Tanturri is said to have found, by microscopic examination, as much pigment in the intermacular skin as elsewhere, but the probability is that the results of this observer were obtained in cases in which the brown spots only were present.

On the other hand, it is the opinion of Fox that this eruption is a localized loss of pigment surrounded by regions of increased pigmentation, and he considers the essential lesion to be the oval or circular spots of abnormal whiteness. He gives a case, in which this condition followed an erythematous syphilide upon the neck. I fully recognize the fact that decrease of pigment may, in rare instances, be observed on the previous site of a hyperæmic syphilide, but I believe that the lesion under consideration is spontaneous in its origin, and not a sequel of hyperæmia.

It is impossible to speak positively of the early history of this eruption, because it has never attracted attention until fully developed. Its evolution is probably gradual, like that of chloasma and leucoderma, and like them it is a chromatogenous affection.

The most frequent seat of this lesion is the sides of the neck, where, according to Fournier, it occurred in twenty-nine out of thirty cases. It may also invade the chest, abdomen, and even the lower extremities. It is much more common in women than in men, and is especially frequent in those of a light complexion. Its course is extremely chronic, and is uninfluenced by anti-syphilitic treatment. It may disappear, perhaps after months or even years, and it leaves the skin apparently unaltered. It is a very uncommon disease in this country.

The question arises whether it is etiologically related to syphilis, or is a mere accident in the course of the disease.

In favor of the former view, we have the opinion of six observers, who studied the lesion independently. Moreover it is supported by the well-known fact that grave systematic dyscrasiæ, among which we must include syphilis, may cause chromatogenous affections.

In opposition to its syphilitic origin, there are the facts that it differs in appearance from every other specific skin lesion, and that it is not influenced by anti-syphilitic treatment. In my opinion there is a remote and obscure connection between the lesion and the syphilitic diathesis.

For a long time the affection was recognized only by the French and Italian observers, whose studies in syphilis were pursued among classes of persons more predisposed to various pigmentary changes than are the members of the Anglo-Saxon race. Yet it is distinctly stated by them that the affection was met with in persons of light complexion, and it is well known that such individuals are much disposed to ephelides and pigmentary changes in general.

I have sought for this eruption in nearly all the cases of syphilis under my observation for the last eight years, and have discovered only six well-marked instances. I have also seen a similar eruption in a patient with chronic renal disease. Two of my cases were

French women, and the remaining four were Anglo-Saxons of rather dark complexion.

The diagnosis is to be made from chloasma, leucoderma, and tinea versicolor. From the first, the clinical history and the peculiar appearance of the eruption will generally distinguish it. In leucoderma the white patches have distinct brown margins, and perhaps a background of similar color, just the reverse of the pigmentary syphilide. Tinea versicolor rarely exists on the neck exclusively, but is usually continuous with similar patches on the chest. It is darker in color, slightly elevated, and scaly, and may occasion slight itching. Moreover the few scales from the syphilide are composed of epidermis only, while those of tinea are loaded with the spores of *microsporon furfur*.

Malignant Precocious Syphilides.

Under this title French authors have described certain syphilitic eruptions, which have a malignant ulcerative character, appear early in syphilis and are accompanied by general cachexia. These eruptions vary greatly in extent and duration. In some cases the malignant tendency is exhibited from the first, while in others it attacks a previously mild eruption. It has already been stated that certain pustular eruptions, particularly the impetigo-form and the ecthyma-form syphilides, and much less frequently the papular rashes, develop this character. In some instances this peculiar feature of the eruption is due merely to the excessively debilitating influence of the syphilitic poison or to a lowered condition of nutrition. Dr. Ory, who has studied the etiology of the malignant syphilides, concludes that alcoholism is a very potent cause, but that any adynamic influence may have the same effect.

These syphilides are divided into three classes: *the syphilide puro-crustacée ulcéreuse*, *the syphilide tuberculo-crustacée ulcéreuse*, and the *syphilide tuberculo-ulcérante gangréneuse*.

