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PRACTICAL OBSERVATIONS ON DISEASES OF THE SKIN.

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No. V.

SYPHILITIC ERUPTIONS OF THE FACE.

The syphilides and the eruption described in my last paper (lupus) are invested with a degree of interest and importance which attach to few diseases within the range of cutaneous pathology. The propriety of introducing syphilitic eruptions amongst diseases of the skin, properly so called, has been questioned by some writers; but the fact of these affections being manifested in the great majority of cases after the primary disease has disappeared, and arising from constitutional, and not local, causes, brings them legitimately within the province of dermatology, and under the observation of the physician.

Although the venereal disease appears to have first shown itself in Europe under the form of cutaneous eruptions, and the earliest writers on syphilis confined their descriptions of that complaint to a pustular affection of the skin, yet, until the early part of the nineteenth century, there was no attempt made to arrange and classify the syphilitic cutaneous diseases under a separate and distinct head. However, about that period these eruptions were grouped together for the first time, and described under the name of *syphilides*; but, as this classification was formed without any reference to the elementary characters of the diseases, distinct varieties were confounded together, and species established on characters that were altogether secondary and insignificant. Such was the history of the syphilides when M. Bielt first turned his attention to the subject, and his admirable and unrivalled essay, published in M. Cazenave's Manual, bears testimony to the value and importance of his researches into the pathology of that interesting family of cutaneous diseases.

M. Cazenave has published within the last month a valuable monograph on the syphilides. It is an amplification, without any fundamental alteration, of the views and doctrines expounded in the chapter on these eruptions contained in his excellent "Manual of Diseases of the Skin." It abounds with interesting cases illustrative of the different varieties of the syphilitic eruptions, and is accompanied by an atlas of twelve plates, which enhances its value materially. M. Cazenave, in an elaborate and lucid exposition of the history of the syphilides, combats the views and conclusions regarding the nature of syphilis lately promulgated by M. Ricord. He admits that no man has had greater opportunities of arriving at sound conclusions on this subject, and that no other pathologist has laboured with greater assiduity to attain that object than M. Ricord; but, nevertheless, he

has not succeeded in clearing up the history of these diseases. "I am aware," says M. Cazenave, "that M. Ricord has made numerous experiments, that he has been able to vary them at will, and that on the great arena where he has taken so prominent a position by his zealous industry, and the *eclat* of his researches, he has been enabled to collect all the elements necessary for rational conviction. Nevertheless, I am compelled to say that he is deceived; he has only regarded syphilis in one of its phases, and, carried away by his love for experiments, he has forgotten that the theory of venereal infection can never be reduced within the limits of a mere experiment."

Independent of the individual or particular symptoms belonging to each species, there are certain *general* characters peculiar to the syphilides, which at once distinguish them from the ordinary affections of the skin. Some of the phenomena are so constant and so distinctly pronounced, that, after being once carefully observed, there is little danger of ever confounding them with the symptoms of diseases not of syphilitic origin. The first and most prominent of these general characteristics is the *color* of the eruption. The syphilitic eruptions of the skin are accompanied by a reddish *coppery* color, *sui generis*. This special characteristic is the most constant and certain of all the symptoms. It is present in every form of the eruptions, although it may not be equally conspicuous in all. For example, the shade may be darker or lighter, according to the region affected, the constitution and temperament of the patient, his age, and the natural color of the skin. Thus, the color may be changed to a violet tint, a brownish, yellowish, or even a bright red hue, always, however, preserving a certain speciality in its appearance, which will not mislead or deceive the attentive practitioner. The *vesicular* syphilitic eruption is the only one of the syphilides in which it is not conspicuous; but it should be remembered that this variety is not so frequently met with as the rest of the syphilides. M. Bielt had seldom seen it. The *form* of this class of affections is almost always circular, especially in the smaller spots, and in the larger ones the tendency to a circle may be traced over the greater part of the patch. The ulceration which succeeds many varieties of the syphilides also possesses special characters not to be mistaken—the deep, rounded excavations, with hard, callous, and sharp cut edges—the serpigenous ulcerations which describe segments of circles, spirals, &c.—the thick, greenish, and blackish scabs, deeply implanted in the skin, which sometimes cover these ulcerations, occurring especially after syphilitic bullæ, pustules, and tubercles—and the peculiar whitish, depressed *cicatrices* which succeed those ulcerated tubercles, pustules, &c., of a zig-zag, spiral, or circular form—are characters so decided and distinct that they cannot possibly be mistaken for those be-

longing to any other class of diseases. Pruritus is not a characteristic symptom of the syphilides; it is, on the contrary, generally absent altogether. Finally, the eruption may appear on any part of the body, but the parts most frequently attacked are the face, forehead, nose, back, and shoulders. The patient generally exhales a peculiar and extremely repulsive odor.

Syphilitic cutaneous eruptions may be divided into exanthematous, vesicular, bullous, pustular, tubercular, papular, and scaly. To these, some writers—M. Gibert, for example—have added syphilitic *ephi-lides*; but the syphilitic origin of these discolorations is considered by many authors to be problematical.

