INCREASE OF LYMPHOCYTOSIS DURING RECOVERY.

While making examinations of the blood of patients who had been operated upon for appendicular abscess it was observed in many cases that, very soon after the percentage of polynuclear cells and lymphocytes had returned to normal, the percentage of lymphocytes became increased. In most cases the increase was absolute, while in others it was only relative.

The following count is that of a case of appendicular abscess sixteen days after operation, where the discharge of pus had almost ceased:

Absolute count ...	...	...	10,000
Differential:			
Polynuclears ...	...	...	57.7 per cent.
Lymphocytes ...	...	...	36.5 "
Eosinophiles ...	...	...	2.0 "
Mast cells ...	...	...	0.5 "
Large hyaline ...	...	...	2.5 "

Most of the cases that showed lymphocytosis continued to do so up till the time of discharge from hospital, so that I could not ascertain how long the condition persisted. The greater number of those cases appeared to be in fairly good health; but perhaps the condition of the blood may be explained by the low condition of the patients after a severe attack of appendicitis.

SYPHILITIC LEUCODERMA AND THE
PIGMENTARY SYPHILIDE.

By SIR JONATHAN HUTCHINSON, F.R.S.,
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"DAPPLED" is the term by which to describe the state of the skin in syphilitic leucoderma. A glance at the appended illustration will show what is meant by it. Dappling may be studied on the coat of a grey horse or a fallow deer, and with especial interest on that of the giraffe. It consists of the location of isolated patches of a tint different from the ground on which they are placed. The patches may be small or so large as to cover almost the whole of the ground, and thus make it difficult to recognize that they ever were merely patches. In the giraffe of South Africa the skin is a brown bay, but almost angular areas are mapped out by lines of yellowish-white, whilst in the giraffe of Northern Africa the lines of light colour have widened out until only islands of brown remain. Yet the two animals are probably not distinct species. In the dappled horse the arrangement of colour is reversed, it is the patches (or spaces) which are pale and the interspaces (or ground) which are of darker tint. I have felt it necessary to state these facts in order to make comprehensible my own theory of syphilitic leucoderma. In the domesticated horse it is only certain individuals which show a marked tendency to dapple in any conspicuous degree. We must suppose, however, that the potential endowment exists in all. Many, perhaps all, dappled horses become whiter—that is, less dappled—as age advances. The young of many animals show in extreme youth a speckling, spotting or streaking of their skins which they lose when adolescent.

My theory as to syphilitic leucoderma is that the human skin is in many persons latently dappled, and that the condition becomes obvious under certain states of disturbed pigment function of some of which the spirillum of syphilis may be the cause.

The two letters which appeared in the JOURNAL of November 28th, 1908, p. 1650, warn me to be more careful as to making negative suggestions. The fear of the criticism of men better read and enjoying better memories than myself is now before my eyes. It must suffice, therefore, to say that if any portrait or detailed description of leucoderma syphiliticum in a negro or in one of the dark races has been published, I should be very thankful to be referred to the work in which it occurs. Such records, if they exist (and probably they do), would be most helpful to us in the endeavour to interpret the phenomena of this interesting condition.

In my last letter* I left the description of our own museum portraits unfinished. I will now, with your permission, attempt to complete it. Before doing so, however, it may be well that I should say a few apologetic words in reference to the letters from Dr. Pernet and Mr. Ernest Lane, which have appeared in the JOURNAL of November 28th, 1908, p. 1650.

These gentlemen point out, and with, I regret to say, some truth, that I have much understated the case as regards the amount of attention which has been given to this subject by English authors. I was wishful to show that the condition is one which is probably far more frequent on the Continent than it is with us, and had no wish to disparage or neglect our own literature. I admit that the expressions I used were too strongly put, and they can at first sight be explained away only by pleading either ignorance or forgetfulness. I hope my friends will allow me to plead guilty to their accusation under the head which they may deem the most pardonable. My words have, however, been taken to imply much more than they were intended to. They were dictated when I was standing on the Museum floor with a display of six portraits of leucoderma syphiliticum before me from Continental sources, and not a single one from an English source; and although I was aware that most of our systematic works, whether on syphilis or dermatology, had mentioned it, I had forgotten that any of their authors had recorded original facts, and thought that most had derived their information from foreign sources. I felt sure that, although the condition is one which invites alike the camera and the artist's brush, no English portrait of it had appeared. Whilst my letter was in the printer's hands my memory was fortunately reinforced in reference to the portrait given in the new *System of Syphilis*, and by the indulgence of the Editor I was allowed to squeeze in at the last moment a line of postscript in order to show that I knew of it. Now, of this portrait I had been previously quite cognizant, and had pointed it out with much commendation to