The syphilide *puro-crustacée ulcéreuse* is a pustular rash attended with extensive ulceration and formation of scabs. It begins as rounded pustules, grouped or irregularly scattered, which soon ulcerate and form flat or conical greenish-black crusts which may blend together. The ulcers are deep with sharply-cut, undermined edges and a foul base secreting a fetid pus. Such an eruption appears first upon the face or scalp, where the lesions are often in groups; then it invades the arms and may even extend over the entire body, successive crops of pustules being developed in bad cases. There is rarely a tendency to ringed distribution, but sometimes one group of pustules is increased by the formation at its periphery of new pustules.

The syphilide *tuberculo-crustacée ulcéreuse* begins as a small red tubercle, of the size of a pea, which is rapidly converted into an ulcer with a thick crust. The subsequent course is similar to that of the previous variety, except that the destruction of tissue is often

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much greater. This eruption is prone to appear first on the head and upper extremities. In some cases these regions only are attacked; in others the whole body is invaded. Upon the face the ulcers are often confluent; upon the arms they are usually scattered, but later on groups may be formed by the continual accession of new tubercles. The invasion of this eruption, like that of the preceding one, may be rapid or slow. Its course is chronic, sometimes occupying six or eight months or even a year. During ulceration the lesions sometimes cause a dull pain, and are at all times a source of much discomfort.

The syphilide *tuberculo-ulcérante gangréneuse*, also called by Auzias Turenne *carbunculus venereus*, one of the most formidable manifestations of syphilis, is happily rare. It is always accompanied by cachexia, and if not fatal, always leaves a condition of permanent ill-health. It begins as round tubercles of a dark-red color, slightly elevated and deeply seated in the skin, which attain a diameter of an inch or more. A small blackish slough forms in the centre of each tubercle, and is at first firmly adherent; it extends rapidly and, soon becoming loosened by the secretions, is cast off as a fetid, cup-shaped mass, looking something like an inverted rupia crust. The ulcer thus exposed is very deep, has a foul, dark-brown surface, with hard, everted edges and secretes a fetid ichor. To the touch it gives the impression of being deeply seated and indurated like a typical initial lesion or chancre. Surrounding each tubercle is a broad, deep-red areola. Phagedæna may occur and run a course similar to that of phagedenic gummous ulcers. From time to time brownish-green crusts form and are thrown off. In favorable cases the surface of the ulcer gradually assumes a more healthy appearance, the edges become softer and the areola fades. Granulations appear, and true pus replaces the ichorous discharge. The healing process is finally completed, leaving a depressed cicatrix of a coppery-red color, which gradually fades from the centre towards the periphery of the cicatrix. When fully formed the cicatrix is of a dead-white color, flexible and thin like parchment.

The invasion of this syphilide is generally rapid, but its subsequent course is slow. Usually tubercles are developed in region after region, followed, perhaps, by additional crops. They are irregularly scattered, with no tendency to a ringed form. The face, the extremities, the shoulders and buttocks, are its favorite seats. The eruption may persist for several months, or even years, although in the most malignant cases it runs a course called by French authors "*galloping*." In such cases the invasion is very rapid and the result is generally fatal.

At or shortly before the appearance of these precocious syphilides, the patients complain of weakness, and appear pale and sallow. They often suffer from fugitive pains and neuralgias and from a general sense of discomfort. They have no appetite and become emaciated. At the same time some febrile reaction may be noticed. If not checked, this adynamic condition increases *pari passu* with the

eruption; the patient falls into a typhoid state and dies. Possibly some intercurrent visceral lesion, of the lungs or of the nervous system, hastens the fatal result. In some cases, no definite visceral affection can be detected, and the patient dies of marasmus. Very often lesions peculiar to a later period, such as nodes, necroses, sarcocele, etc., appear with this malign eruption. In other cases, although the syphilide is essentially malignant, health gradually returns after a prolonged period of impaired nutrition and extreme debility.

The prognosis of these syphilides is always grave, since they indicate a most intense and active form of syphilis. The health of the patient previous to infection, his habits, the extent and character of the eruption and the degree of cachexia must all be considered. The course of the lesions and the influence of treatment must be watched. Death almost always results from the intercurrence of some pulmonary or nervous affection.

