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PRACTICAL OBSERVATIONS ON DISEASES OF THE SKIN.

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No. VI.

SYPHILITIC ERUPTIONS OF THE FACE.

(Concluded from page 423.)

Papular Syphilitic Eruption.

The syphilitic papular eruption frequently passes into the tubercular form, the most common and important variety of all the syphilides; hence, I shall describe these eruptions consecutively and in the order of transition.

The papular venereal eruption commences by an evolution of small-sized circular spots, of a coppery, red color, upon which small conical papulæ are presently evolved, in the form of groups, similar to those of lichen, but larger, rounder, and more disseminated. These papulæ are of a deep greyish-brown color, or violet brown, perfectly distinct from the well-marked coppery color of the patches on which they were developed. They frequently terminate by resolution, but sometimes suppurate at their apices. A slight elevation of the epidermis is caused by the effusion of a sero-purulent fluid, terminating in the formation of a dry incrustation, which falls off, and is replaced by a kind of scale. Indeed, in some cases where the papulæ are broad and flat, the copper colored patches seem to degenerate into a true scaly eruption; but, as I have already observed, the transition is more commonly into the tubercular species. In general, however, the papulæ preserve their conical or slightly flattened form for a period of variable duration, and then terminate by slight desquamation; or else they shrivel and fade off, leaving behind a brownish violet tint, with or without depression in the skin, which disappears soon after. According to the views of M. Baumés, this eruption, which is often developed before the primary syphilitic symptoms have subsided, is severe and rebellious in proportion as the period of its evolution is distant from the disappearance of the primary disease. It most commonly appears on the upper regions of the body—as the forehead, neck, back, and shoulders. Although it often occurs on the forehead, the face itself is seldom attacked. When the papulæ are small and numerous, and developed on the arm, the eruption has been erroneously supposed to be a syphilitic form of Itch—hence the name of *scabies venerea*. There is no venereal itch; but small vesicles and pustules are so frequently mingled with the papular eruption that the practitioner should be always on his guard not to confound them, or mistake one disease for the other. The syphilitic papular eruption is most commonly met with in adults, and, unlike certain forms of the pustular and tubercular syphilides, is

seldom observed in the new-born infant. Syphilitic lichen occurs more frequently on the face than any other form of the papular eruption, and the innumerable small papulæ characteristic of it often present a shining appearance, which, together with the copper color, gives the disease a very remarkable appearance.

Tubercular Syphilitic Eruption.

This is assuredly the most frequent of all the venereal eruptions. Although it may appear on any part of the body, it attacks the face, the nose, the ears, the eyebrows, and the scalp, much more frequently than any other of the class of eruptions under consideration. The elementary lesions of this and the preceding species are, in point of fact, closely allied. The tubercle is, in most instances, nothing more than the morbid development or hypertrophy of the elements of a papule, and the form and size of this tubercle are determined by the degree of intensity of the accompanying pathological phenomena. The tubercular syphilitic eruption is characterised by an eruption of small, solid, resisting tumors, containing neither pus nor serum. These incipient tubercles are prominent, or slightly elevated above the level of the skin. They are sometimes extensively diffused, whilst at others they are few and limited to a small extent of surface—in some cases disposed in groups or clusters, in others they are disseminated over a great portion of the cutaneous envelope. Their size and form are as variable as their disposition. Thus, for example, they are sometimes as small as a pea, round, shining, and of a reddish, coppery color; whereas in other instances they will be found broad, round, or oval, and imbedded, as it were, in the substance of the cutaneous tissue, or else distinctly prominent, and resting apparently on the external surface of the skin. Again, we may find them smooth and polished in one case—in others crowned either with a thin scale, or with a thick, rugged incrustation.

