassium is; it seems comparatively useless. When you wish to give iron, give it in the citrate or potassio-tartrate, together with the iodide of potassium. In this manner I believe that you may get the good effects of both the medicines.

I think that if you will observe these rules about the modes of giving it, you will very rarely be disappointed in giving the iodide of potassium, in doses of two or three grains, for the cure of the symptoms of tertiary syphilis. If they should fail, you should try larger doses; and if they, too, fail, as in very rare instances they will, you must make the best choice you can between giving mercury or simply maintaining the best possible state of general health, so that the patient may bear the disease till he can live it down.

OBSTETRIC MEMORANDA.

A CASE OF PLACENTA PRÆVIA: VERSION: ALBUMINOUS URINE FOR SIX WEEKS DURING CONVALESCENCE.

By CHARLES RALFE, B.A. Cantab., L.R.C.P., Doncaster.

THREE months since, I was called, by a most urgent summons, to see Mrs. B. of Adwick. On my arrival, I learnt that for some weeks past she had lost large quantities of blood. She was quite blanched and almost pulseless. The bed was soaked through with blood. She was unconscious. At once suspecting the nature of the case, I introduced my hand into the vagina, and, finding a placental presentation, I perforated the placenta, brought down the feet of a dead and putrid fœtus, which I speedily extracted, and afterwards easily removed the placenta. The patient was rallied from her state of syncope by the means of brandy and ammonia, but her convalescence was retarded by an attack of bronchitis, with anasarca and a copious amount of albumen in her urine. This has now disappeared, and she is rapidly regaining her strength. It is a somewhat remarkable coincidence that, two months previously to this case, I had attended, in her confinement, the patient's sister, who likewise was delivered of a dead and putrid child, the arm presenting.