As regards treatment, every effort should be made to improve nutrition. Much can be done towards checking the course of the eruption by the employment of local measures. Careful dressing of the ulcers, their thorough disinfection, and the early removal of secretions, not only add to the comfort of the patient but promote healing. In spite of every precaution, indelible cicatrices are generally left. Internal treatment must also be employed. The guarded use of mercury, preferably by inunction, with iodide of potassium, sodium, or ammonium internally, is indicated. Opium is often found particularly useful in these cases, by calming the restlessness of the patient, and quieting the pain of the ulcers. In a recent case of my own, in which the malignant syphilide was accompanied by profound cachexia, by severe and persistent rheumatoid pains, and by double iritis, this deplorable condition was, in less than a week, markedly improved by the addition of a little opium to the mixed treatment, combined with tonics. We may sometimes resort to mercurial vapor baths with iodide of potassium or sodium, combined with bitter tonics, internally, beginning with ten- to fifteen-grain doses three or four times a day, and gradually increased by two or three grains daily. Mercury given in this way is supposed to have a beneficial local as well as general effect. The condition of the stomach demands that the most digestible and nutritious food be taken, if possible in small quantity and at frequent intervals. Stimulants, preferably good port wine or brandy, must be given regularly. Such treatment as the above is suitable when the patient is still able to move about. In a typhoid condition, treatment applicable to the adynamic fever is called for, together with the careful use of the iodides. The crusts of the ulcers should be removed after softening them with simple ointment or cosmoline, to which a few drops of carbolic acid have been added. When they cover the whole body, an alkaline bath may be required for this purpose. The exposed surface of the ulcers should be touched with carbolic acid, applied with cotton wool

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or a brush. Its action is twofold; it allays pain and destroys the diseased tissue. The formation of scabs may be prevented by the application of an ointment or the water dressing. An ointment composed of one part of mercurial ointment, one part of Balsam of Peru, and six parts of cosmoline, applied on lint and frequently renewed, is of great service. Simple lead-water or a solution of the bichloride of mercury (gr. xij (0.80) to water ℥xv (460.00) and glycerin ℥j (40.00)) is to be preferred, when there is much hyperæmia. The latter has a special detergent and stimulating effect. As the case progresses, such superficially destructive stimulants as nitrate of silver in strong solution, or fluid carbolic acid, may be indicated. The ulceration is sometimes arrested and repair hastened by prolonged immersion of the body in hot water. These hot baths may be rendered more efficacious by the addition of two or three drachms of corrosive sublimate to each thirty gallons of water. Care must be exercised as regards their frequency and duration. The mercurial vapor bath is often of benefit after removal of all the crusts, but its effect must be carefully watched.

By way of prophylaxis, when the eruption shows a tendency to extend, all possible sources of irritation of the skin must be removed.

Spontaneous Gangrene in the Course of Syphilis.

Very little is known of this possible consequence or complication of syphilis. Prof. Podres, of Crakow, has reported the case of a man, forty-five years old, who, six years after infection, began to have pain in his legs, which became very anæmic, sensitive to cold, œdematous, and, finally, gangrenous. This condition necessitated amputation: first of the toes, then of the foot, and finally of the thigh. Microscopic examination showed inflammation of the external tunic of the arteries, degeneration of their endothelium, with thickening of their walls and obliteration of their calibre. There was also atrophy of the cutaneous glands and nerves. All of these changes were attributed by Podres to syphilis.[1]

Local Treatment of the Syphilides.

The syphilides always require thorough constitutional treatment, and this, as a general rule, should be mercurial. Those of the secondary stage require mercury alone, while those of a later stage are best treated by mercury combined with the iodide of potassium. The opinion largely prevails that gummata of the subcutaneous tissues, being tertiary lesions, demand only the potassium salt, but I regard this idea as erroneous. Under the iodide alone I have often found the result slow and unsatisfactory, while a combination of the two remedies has almost invariably led to a speedy and beneficial

[1] Centralbl. f. Chir., Leipz., No. 33, 1876.

action. In spite, however, of the best directed internal medication, some of the syphilides urgently require local treatment.