In one patient they will leave no other traces of their existence behind than that of a greyish coloration, which eventually fades off. In another we may find, after the decline of the eruption, an irregular indelible cicatrix, and very often destruction of the parts in which the tubercles were evolved. The progress of the disease is also irregular; in one instance it will be slow and gradual, in another hurried and rapid. It is often preceded by inflammation of the mucous membrane of the pharynx, of the soft palate, and amygdalæ, by cephalalgia, nocturnal pain, especially in the limbs, and by general febrile disturbance. M. Biëtt described five varieties of the tubercular syphilitic eruption, each depending on some peculiar deviation in the appearance of the general symptoms; and this arrangement has been followed by all subsequent writers on dermatology.* Want of space pre-

* See Casenave's Manual of Diseases of the Skin, art. Syphilides.

cludes me from describing these varieties individually. M. Gibert has observed, that nurses who have suckled diseased children are more frequently attacked by the tubercular eruption than any other form of the syphilides. Small tubercular elevations are evolved round the nipple, and are subsequently converted into scabby ulcerations; fresh tubercles are then developed about the anus and vulva, and the disease may finally be diffused over the whole body. The same writer records a frightful case of the ravages of this dire disease:—A man, aged forty-five, of a sanguineo-lymphatic constitution, had had the primary syphilitic disease several times, and which was always carelessly treated. At the last attack, shortly after taking a warm bath, his body became suddenly covered with an eruption of incipient tubercles. These gradually increased in size, and at the period of his admission into the Hospital of St. Louis, his back was covered with large sized tubercles, mingled with scabby pustules of a horrible appearance; deep and extensive ulcerations ensued, became diffused, and were covered with greenish-looking scabs. The face, the mouth, the tongue, were also attacked by ulcerated tubercles, producing loss of substance in several places; and greyish ulcerations, with sharp cut edges, appeared in the throat and fauces. The patient's face was frightfully disfigured, and extremely repulsive. After ten months' treatment with the arseniate of soda in solution the disease was arrested, and a final cure was established, but the traces of the ravages of the disease were never removed.

Squamous Syphilitic Eruption.

This is a remarkable form of the venereal syphilitic eruptions, for, as M. Cazenave has well observed, in this variety we find not only the ordinary products of inflammation, as serum, pus, scabs, ulcerations, and cicatrices, but a double lesion of the cuticular structure, of the apparatus destined for the secretion of the coloring as well as of the epidermic matter.

The syphilitic squamous eruption is characterised by the formation and appearance of dry, slightly adherent, greyish epidermic lamellæ, reposing on patches of the skin, which are slightly raised, and of a coppery and sometimes of a blackish color. This characteristic color is always to be found; for no matter how small the patches may be, they are never completely covered by the epidermic scale. The lamellæ, which are in general thin, are the result of thickening of the epidermic secretion, which dries, cracks, and is detached in the form of scales. The process of development is, however, sometimes different from that now mentioned, and instead of the formation of thin scales, extensively diffused, the disease may be confined within a narrow compass, and the epidermic matter thickens and assumes the appearance of a horny product deeply imbedded in the skin. The progress of this eruption is always tedious and slow, it terminates by resolution, and never by ulceration or cicatrices, but a blackish hue remains for a long time on the skin after the disappearance of the disease. The syphilitic squamous eruption may assume any of the forms of the simple scaly disease; but the characters it most commonly assumes are those of *lepra vulgaris*, *psoriasis*, and a horny variety of the latter, somewhat similar to *psoriasis palmaria*. That variety which appears in the form of circular

discs is the only one to which the name of syphilitic *lepra* can properly be applied. It should not be confounded with the *lepra venerea* of Alibert and other writers, which is a pustulo-crustaceous eruption (*impetigo syphilitica confluens*) and a good example of the erroneous manner in which the term *lepra* is often used to signify every cutaneous disease of an apparently severe character. This eruption, when it appears in the form of circular discs, is characterised by round patches, slightly raised at the edges and depressed in the centre. These patches never attain the large size of the common form of *lepra*; they are generally about the size of a shilling, frequently less. They commence by a small point raised above the surface, like a large papule, and of a strong copper color. According as they increase, the borders become raised and the centre depressed; by and by the whole patch partakes of the copper color, and is covered to the edge with greyish, dry, hard scales.