Exanthematous Syphilitic Eruption.

There are two varieties in this species—namely, *roseola syphilitica* and *maculæ syphilitica*. The first assumes an acute form, and occurs for the most part upon the trunk and limbs; hence a description of it would be foreign to our present purpose. The second variety of exanthematous syphilitic eruption usually pursues a chronic course, and is characterised by irregularly circular patches, from one or two lines to as many inches in diameter, and even larger, occupying in some instances a great portion of the body, but appearing most commonly on the neck, the scalp, the face, the commissures of the alæ of the nose, the lips, and the forehead. It frequently happens at the commencement of the disease that the rosy red tint of the skin disappearing for a moment under pressure of the finger, masks the characteristic coppery hue; but at a later period, when the latter phenomenon becomes more pronounced, the color will disappear but very imperfectly upon pressure, and then the real nature of the eruption will be more clearly established. In some rare cases the blotches are covered with a slight epidermic exfoliation and attended by a trifling degree of itching. The exanthematous syphilitic eruptions terminate by resolution or slight exfoliation of the epidermis, but never by ulceration, as some writers pretend.

Vesicular Syphilitic Eruption.

This has been hitherto considered a rare form of the syphilitic cutaneous eruptions. M. Bielt saw but a very few cases of it, one of which is recorded in M. Cazenave's "Manual of Diseases of the Skin," amongst the syphilides. M. Baumès, however, in his recent work ("Nouvelle Dermatologie," &c.) throws out a hint that the rarity of this form of eruption is more imaginary than real, arising from the circumstance of dermatologists generally admitting no cutaneous diseases to be syphilitic that are not accompanied by the copper-colored areola. He states that he has very distinctly seen this variety of the syphilides, under the form of eczema, characterised by small conical vesicles scattered here and there, and containing a transparent fluid without any change of color in the skin; and in support of this view he relates an interesting case in which a well-marked syphilitic papular eruption was succeeded by an equally distinct eruption of a syphilitic vesicular character without the slightest trace of the pathognomonic copper color. The vesicular groups of *herpes præputialis*, and the superficial excoriations which succeed them, have sometimes been mistaken for a vesicular syphilitic affection, but an error of this kind could not occur to any careful observer. M. Cazenave, in his "Traité des Syphilides,"

already referred to, also entertains the opinion that this variety is by no means so rare as is generally supposed, but owing to its not being so easily distinguished as the other syphilitic eruptions, by unpractised observers, it has hitherto been thought a rare disease. The latter author says that this variety may appear under all the forms of the simple vesicular eruption; thus it sometimes manifests itself by an eruption of round, globose, isolated vesicles of a certain size, as occurs in varicella; sometimes it will appear in the form of small discs or circular groups, as in herpes; in other cases the vesicles appear in greater number, are disposed in irregular clusters, and disseminated as in eczema; and cases have been met with in which the eruption has even assumed the character of eczema impetigenodes. A remarkable case of this kind is recorded by M. Cazenave in the work above mentioned. The vesicular syphilitic eruption may be developed on any part of the body—however, it seldom attacks the face. The neck, chest, and limbs, especially the inferior extremities, are the regions it commonly occupies.

Bullous Syphilitic Eruption.

As the two varieties (*pemphigus* and *rupia*) which represent this species do not appear on the face, it is not necessary to describe their peculiar characters here.

Syphilitic Pustular Eruption.

This is, perhaps, one of the most interesting of the venereal eruptions. The varieties of this species, which occur most frequently on the face, are *acne syphilitica*, *impetigo confluens*, and *ecthyma superficialis*. The first, which is the most common of the pustular syphilides, is also the one most frequently mistaken. It is in reality a papulo-pustular eruption, a pustule being, as it were, engrafted on a papule. It is characterised by distinct isolated pustules, about the size of a small lentil, slightly prominent, scattered over different parts of the face, of a well-marked coppery color, suppurating imperfectly, and terminating in a cicatrix much less in size than the pimple it succeeded. It may appear on all parts of the body, but the eruption is modified in appearance according to the region in which it is developed. When it occurs on the face, forehead, and chest, the pustules are more voluminous, prominent, and rounded; they suppurate to one half of their depth, and are then crowned by a thick incrustation, leaving behind a pretty broad and depressed cicatrix, which reposes for a considerable period on a hard, tuberculated base. When cured in one place they often reappear in another, and are in general difficult to be removed effectually. Their progress is invariably chronic, they never terminate in ulceration, and a small indelible cicatrix always remains after the eruption has disappeared.