The exanthematous syphilides are generally ephemeral, and do well under internal treatment alone. In some cases, however, their persistence upon exposed parts, as the face, the hands, and particularly about the wrists, demands something more for their removal. For this purpose, the best application is an ointment or lotion containing a mercurial salt:

℞. Hydrarg. Oxid. Rubri, vel Ammoniati, gr. x–xx . . .	65—1	30
Cerati Simpl., vel Ung. Aq., ℥j Rosæ	30	
M.		

A small quantity of this ointment is to be rubbed in twice a day, and a liberal quantity be left on over-night. The following may also be recommended:

℞. Ung. Hydrarg., ℥ij	8
Cerati Simplicis, vel Ung. Aq. Rosæ, ℥j	30
M.	

The five or ten per cent. oleate of mercury is also generally useful in the erythematous and papular eruptions. When using any of the above, brisk friction of the parts should be employed within the bounds of avoiding dermal inflammation. In urgent cases, the ointment may be spread on lint and kept constantly applied to the spots.

Lotions are sometimes of very decided benefit, especially in cases of deep coppery pigmentation so often left upon the forehead, which is very annoying to patients and is but slightly influenced by internal medication.

℞. Hydrarg. Chloridi Corrosivi, gr. iv .	25
Ammonii Chloridi, gr. x	65
Aq. Cologniensis, ℥ss	15
Aquae ad, ℥iv	125
M.	

This should be freely sponged on the parts, or, in obstinate cases, be constantly applied by a piece of lint saturated with it. When the pigmentation is scattered generally over the body, or when the erythematous eruption is very chronic, as also in its relapsing form, mercurial vapor baths are our most efficient remedy. If these are unattainable, baths of corrosive sublimate (℥j–iv to 30 gallons of water, with the adition of ℥ij of the chloride of ammonium to facilitate solution) will answer the purpose.

The papular syphilides are, as a rule, amenable to internal treatment, but in some cases in which this has been neglected, and in others of the small miliary form, they are often annoyingly persistent. If the eruption be confined to small areas, the ointment and lotions just mentioned will be all sufficient. If large surfaces are

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involved, we may employ these ointments in the form of inunction, but, in general, baths of various kinds are desirable, and should be repeated as often as may be necessary. In some cases, I have derived decided benefit from sulphur baths, and, again, from alkaline baths (one pound of the bicarbonate or the borate of soda to thirty gallons of hot water). Brisk friction with one of the above ointments will greatly hasten the result.

The most rebellious forms of the early syphilides are those of the palms and soles in their chronic scaly stage. These will persist for long periods unless local be added to internal treatment. The applications should be varied according to the stage of the eruption, and it is desirable to attend to them from their very commencement. When treated early by daily inunction of a salve composed of equal parts of strong mercurial ointment and cosmoline, the papules will rapidly disappear; the cure is hastened by the continuous application of the same, the hands being covered with gloves constantly worn. This ointment will suffice for cases in the true papular stage, but is not sufficient when the papules have become scaly and the skin thickened. We should then adopt the treatment of simple psoriasis, and immerse the parts in hot water, to which an alkali has been added in the proportion of one or two ounces to two quarts. The addition of a handful of bran is excellent when painful fissures are present. This should be repeated every day or two, and the scales be removed when they are softened. After drying the parts, they should be anointed with a mild mercurial ointment, to which a stimulant tarry preparation is a valuable addition in many cases.

℞. Ung. Hydrarg., ℥ij	8	
Ol. Rusci, vel Betulæ Alb., vel Olei Cadini, ℥ss–j . . .	2	4
Gelati Petrolei,[1] ℥j	30	
M.		

℞. Hydrarg. Ammoniati, vel Hydrarg. Oxid. Rubri, gr. x–xx . . .	65—1	30
Olei Rusci, vel Cadini, ℥ss–℥j .	2	4
Ung. Simplicis, ℥j	30	
M.		