The eruption may remain stationary for a long time; the scales fall, and are renewed incessantly, until at length the vitality of the parts become altered and the disease subsides, leaving behind dark-colored patches corresponding to the scaly discs; these discolorations are of a brownish color at the circumference of the circle, and much paler in the centre, whence the deep color first disappears. It commonly attacks the limbs, but may become general, and it often occurs on the scalp, face, and forehead. M. Bielt described a small, white border surrounding the base of each disc which he considered to be pathognomonic of this eruption. This white line is evidently produced by laceration of the epidermis.

Diagnosis.—Although the characters of the syphilitic eruptions are clearly marked, they are, nevertheless, sometimes overlooked or mistaken for those of the corresponding simple cutaneous affections. Their symptoms, however, are very distinct, and the careful observer will seldom fail to detect a certain *ensemble* which it is difficult to describe, depending on the peculiar color and arrangement of the eruption and general state of the patient. To describe the diagnostic signs, individually, which distinguish the syphilides from diseases not of syphilitic origin, would be to recapitulate all the phenomena which characterise the eruptions under consideration, and would extend this article beyond the prescribed limits, therefore referring the reader to M. Cazenave's Manual of Diseases of the Skin, art. Syphilides, for further details on this interesting subject, I shall now proceed to consider the treatment of the syphilitic eruptions.

Treatment.—I shall not enumerate in this place the long list of remedies which have been employed in the treatment of constitutional syphilitic eruptions. I shall confine myself to a consideration of those which experience has proved to be the most useful. Although the utility of antiphlogistics and emollients has been much extolled by writers who considered these remedies sufficient in themselves to cure the majority of cases of syphilitic eruption, the experience of Bielt and Cazenave at the Hospital of St. Louis has not enabled them to corroborate that opinion. The latter writers consider them to be exceedingly useful as auxiliaries, but that if they happen to effect a cure in one or two instances they fail in the great majority of cases, except in the acute papular or exan-

thematous syphilides, which are in general temporary eruptions appearing and disappearing with the primary symptoms.

It should always be borne in mind that a certain amount of irritation of the chylopoietic viscera accompanies the syphilitic eruptions of the skin, and it is obvious that until this morbid condition be removed or else materially diminished, the tendency of the constitutional or functional disorder to manifest itself externally in the cutaneous tissue will be kept up, and every method of treatment will be unavailing. To prescribe therapeutic remedies before that event shall have taken place, with the view of curing the disease, is to err against the principles which a rational empiricism inculcates—to overlook the cause, in the anxiety to remove the symptoms. This observation is not confined to the syphilides. It applies to cutaneous pathology generally, for there are few diseases of the skin which can be called idiopathic in the strict acceptance of that term. The immense majority of them are merely the outward manifestations of organic or functional derangement; hence, the inefficacy of local measures unaided by constitutional treatment. Presuming, then, that this functional malaise is allayed, if not overcome, we shall proceed to point out those remedial agents from which the practitioner is likely to derive the most benefit.

First and most important of all is *mercury*. After a long experience M. Biett came to the conclusion that the preparations of mercury were, beyond doubt, the most powerful remedies that we possess against syphilitic diseases of the skin; although sometimes unsuccessful, they answer our fullest expectations in a great majority of cases, and it seems probable that their occasional failure may depend on the manner in which they have been administered. For example, mercury should never be given in the acute stage of a syphilitic eruption. No precise rules can be laid down as to the quantity to be administered, for it is obvious that this must vary according to the age, constitution, nature of the symptoms, and other concomitant circumstances. The preparations of mercury commonly employed at the Hospital of St. Louis are Van Swieten's solution, or pills composed of corrosive sublimate and opium, and when there is a tendency to excitement in the digestive organs, the soluble mercury of Hahnemann in the dose of a grain daily will be found very servicable. M. Cazenave has found the greatest advantage from using Larrey's syrup in the dose of an ounce taken every morning on an empty stomach. The rules for making these preparations are fully described in Biett's formulary appended to M. Cazenave's Manual. Of all the mercurial preparations, however, Biett derived the greatest benefit from the proto-iodide of mercury. The administration of this remedy under his hands was attended by the happiest results even in the most obstinate cases. It may be employed in the form of pills, in solution, and as an ointment. Subsequent writers on diseases of the skin have borne testimony to the efficacy of this medicine, especially Gibert, Baumés, and Devergie. Biett never found any injurious effects arise from the use of mercury in those affections. It should, nevertheless, be administered carefully, and in the event of symptoms of gastric irritation supervening, the medicine should be sus-