Fig. 1.—The arrangement of leucoderma syphiliticum on neck of a girl. Copied by permission from Chotzen's *Atlas*.

some friends, but I had not then been able to display it with the others in my collection (it has since been added), and at the time I wrote it had absolutely escaped my recollection. It was, in fact, brought back to my recognition by one of my friends, to whom I had myself shown it a fortnight

* BRITISH MEDICAL JOURNAL, November 21st, 1908, p. 1592.

previously. Even when I added the postscript I did not know of the existence of any letterpress description of it. I have since found out and read the able and interesting article contributed by Mr. Arthur Shillitoe to this most important work* on this very subject.

So far as my references to modern works during the past week have extended, I should have been inclined almost to repeat my statement of belief that the condition is one which is rare in English practice, and has been but little studied either by dermatologists or writers on syphilis were it not for Mr. Shillitoe's article. Mr. Shillitoe has enjoyed in the department of the Lock Hospital devoted to women very exceptional opportunities for observation. The result is that he declares that a condition which most of us had supposed to be decidedly rare is really quite common. He actually found it in 75 per cent. of a series of syphilitic patients observed consecutively. The explanation is that in addition to having a splendid field to work over he made most painstaking search, using optical aid, and thus no doubt identified it where most of us would have failed to see it.

As I have said, were it not for this article I do not think that I should incline to make any apology to my friends your two correspondents. I find exceedingly little evidence that any of the brief statements in systematic works were written from personal observation. In more than one instance there are misstatements which prove that they were not. What I wrote as to the disease not having been observed or described did not mean that it had been omitted from textbooks, but that no original work had been recorded. Mr. Shillitoe's account, however, relieves our home literature from this charge, and seems to prove that the condition, if well looked for, is as common here as on the Continent and in America.† There remains, however, a fact which I cannot but

very much as to its degree of development, and that in a large majority of cases it may be very inconspicuous. As regards my own experience, although I have recognized a few ill-marked cases, I have certainly never seen conditions approaching in conspicuous peculiarity those shown in several Continental portraits. Had such come under my notice I should certainly have preserved a photograph or a water-colour portrait, and I have none. Some of my dermatological *confrères* may have done so and will now bring them to light, but as yet I have not heard of any.

I regret having been obliged to occupy so large a portion of your space in explanations of a somewhat personal character. The necessity has been laid upon me by the publication of your correspondents' somewhat impetuous letters. I had already promised to explain "next week," as regards Mr. Shillitoe, my wholly accidental omission; and had this been waited for, the necessity for anything further might probably have been anticipated. I will now gladly pass to the more congenial task of dealing with the subject itself. There are, perhaps, few topics which better exemplify the advantages of such a collection as that which we have now made at the Polyclinic Museum, and I would earnestly beg any who may be

interested in leucoderma syphiliticum to do me the honour of an inspection of the collection. It will supply a good substratum of recorded and easily appreciated facts and will obviate important misconceptions which have found expression in some of our textbooks. The collection is by no means complete as regards all that has been published, but no pains will be spared to make it more so, and the loan of any drawings which may be

Fig. 2.—From the back of the neck of Neumann's portrait.

Fig. 3.—From the loin of the same.

still think implies something—that the affection has been widely discussed and well illustrated by portraits elsewhere, but has not until within the last few months claimed any detailed attention here; or been thought to be worthy of pictorial representation. If it could be made probable that there is great difference in the degree of prevalence in different races and different climes the fact might serve some purpose in our discussion as to its probable causes. For the present, however, with Mr. Shillitoe's statements before us, we must wait. We must note that this form of leucoderma is one which varies

* It gives me the greatest pleasure to bear my testimony to the very high value of the articles contained in this work. It is invaluable to the student of syphilis. I have learnt much from it and hope to learn more. If, however, there be a place of purgatory for bad index makers, I fear that whoever compiled its index will have a long stay. The words "pigmentary syphilis" are indexed, but under them the reader is referred only to an unimportant half-page on the general topic, and no mention is made of an excellent four-page original article by Mr. Arthur Shillitoe, several of which pages bear that heading in large type.

† It may be suspected that, although Mr. Shillitoe has given us a beautiful portrait of syphilitic leucoderma, he is in these statements dealing chiefly with cases which were mainly pigmentary. All his patients were, he informs me, women.

Fig. 4.—From the back of the neck of one of Chotzen's portraits.