These ointments should be thoroughly rubbed in and applied continuously on lint, retained by gloves. In some cases, gloves of India-rubber are best worn during the day, the ointment being applied two or three times. Cases occur in which the thickening is so extensive and severe, that we are obliged to resort to still stronger solutions, as of potassa fusa or pure caustic soda, in the proportion of from one-half to even two drachms to the ounce of water. After soaking the hands or feet in warm water, they should be briskly rubbed with

[1] Vaseline and Cosmoline (essentially the same, but the latter more consistent) have received no officinal name, but the suggestion of their manufacturer, Mr. Chesebrough, "Gelatum Petrolei," is good.

a small pad of flannel tied to the end of a stick and saturated with one of these solutions, paying particular attention to those parts where the accumulation of scales is greatest. The duration of the rubbing is to be determined by the sensations of the patient and the effect produced, but it is desirable to avoid producing a very raw surface or too acute inflammation, the object being merely the removal of effete epidermal scales. The parts may subsequently be so tender as to require the use of a water dressing for a few hours, but, as soon as possible, one of the ointments above mentioned should be applied. By the judicious use of this treatment, continued if necessary for a considerable time, cases of great severity may be cured.

I have omitted to mention that in some cases of syphilitic psoriasis of the palms, the patches are in an inflamed condition, which must first be relieved. For this purpose we envelop the parts in unguentum diachyli spread on strips of linen, and later on use the following ointment:

℞. Emplast. Plumbi, ℥vj	24
Ung. Hydrarg., ℥ij	8
Ol. Betulæ Alb., vel Ol. Cadini, ℥j . .	4
M.	

For the treatment of scaling syphilides of the palms and soles, I have, within two years, used combinations of salicylic acid with good results. It may be employed in the proportion of fifteen to thirty grains to the ounce of vaseline. In obstinate cases, one drachm of the oil of cade may be added to this quantity. In mild cases, this ointment will cure, without the previous stimulating treatment, but in more obstinate cases the latter must be used.

While, as a rule, the erythematous, the papular, the papulo-squamous and tuberculo-squamous syphilides yield to internal treatment, in some instances the lesions are very obstinate. In hospital practice, I order the inunction of mercurial ointment in cases of extensive eruptions of the above forms. In this way we get the local and constitutional effect of the remedy, and thus gain much time. In private practice, this method can also be followed in some cases. For the most obstinate forms of papular and tubercular syphilides, more particularly those accompanied with much scaling, we have a most efficient local remedy in chrysarobin, an agent which has been found so useful in psoriasis. It may be employed in the form of ointment, in the strength of from fifteen to thirty grains to the ounce of vaseline, to which one drachm either of the oil of cade or of white birch may be added. After an alkaline bath, the scales are removed, and then the body rubbed down with this ointment. As a rule, a few applications will cause the eruption to disappear, but, in case of its rebelliousness, we may resort to one of the mercurial ointment combinations spoken of in this section. Care must be used to avoid the face and hands when using this ointment, since its application is followed by a deep copper-colored staining. It must also be borne in mind that some subjects are especially liable to develop se-

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vere inflammatory reaction of the skin after the application of chrysarobin; hence, in cases of very extensive eruption, it is well to use the ointment at first only on one portion of the body, and, having watched its effects, if satisfactory, then to use it extensively.

Again, in cases of hypertrophic and vegetating papular or tubercular syphilides, I have found much benefit from a combination of salicylic acid and chrysarobin in a liquid form. Thus, I have used the following:

℞. Acidi Salicylici, ʒj 4
Chrysarobin, ʒss 2
Glycerinæ, ℥j 30
M.

This may be painted on the spots once daily. Again, I have used these agents in the above strength suspended in collodion. The latter preparation has yielded on my hands excellent results in cases of hypertrophic papular syphilides of the vulva and anus. In these cases care must be taken to free the parts from discharge, and to keep the surfaces from coaptation after the application by the interposition of lint or absorbent cotton soaked for a time in cold water. Then, again, I have used in these specific condylomata, as well as in cases of non-specific vegetations, the following modification of a formula which has obtained much celebrity as a remedy for corns on the hands. It is as follows:

℞. Acidi Salicylici, ...
Ext. Cannabis Indicæ, āā gr. xxx . . . 2
Collodion flexible, ℥j 30
M.