pended at once until these shall have subsided. Biett and Cazenave protest against the old erroneous notion of the necessity of continuing the treatment for a month, or even longer, after the disappearance of the eruption with the view of preventing a relapse. If this plan be pursued it may seriously injure the constitution, and after all it does not give immunity from a return of the disease at a subsequent period.

The ioduret of potassium has, within the last few years, been much recommended in the treatment of the syphilitic eruptions. It had a fair trial at the Hospital of St. Louis, and the result of M. Cazenave's experience enables him to state that its beneficial effects are about equal to those of the proto-iodide of mercury. The former remedy sometimes occasions painful irritation in the throat, and at the epigastrium. The iodide of iron has also been strongly recommended in the treatment of the venereal eruptions, especially in those cases where the bones are affected. It is an excellent medicine, and will be found very efficacious. The preparations, however, that are in common use, as the solution and the solid preparation, cannot be depended on, from their great liability to decomposition. Mr. Scholefield, assistant to Mr. Bell, of Oxford-street, has succeeded in preparing a *syrup* of the proto-iodide of iron, which is not liable to decompose so readily as those now mentioned. I have seen this preparation in excellent condition after the lapse of several months, without being preserved from the light. I think it right to dwell upon this point, especially as the preparations ordered by the pharmacopœia cannot always be depended on. The mode of preparing the syrup will be found in a former number of this Journal.

At the Hospital of St. Louis a preparation, composed of sulphuret of antimony, sarsaparilla, and isinglass, called the "*tisan* of Feltz," has been found to succeed occasionally in cases where mercury failed. The patient may take two or three glasses a-day.

Muriate of Gold.—This preparation, although highly extolled by some writers, is by no means so efficacious as its advocates would have us believe; it was seldom seen to succeed in the practice of Biett and Cazenave. The dose in which it is usually administered is the tenth of a grain applied in friction on the tongue twice a-day.

Subcarbonate of Ammonia.—This remedy has sometimes affected a speedy cure, and especially in cases where mercurial preparations fail. Biett usually commenced with a scruple in some mucilaginous fluid, and gradually increased the dose to two or three drachms during the day.

Sudorifics.—This class of remedies is very serviceable in the treatment of syphilitic eruptions, especially when combined with other remedial agents of a more active character. The sudorifics most commonly employed are the decoctions of guaiacum, sarsaparilla, and mezereon. One of these decoctions may be taken in combination with Larrey's syrup every morning.

Acids.—The nitric and sulphuric acids have been recommended by M. Biett in certain forms of the syphilitic eruptions. M. Cazenave says he has often seen simple cases cured by these remedies. The latter writer also observes that even inveterate cases, especially some forms of the pustular species, will

sometimes yield to the acids after having resisted much more active measures. The ointments used for the resolution of syphilitic tubercles are those of the proto-nitrate, proto-ioduret, or deuto-ioduret of mercury. Gentle inunction should be made with the finger over the largest tubercles. Of all the ointments, however, that have been used at the Hospital of St. Louis, one composed of twenty or thirty grains of the ioduret of sulphur to an ounce of lard has been found to be the most efficacious. M. Bielt employed this remedy with good effect in cases where nearly the whole body was covered by scars and large tubercles. The ointments first mentioned will also be found servicable in modifying or arresting the progress of the venereal ulcer, and the severe pain by which it is generally accompanied may be alleviated by the application of small pieces of lint smeared with the *hydrocyanic cerate*.