The suggestion is that the pale spots are normal, and the dark ground and the central "nuclei" abnormally pigmented. It is essential that the reader should recognize that there are no "spots" in any other sense than changes of tint. The conditions here shown have been purposely somewhat exaggerated, with the object of clearness.

entrusted to us will be most gladly welcomed. The following is a list of what we can offer for present inspection:

1. A coloured lithograph published by Fournier in 1831. It represents the neck and part of face of a young woman.‡

‡ In reply to the question whether "pigmentary syphilis" or "syphilitic leucoderma" is the preferable term, it may be replied that both are needed. In a large proportion of cases of syphilis there is in the secondary stage some disturbance of pigment, and those in which the changes become conspicuous range themselves in two groups: those in which pigmentation alone is evident, and those in which leucodermic patches are present. No doubt the two are closely connected, and it is assumed, but by no means proved, that the one may precede the other. Clinical convenience, however, requires that we should recognize each by its appropriate name. The omission to do so has led to considerable apparent contradiction in the statements of authors. Those who consider the condition common are dealing with the pigmentary form only, and those who say that it is very rare with the leucodermic. The shield has two sides.

Unfortunately the colours have undergone some change, and it is not so clear as could be wished. Author's diagnosis: Syphilide pigmentaire.

2. A chromo-lithograph from Chotzen's *Atlas*. The neck of a young woman exhibiting in the most definite manner large areas of dull white arranged dapple-wise on a brown skin.

3. From Chotzen's *Atlas* we have one designated "Lues: Leucoderma coli." It shows the back of the neck and shoulders of a dark-haired young woman dappled over with white patches which cover almost the entire surface. The pigmented network is not very dark and by no means conspicuous.

4. In one of Neumann's two portraits the front of the neck and upper part of the bust are shown, and the condition of dapping is very definite. "Leucoderma syphiliticum."

5. Copied from the St. Louis Hospital collection and published in the *Atlas* edited by Dr. Pringle, we have shown the side of the neck of a young woman of a dark, swarthy skin. The skin of the neck is darker than that of the shoulder, and is dappled over with white ill-margined patches about the size of fourpennies. In several instances these have become confluent. The ground network is very dark.

6. Mr. Shillitoe's portrait represents the side of the neck of a young woman with brown or auburn hair. It is dappled with white patches, which cover the greater part of the surface.

7.—Tafel 157 of Kaposi's *Atlas* represents the back of the neck of a woman with brown hair. Numerous small spots are scattered over the neck, not larger than split peas, and all of them consisting of a white ring, which in some instances encloses a dark centre like the nucleus within a cell. The enclosed nucleus is about the same tint as the ground colour. The patches are in some places confluent, and they cover the greater part of the surface. The diagnosis is "Leucoderma syphiliticum. Pigment syphilis." It can scarcely be considered to be either pigmented or leucodermic, but only congested. It resembles the following:

8. Number 210 in the supplement to Jacobi's *Atlas* has the diagnosis "syphilis maculosa confluens; leucoderma syphilitica." It represents the front of the bust, shoulder, and neck of a young woman, which is dappled all over with a pink eruption, which encloses lighter coloured spots. On the front of the neck these spots are white. It is tolerably clear that a diffuse erythematous condition has brought out the dappled pattern of the skin. Only on the neck is there evidence of pigmentation.

9. Tafel 158 from the same *Atlas* and with the same nominal diagnosis represents the front of the trunk from the nipples to the upper part of the thigh, marbled or dappled all over by a pigmented network. The contrast in colour is not very great. The neck and shoulders are not shown. A man.

10. A second portrait of Neumann's represents the back of the neck and almost the entire trunk. The groundwork of the entire skin is very dark, swarthy rather than black, and it is spotted over with darker patches the arrangement of which it is difficult to interpret. On the back of the neck, however, there occur definite areas of white skin enclosing darker spots, as in Kaposi's portrait mentioned above. Across the loins the condition of mapped-out dapping is definite, and the paler spots have dark centres. The contrast in colour is nowhere very marked.

11. The portrait published by Dr. Taylor of New York. The side of a man's neck is shown. The patches are very dark, and Taylor distinctly recognizes three forms.

12. A portrait given by Dr. MacLaren's valuable *Atlas of Venereal Diseases* (Plate 12). This was published in 1887, but I have only recently found it.

It will be seen that these portraits present us with some interesting problems. They are not all alike. Two of them show the dappled condition occurring over the whole trunk, and in one of them, perhaps both, the patient was a male. Two of them showed a condition which has possibly hitherto escaped notice in England—I desire to speak with the utmost caution—the presence of a dark nucleus in the centre of the white patch.