This should be painted on the surface after it is carefully cleansed and dried.

The early pustules upon the scalp are commonly so small and ephemeral as to require no special treatment, but in some cases they are so copious and persistent as to render local applications desirable.

Shampooing with an alkaline lotion, careful removal of the scabs, and the application of the following ointment, is generally all that is necessary.

℞. Unguent. Hydrarg. Nitratis, ʒij . . . 8
Gelati Petrolei, ℥j 30
M.

Pustules of the malignant precocious syphilides, wherever situated, often exhibit a destructive tendency. The removal of the scabs is the first necessity, and to this end one or more immersions in alkaline baths are generally sufficient to soften them so that they can be taken off without difficulty. If the exposed ulcers are very painful, they may be touched once or twice with carbolic acid diluted in water, about one part to five. This application not only stimulates the sores but relieves the pain. If the ulcers are numerous, the subsequent dressings are somewhat tedious. They should be dusted over with iodoform,

or this may be used in etherial solution or in a salve, or, again, these and other open ulcers may be covered with the Emplastrum de Vigo cum Mercurio, spread on lint or soft leather.

Serpiginous ulcerations may be treated in the same way as the above, or, after the removal of the scabs, a stimulating lotion, as the following, may be kept constantly applied.

℞. Hydrarg. Chloridi Corros., ʒss . . . 2
Acidi Carbolici, ʒj 4
Glycerinæ, ℥j 40
Aquæ ℥xv, ... 460
M.

Profuse granulations may spring up in the ulcerated ring and require pencilling with the stick nitrate of silver. Beside the lotion just mentioned, the following ointment is often very beneficial.

℞. Ung. Hydrarg. Nitratis, ʒij 8
Bals. Peruv., ʒss 2
Gelati Petrolei, ℥j 30
M.

This treatment is applicable to almost any form of syphilitic ulcerations, and to rupia especially. The vegetating or hypertrophic syphilides should be treated by repeated slight cauterizations with carbolic acid (one or two parts to six of water), or with a solution of nitrate of silver (℥j to ℥j). They may also be benefited by the various mecurial baths.

Cheron,[1] some years ago, proposed a novel method, originally used by Corradi, for treating anal and vulvar condylomata and ulcerated syphilitic papules in general, which consists in the application to the affected surfaces of a strong solution of nitrate of silver, or of the solid stick, after which the parts are gently rubbed several times a day with a piece of metallic zinc. The mode of action is called *cathéterie*, is a chemical one, and described by their author as follows: "In cauterization with nitrate of silver, the reduction into metallic silver takes place slowly, and the modification of the tissues is due to their impregnation with that agent as well as to the physical forces developed under the influence of the chemical action produced. When, in addition to cauterization, the contact of metallic zinc is added, the chemical reaction is more energetic, since by contact with the last metal the reduction of the silver is instantaneous, and the intensity of the physical forces developed is more considerable; consequently, the modification of the organic tissues is more rapid and profound." He claims for this method rapidity of cure.

The treatment of gummata varies according to their condition. In the stage of infiltration before ulceration has occurred, vigorous internal medication, combined with the constant application of equal parts of mercurial and oxide of zinc ointments may cause their absorption. When they exhibit fluctuation or point like a furuncle, it

[1] Traitement des Syphilides Papulo Hypertrophique. Paris, 1875.

may become necessary to incise them, but it is well not to be precipitate, as they will sometimes be absorbed even in this stage; and we then avoid any solution of continuity in the skin. Gummatous ulcers vary so much in depth and in the amount of morbid tissue at their base, that no absolute rule can be laid down as to their local treatment. When we find a foul, indolent, necrotic base, thorough cauterization should be made with a strong solution of caustic potash or soda (ʒj–ij to ℥j of water). Healing will not take place until the necrotic tissue is destroyed, hence it is necessary to cauterize until a healthy, granular base is seen. After the cauterization, a water dressing may be applied until all inflammatory action has passed off, when the ulcer may be dusted with iodoform, while to the reddened areola the mercurial and zinc ointment, already mentioned, may be applied. As the base of the ulcer becomes more superficial, the necessity of cauterization ceases and should exuberant granulations spring up, as is often the case, they may be touched with nitrate of silver.