The foregoing remedies will be materially assisted in their action by the judicious administration of baths and lotions; thus, for example, alkaline lotions are the most appropriate for cases of pustular syphilitic eruption. The vapor douche will assist considerably in producing resolution of the tubercular form, and should be directed to the parts affected for the space of ten or twelve minutes at a time. Vapor baths are found to be exceedingly servicable in the scaly form of the disease.

I have now sketched an outline of the history of the *Eruptions of the Face*; and, as I have repeatedly observed, these papers are intended merely as an outline, and not a complete history of the subjects of which they treat. For a more elaborate account of the various eruptions mentioned, I refer the reader to the systematic treatises on diseases of the skin, and especially to the work of M. Cazenave. M. Cazenave's essay on the syphilitic eruptions is by far the most complete, the most faithful, and at the same time the most simple account of this interesting class of diseases that has yet been written. Indeed, I know of no other original essay on the same subject that can be at all compared to it; and as a proof of its excellence I may mention that it has been translated into the language of every country in which medicine is cultivated as a science.

29, Margaret-street, Cavendish-square,
March 4, 1843.

REMARKS ON CHOLERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In my first letter to you on the subject of cholera, I stated it as my firm opinion that it was to be ascribed to the “sudden abstraction of nervous energy from the cerebro-spinal system of nerves.” My object, then, in the present communication will be to examine into the state of the nervous system, as the best mode of illustrating what I then intended to convey to your readers. Before proceeding further, I may be allowed now to say, that for the term “abstraction” I would substitute sedative impression. The object which induces me to offer this qualification will, I trust, appear in the sequel.

Having already gone over the more striking symp-

toms of the disease, I may now content myself with the consideration of those more immediately connected with the nervous system, although it is impossible to do this without reverting in some degree to both the respiratory and circulatory systems. This is more necessary from my having imputed a great deal to a deranged condition of the respiratory system of nerves.

The circumstances which now call for especial notice I consider to be the following:—

1. The sudden prostration of all the vital powers.
2. The state of the respiration, which in many of the severer cases has been hardly perceptible *ab initio*.
3. The corresponding diminution of the action of the circulatory organs.
4. The excruciating torture arising from the spasms, which affect both the voluntary and involuntary muscles.

In regard to the first, it may be observed that, even in medium cases, it is so sudden as to prohibit the idea of it being the effect of the discharges, which, in fact, it very frequently precedes. That it is caused by the defective oxygenation of the blood owing to imperfect respiration, is no less improbable; hence, we must look for some other explanation, and such I firmly believe is met with, when we remember the anatomy of the respiratory nerves, on which we know the integrity of action of both lungs and heart to depend.

I am perfectly aware that to this view many and apparently well-founded objections may be opposed, and also that such objections may rest upon the basis of actual experiment. It may be urged that respiration may be artificially sustained when the connection of the lungs with the nervous centre has been interrupted by the division of the pneumogastric nerve; and that the heart may be excited to contraction under similar circumstances. This, I conceive, does not in any measure invalidate my proposition, as a piece of muscle may be made to quiver by the same means; yet will any one be bold enough to assert that muscle is, as to its action, merely influenced by, and not dependent on, nervous influence. My belief is, that the nervous, respiratory, and circulatory systems are so intimately connected, and so reciprocally dependent one on the other, that not one of them can be materially deranged without manifest implication of the others, and of this pathological observation affords us daily evidence. It may not be irrelevant here to advert to the effect on the sensorium produced by disease of the heart, and of cerebral disease on the heart, of which most practical men must have had but too many examples. If, then, we consider the extraordinary and rapid prostration of the powers of the system in cholera, whether we regard the vital or natural functions, we can only account for it by the supposition that the ganglionic system is primarily impressed, in whatever mode such impression may be made upon it. On this a few remarks will be offered, in connection with the causation of the disease. Suffice it now to add, that I deem the existence of a deprivation or depression of the energy of the respiratory and other ganglionic nerves as more than adequate to explain the whole of the phenomena which are justly held as pathognomonic of cholera,