Impetigo Confluens is a much more severe disease of the face than the foregoing. The pustules unite or run into each other in numbers, superficial ulcerations ensue, which are followed by broad cicatrices, more or less disseminated and disfiguring the face considerably. M. Cazenave calls this variety the *pustulo-crustaceous* syphilitic eruption. The regions it most frequently attacks are the chest and neck, but more especially the face and forehead. This eruption commences by a red color of the skin, of variable intensity in the parts about to be attacked. This red

color is accompanied by an evident degree of tumefaction, and is presently studded over with purulent deposits which speedily become agglomerated, especially if the surface beneath is much inflamed. Thus the disease is resolved into one or more large patches, surrounded by a broad copper-colored areola, and crowned by slightly prominent incrustations, rugged, greenish, soft to the touch, particularly on their first formation, raised at the centre, and blended at the circumference into a soft inflamed tissue, which indicates approaching ulceration. These incrustations cover greyish superficial ulcerations with slightly raised edges, secreting a sero-purulent fluid, by means of which the scabs are incessantly renewed until the morbid disposition of the parts is arrested or altered; then the scabs become gradually drier, their circumference becomes more firm, and by and by small portions are detached, exposing to view a surface in the state of cicatrization, and finally falling off altogether, a pretty large cicatrix remains, which is unseemly in proportion as the evolution of fresh crops of pustules is frequent. These various pathological phases are distinctly and consecutively pronounced, and the readiness with which the diseased parts adapt themselves to their new and varying conditions is as singular as it is interesting.

The following highly interesting case, illustrative of this variety, occurred in M. Cazenave's wards at the Hospital of St. Louis, in 1841:—Marie L., aged forty-eight, was admitted into the hospital on the 16th of July, 1841. She possessed a naturally good constitution; she was married at eighteen, and had several healthy children, and the eldest, being then twenty-nine years of age, never suffered from the slightest indisposition. She denied ever having had either chancres or gonorrhœa, but attributes the cause of the eruption she is laboring under to incessant grief for the loss of her husband, who died seven years previous to the date of her admission. After long continued loss of sleep, and the constant flow of tears, she said she began to experience a burning heat in the nostrils and on the right cheek; presently this cheek became red, tumefied, and covered with pustules; the nostrils also became gradually obstructed, and latterly she could only sleep with her mouth open, to prevent suffocation. The following is the appearance of the eruption when she was first seen by M. Cazenave:—On the right side of the face, the whole of the cheek between the inferior eyelid and the upper lip was covered with pustules and impetiginous scabs; the skin was much swollen, and presented a well-marked coppery color; the pustules were surrounded by a distinct copper-colored areola, which was gradually lost in the healthy or natural color of the surrounding skin. At the external angle of the eye, amongst other places, there existed a remarkable looking patch of incrustation, which, from its aspect, its thickness, the reddish brown color of its areola, &c., was clearly of syphilitic origin. New pustules, in various stages of formation, were scattered here and there on the nose, the cheek, and the upper lip. The mucous membrane of the nares and their septum were also attacked, the latter was even partly destroyed by ulceration. The roof of the nose presented an extremely repulsive appearance, and pustules and scabs of various sizes having formed, also, on the in-

ternal surface of this part, projected outwards and downwards in the form of stalactites of a reddish brown color. On the left side of the face, which was also diseased, the eruption did not extend beyond the ala of the nose on that side and its vicinity. Tumefaction of the cutaneous tissue and the peculiar copper color, which diminished as it approached the middle of the cheek until it became finally lost, were the only symptoms here distinctly marked. It was evident, notwithstanding the virtuous protestations of Marie, that this was a syphilitic impetiginous eruption, and, accordingly, M. Cazenave administered the protoioduret of mercury, and otherwise treated it as a venereal affection of the skin. The patient was recovering fast under this method of treatment; cicatrization was succeeding to all the foul unhealthy looking scabs, and the whole aspect and condition of the eruption was completely modified, when she insisted on leaving the hospital.

Ecthyma Superficialis.—In this form of the syphilitic pustular eruption the pustules are larger, more distinct, indurated at their base, and scab more rapidly than in the preceding varieties. Although the pustules are, as I have observed, generally isolated, it sometimes happens that they are evolved in clusters, in the event of which the scab will be large and thick, and have considerable resemblance to those of the pustulo-crustaceous variety already described. This is a rare occurrence, however, and the incrustations, which are perfectly round, about the size of a shilling, brownish, prominent, raised at the border, and depressed in the centre, will distinguish it at once from the eruption mentioned. The pustules of this form of ecthyma never penetrate into the cutaneous tissue like the deep-seated variety of that eruption. They have a tendency to scab rather than to ulcerate; and when ulceration does take place it is always superficial and is covered by slightly adherent incrustations. When the eruption attacks the forehead and face, as it frequently does, it appears in the form of pretty large sized pustules seated on a copper-colored base, and surrounded by a kind of whitish rim, which marks the termination of a thick, yellowish scab. Several patches appear on the forehead, which are in a short time covered with broad, prominent, greenish scabs; these are raised in some places, depressed in others, and occasionally present a blackish color, irregularly mixed with the green tint mentioned above. Sometimes the pustules are larger than those of impetigo, perfectly round, slightly conical, filled with a thick, yellowish fluid, surrounded by a distinct copper-colored areola, but not seated on an indurated base like other forms of ecthyma superficialis. In these cases the pustules open early, and are crowned by a brownish scab of similar form, of uniform thickness, slightly adherent, and raised at the edges. This form of incrustation invariably reposes on an exceedingly superficial ulceration.

I shall conclude the syphilitic eruptions of the face in my next communication.

29, Margaret-street, Cavendish-square,
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