I have used with gratifying success, in the treatment of ulcerating gummata of various degrees of severity, a modification of Schede's method of treating wounds. The plan I have followed in my wards at Charity Hospital is as follows: Take a given quantity of fine white sand, which has been well sifted, washed, and dried by heat. This is then allowed to macerate in a watery solution of bichloride of mercury (one part to two thousand) for some hours, and then again dried by heat. The ulcers are then filled with this sand, and over this a layer of absorbent cotton, which is kept in place by a roller bandage. The dressing may at first be applied twice daily, but as healing occurs once will suffice. This treatment has the advantage of stimulating the wound, and at the same time of absorbing the discharge. In some instances, a film of iodoform salicylic acid may be dusted over the ulcerated surface, and then over this the sand may be dredged. Again, in very bad cases, the wound may first be cauterized with the solution of caustic potassa before mentioned.

In the more superficial gummata, and in ulcerating syphilides generally, I have derived excellent results from the continuous application of subnitrate of bismuth. This may also be combined with calomel (one to ten), or, again, with iodoform, according as the tendency to ulcerate is observed. From considerable experience I am led to expect much benefit in future from these two latter applications.

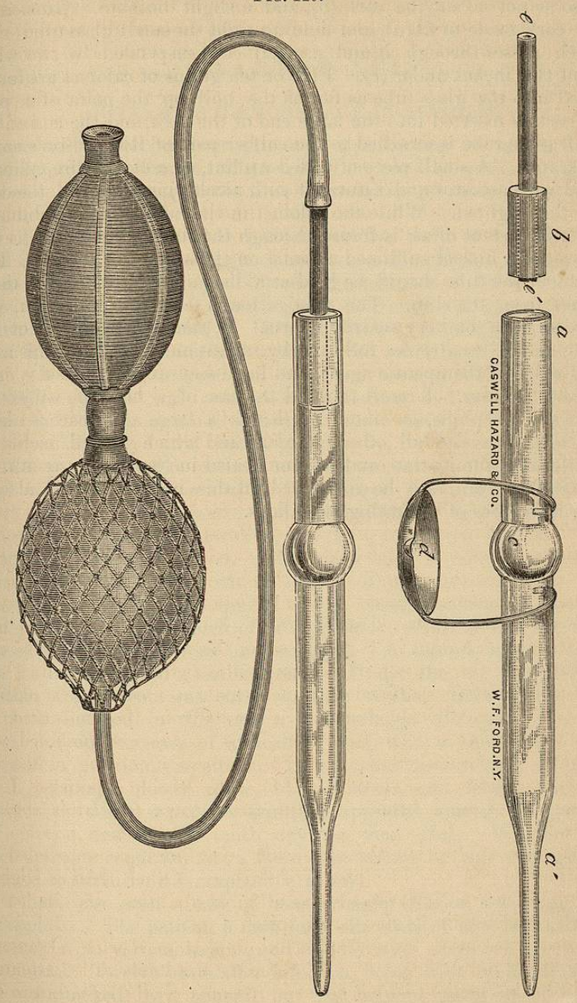
Another application for ulcerating syphilides, recommended by Guillaumet,[1] is the bisulphate of carbon. Other than a slightly stimulant action, it possesses no medicinal qualities, and its use is much restricted by its disgusting smell.

