

of ergot in his food. General bronchitis was now found (which had commenced a day or two before), and increased with extreme rapidity, the patient becoming more and more cyanosed, and dying on the 15th.

*Necropsy.*—Lungs intensely emphysematous; great congestion of lower lobes; intense bronchitis, bronchi being filled with dirty-coloured, fetid pus.

(To be concluded.)

## ON SOME OF THE MANIFESTATIONS OF SYPHILIS.

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SYPHILIS is a disease which presents itself to the medical practitioner in so many different forms that one is apt to overlook the possibility of the venereal virus being the original cause of the complaint. One patient suffers from hemiplegia; another has excruciating headache, followed by paralysis; another gradually loses his sight,—these symptoms arising from the presence of gummata, periosteal disease, or the arterial or nervous changes met with in syphilis, and uninfluenced by treatment adopted for such symptoms when arising from other causes, but, on the contrary, very much influenced by the proper administration of mercury or iodide of potassium, which we can only feel justified in administering to any extent when we feel sure that we have made a correct diagnosis. In other diseases there is a certain amount of regularity about the symptoms which is not to be met with in syphilis, and this certainly aids us in arriving at a correct conclusion. For instance, the left hemiplegia, arising from the presence of a clot, gives rise to a certain set of symptoms generally met with when it occurs from local pressure; whereas in syphilis it may be accompanied by aphasia, or perhaps ptosis, on either side, owing to the mischief not being so localised in the latter instance.

The following are examples of such cases, where great difficulty was met with in obtaining a proper history, and where decided improvement followed the administration of mercury.

The first case is that of a married woman, aged thirty-eight, who, when I first saw her, was suffering from aphasia; her memory was impaired, her mental faculties generally had deteriorated, she was rapidly losing flesh, and her appetite was poor. She had been married twice, but had never borne any children, nor had she at any time miscarried. Soon after her marriage with her first husband she had suffered from ulceration of the throat, nodes on the shins, and inflammation of one eye; but the pupils acted well now, and no evidences of former disease of the eye were apparent. She had been treated at the time for syphilis, but had not persevered with the treatment, she thought, long enough to ensure a cure. For the last sixteen years she had been an ailing woman, and had had eruptions of the skin, with occasional attacks of sore-throat. Six months ago she noticed that she could not speak as well as usual, and this inability had increased daily up to the present time. I prescribed the perchloride of mercury with sarsaparilla and bark. These remedies she continued to take for three months. She gradually improved, and at last could talk almost as well as ever; her memory improved, and her mental powers were as vigorous as they had ever been.

Finding that she had so far recovered, she gave up treatment entirely. In about two months afterwards she was brought to me by her husband. I found that she could hardly speak, her memory seemed to be all but gone, she was quite insane, and had an impression that all her friends were in league against her; she had frequently attempted to injure those about her, and had at last to be removed to the lunatic asylum. I have never seen or heard of her since.

The second case is that of a man, aged thirty-seven, who complained of attacks of excruciating pain, which extended from the eyes to the occiput, and which invariably was worse at night, prevented him from sleeping, and, he said,

nearly drove him mad. He had frequently suffered from attacks of this kind during the last eight years, but never from such a one as the present, which had lasted nearly three weeks, and the pain now seemed to increase day by day. On inquiry I found that he had suffered from syphilis seventeen years ago. He had had skin eruption, severe sore-throat, and some chronic disease of his left testicle. He had married four years ago, but his wife had never borne any children, nor had she miscarried. I prescribed the iodide of potassium, which acted like a charm, and under its influence the headache passed away, his appetite improved, and he rapidly regained flesh and strength. Then I ordered him to take the perchloride of mercury for some weeks. He took it until his gums were slightly touched. I watched the case for eighteen months, during which time no return of the pain occurred.

About five years ago I attended a married lady who had an immense ulcer of the left palate on the left side; it had worked its way to the nasal cavity, and presented the appearances generally considered as characteristic of epithelioma. The parotid gland on the left side was enlarged and tender. She had been complaining more or less of this sore-throat for six months and had been ailing the whole of that time; her nights had been sleepless, owing to severe pain and other uncomfortable sensations in her throat; she had got weaker and thinner day by day, and now she could hardly walk; her skin was sallow and ill-nourished; her face looked very careworn and haggard. The appearance of the ulcer, the great deterioration in health which had taken place within the last six months, together with the general cachetic appearance of the patient, seemed to favour the supposition that the ulcer was of a cancerous nature. However, I found that she had been married about eight years; conception had never occurred; she had suffered from a rash which had never been treated, and from slight sore-throats, which she had looked upon as evidences of cold; her left pupil was irregular and smaller than the right; and she complained of great pain in the right iliac region just before and during menstruation.

Taking all these symptoms into consideration, I came to the conclusion that the ulcer was of a syphilitic nature, and prescribed the 1-20th of a grain of the perchloride of mercury with decoction of bark three times a day. The ulcer gradually healed, the patient gained flesh, and in three months was, as far as I could judge, cured. I may state that the ulcer had been treated locally and general tonic treatment had been adopted internally, but with no good result.