Now, if we observe the arrangements of colour on the skins of animals to which I have already adverted, we have at least three distinct types as regards the relation of patches to ground.

In the leopard black patches occur on a yellow ground, and many of the patches have yellow centres.* In a few of the latter black nuclei occur, which are thus surrounded by yellow, which again is margined with black. This is exactly what occurs, but in reverse order, in the portraits of leucoderma syphiliticum given by Neumann and Kaposi respectively.

In the giraffe dark patches are mapped out on a yellow ground. The ground in one variety is so scanty as to be little more than lines, but in another it may increase so as to comprise the greater part of surface and to reduce the patches to comparatively small areas.

Thirdly, we have the pattern shown on a deer or dappled horse, in which light-coloured patches, mostly round and

of very various dimensions, occur on a darker ground. This is the condition usually realized in syphilitic leucoderma. It may be further noted that on some regions (see loins and neck of Neumann's portrait) the pigmented areas are squared rather than round, in exact imitation of what occurs in the giraffe, and in some of the regions of skins of leopards and other animals.†

Fournier, who devotes one of his admirable clinical lectures‡ to "*Syphilide Pigmentaire ou Ephelique*," is emphatic in declaring that this condition stands apart from other syphilitic conditions, and should be studied by itself: "Accident très bizarre, très curieux, qui s'éloigne à tous égards des autres déterminations cutanées de la vérole." He does not admit that the white "taches" are in any degree decolorized, but regards them as normal skin. He had seen but one case in a male. He thought the condition incurable by specifics and that it never lasted less than one or two years and often longer.

He distinguished it from Addison's disease by stating that in the latter the pigmentation is general and uniform, "non-tachetée." If, however, we deny, with him, that the white patches are other than of normal tint, then this condition is "non-tachetée" also, for it is the pigmentation of the ground which is excessive, and this is not tachetée. Thus we reject altogether such terms as "macular lesion" as inapplicable, and come to the conclusion that the condition is one of diffuse melanoderma plus the peculiarity of a normally pale skin in patches. This brings us very near to the suggestion of a functional temporary and minimized type of Addison's disease, due, possibly, to derangement of the suprarenal capsules. Fournier denies, and I cannot but think with good reason, that it can be regarded as in any way secondary to preceding syphilitic eruptions.

We may, I think, safely assume that the peculiar patterns evolved in cases of this affection are physiological, and due to original organization and not to disease. Building on this assumption, I would further suggest that in secondary syphilis, disordered function of the suprarenal and other organs favours the accumulation of melanin in the cells, and that, finally, exposure to light brings about its deposition in unprotected parts. Thus we explain the preference of the malady for the female sex, and for the neck and bust, and its tendency to persist.

We may conjecture that the affection is far more common in non-syphilitic subjects than has yet been suspected. If some observer, as zealous and keen-sighted as Mr. Shillitoe, would conduct a series of control observations on healthy individuals—brunettes by preference, but not excluding those of the male sex—we should probably obtain some very interesting facts. In the meantime I would invite those interested in the matter to pay an observation-visit to the Zoo, and afterwards to devote half an hour to our Chenies Street Museum.

A CASE OF VINCENT'S ANGINA.

By J. T. C. NASH, M.D., D.P.H.,

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THE following case appears to suggest that the organisms associated with the name of Vincent might after all be merely ordinary oral parasites which happen to find a suitable nidus for multiplication in certain throat conditions, especially where there is a tendency to the formation of a false membrane through the action of streptococci or pneumococci, or even the *Bacillus diphtheriae*; but it is only just to state that a previous case of Vincent's angina had occurred in the same house in an adult female in the preceding August. In this case, also, Vincent's organisms and streptococci were found bacterioscopically.

Mlle. P., aged 20, complained of severe headache on October 16th, 1906. On the 18th she noticed a pricking pain in the throat on the right side, accompanied by some dysphagia. Appetite good, and no constitutional signs of any moment beyond headache, which persisted for some days.

† No one will, I hope, suppose I am suggesting any sort of "reversion" towards the peculiarities of any particular animal. My meaning is simply that the potential endowments of the human integument are the same as those of animals, and may favour the production of various resemblances which are based upon its structure. The growth of the nails, the arrangement of the surviving hair, etc., are familiar illustrations of what is intended.

‡ It is worth noting that these lectures are on syphilis as observed chiefly in females.

* The jaguar is the leopard on whose skin these conditions are best observed. See page 394 of Lydekker's *Royal Natural History*, or, still better, the specimen in the South Kensington Museum.