Local mercurial fumigation may often be used with advantage, when other means fail. Dr. W. S. Smith[2] has lately called attention again to this method which he uses, not only on the skin, but to the

[1] J. de thérap., Paris, No. 3, 1875.
[2] Notes on the Treatment of Skin Diseases, British Med. Journal, May 7th, 1881.

lips, tongue, tonsils, and interior of the mouth and nose. Smith

Fig. 119.



employs an apparatus, devised by Dr. F. B. Kane,[1] Fig. 119. This

[1] Mercurial Fumigation; Description of a new apparatus. Dub. Journ. Med. Science, November, 1874.

consists of a glass tube, about ten inches long, drawn out to a fine nozzle at (a'), and cut off with a file at (a), the edge being rounded off so as not to cut the cork (b), and a slight bulbous expansion at (c); cork made to fit (a), and holding tight the small glass tube ($e\,e'$), which passes through it and a metal cup, suspended by two wires about two inches under (c). Five or ten grains of calomel are introduced into the glass tube as far as the bulb on the point of a pen, the cork is inserted into the large end of the tube, and the end of the small glass tube is attached to the rubber part of Richardson's spray apparatus. A small piece of rolled-up lint, or a small wire cylinder filled with asbestos and saturated with alcohol, is placed in the cup, and then lighted. While the calomel in the bulb is being sublimed, a gentle current of air is forced through the tube. The result is the deposit of a film of sublimed calomel on the surface of the sore. The nozzle of the tube should be held at a distance of from one to three inches from the skin. The fumigation is easy of application, and painless even on very sensitive parts. It causes no unpleasant results, and is usually not followed by salivation. I regard this as a very efficient therapeutic agent, and have seen excellent results in a number of cases. I recall to mind the case of a boy, the subject of hereditary syphilis, on whose thigh was a large gummatous ulcer, which had resisted all other remedies, and which yielded readily to this form of fumigation, and became healed in less than a month.

Iodoform can also be volatilized in this manner, and is also of benefit in cases of ulcerating syphilides.

CHAPTER XII.

CUTANEOUS HÆMORRHAGE IN SYPHILIS.

Any of the secondary eruptions of syphilis may be accompanied by hæmorrhagic effusion, either around or into the substance of the lesion. It may occur on the lower extremities of those whose general health is unimpaired, and is then not of serious import; or it may occur on various other portions of the body of broken-down and scorbutic persons. In all of these cases the effusion is secondary to the specific process, spontaneous transudation of blood into the skin of syphilitics being quite a rare occurrence. A case of much interest has been reported by Bälz[1], as follows: a man, aged twenty-five, healthy, but having had typhus fever, when syphilitic one year suddenly and without premonition became covered with a blood-red exanthem. This was composed of discrete and confluent spots, varying in size from a millet-seed to a silver dollar. The blood-red color rapidly faded and left slightly scaly, reddish- and greenish-yellow patches similar to those seen in scorbutus. Coincidently he had swelling of the joints of the little finger, wrist, right elbow, and both feet, due to intra- and peri-articular hæmorrhagic effusion. The cheeks and eyelids were swollen, but the gums were normal. The urine did not contain blood. Four days later a new eruption occurred simultaneously with an attack of pleuro-pneumonia. For the latter an ice-bag was applied to the chest, resulting in the development of a large patch of effused blood, which slowly subsided, the skin being œdematous and sensitive. A second application of the ice-bag produced a similar result. Under the use of iodide of potash the patient was cured in four weeks. Bälz thinks that syphilis induced in this case a hæmorrhagic diathesis. He also speaks of another case of a healthy man, who, a short time after syphilitic infection, was attacked by a general hæmorrhagic eruption, with epistaxis, bloody urine, bloody stools, and febrile reaction. Several days later a papular syphilide appeared among the patches of effusion, and on the tenth day the man died. Whether this hæmorrhagic condition was a mere coincidence, or was etiologically related to syphilis, it is impossible to say.

I have also seen a case of hæmorrhagic effusion occurring late in syphilis. The patient, a man forty-six years of age, had suffered severely from various lesions, and of late with extensive ulcerating gummata. Twelve years after infection, being in a cachectic state, he was attacked by a general but not copious eruption of bullæ.

[1] Ueber hæmorrhagische Syphilis. Arch. d. Heilk., Feb., 1875.

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