A patient, about thirty years of age, some years ago applied to me in order that I might endeavour to ascertain the cause of her sterility. She had been married about seven years, had always menstruated regularly, but had suffered from more pain for two or three days previous to menstruation since she had got married than before; more especially was the pain felt in the right iliac region. The cervix and fundus uteri were in a normal state; the left ovary natural; the right large, hard, and tender to the touch. I ascertained that in a few months after her marriage she had been treated for rash and sore-throat, and her hair had almost entirely come off. She considered that she had quite recovered, but had never felt quite well. As a few patches of psoriasis, of a copper hue, were still visible on the body, (though, owing to their being covered by clothing, they had not received much attention), I placed the patient under the influence of mercury, hoping thereby to relieve the ovarian symptoms, which I had no doubt, in my own mind, were dependent upon syphilis. I gave her the one-twentieth of a grain of the perchloride three times a day, and kept her under my care for about three months, during the whole of which time she continued to take small doses of the remedy regularly, but never except once to such an extent as to touch the gums. The rash gradually disappeared, the ovarian enlargement and tenderness passed away, and the patient regained her strength. In about eighteen months afterwards she was delivered of an apparently healthy child. I may state that the husband had been treated and apparently cured by the family medical adviser, but the wife could not be prevailed upon to take medicine when she had been partly cured.

The first case was one of those lamentable instances we meet with occasionally, where a life is rendered miserable by the presence of disease which does not progress rapidly, but is the cause of general ill-health, until at last—why we often know not—sudden action is set up and rapid

advance is made, ending in this case in total disorganisation of the nervous centres.

The second patient had been a martyr for a long time, had been under treatment and sometimes relieved, but had never told any of his medical advisers that he had at any time suffered from syphilis.

With regard to the third case, this patient suffered from a large ulcer, which had all the appearances usually presented by epithelioma—the enlarged gland and incipient cachexia, which was very similar to the cachexia of cancer,—but on inquiry I found that symptoms of syphilis had evinced themselves, and prescribed mercury, hoping that the ulceration was dependent upon the presence of the syphilitic virus, and fortunately success followed the administration of the remedy.

I remember some years ago meeting with a similar case. The patient had been married about ten years, had never conceived, and the soft palate was ulcerated to a very great extent; the ulcer apparently was epithelial cancer. I could not find that any symptoms of syphilis had ever been observed, but as this large chasm was rapidly increasing in size in spite of all treatment, and as death seemed to stare my patient in the face, I prescribed mercury, and had the pleasure of noticing that under its influence the ulcer gradually healed.

I always look with more suspicion upon an ulcer of the soft palate, a part out of reach of local irritation, than to one of the lip, cheek, or tongue, parts which are apt to be irritated, the first by pipes, the remaining two by teeth decayed and broken.

The fourth case shows how necessary it is in all cases of sterility to consider the possibility of syphilis being the cause of the complaint, to inquire carefully into the previous history on both sides, and, if any symptoms or signs be still present to such an extent as to justify us in treating, at once to place the patient under the influence of mercury, and thus to improve health which has been deteriorated by the presence of the syphilitic poison, and at the same time, perhaps, cure the sterility, which in many cases creates a certain amount of unhappiness in a family.

From all the cases I have seen I have learnt to appreciate the great difficulty there is in the majority of instances in getting at the truth; the patient, unfortunately, will deny ever having suffered from syphilis, although the medical man may even express a hope that syphilis may be the cause of the present disorder, and state that unless it is, the case is sure to terminate fatally; and hence the necessity for looking out for an adherent iris, an eruption of the skin, or any sign which may tell a tale.

With regard to treatment, except for nodes and gummata, I have found mercury the only remedy. Of course, if the patient be in a cachectic state of health, be suffering from rupia or ecthyma, which, as a rule, are preceded by a phagedænic ulcer, nitric acid and bark or other tonic remedies must be given first; but at some time or another mercury must be given, and I believe it is better to give it in small doses and for a prolonged period than in large doses for a short time; and although the iodide of potassium has a somewhat similar effect to mercury upon the system, acts upon the secreting and excreting organs, promotes absorption, and in syphilis relieves the pain from nodes and removes the swelling, I think it is far safer, even after the nodes have entirely disappeared, and the pain from them has entirely subsided, to place the patient under the influence of mercury, to secure, as far as possible, immunity from further danger from other and more serious evidences of the presence of the disease than nodes, for how often do we meet with patients suffering from tertiary symptoms who have previously had nodes, which have been effectually cured by the administration of iodide of potassium, which has been given for a prolonged period.

**BEQUESTS ETC. TO MEDICAL CHARITIES.**—The Great Northern Hospital has received £450 under the will of Mrs. Hunt. The Leicester Infirmary has received £288 3s. under the will of Mr. John Spencer, of Aston. Mr. John Purcell Fitzgerald bequeathed £200 to the Salford and Pendleton Royal Hospital and Dispensary, and £100 each to the East Suffolk and Ipswich Hospital, the Essex Hall Asylum for Idiots, near Colchester, the London Hospital for Diseases of the Heart, the Royal London Ophthalmic Hospital, and the Brompton Hospital for Consumption.

## NOTES ON SOME OF THE LESS COMMON FORMS OF SCARLATINA, WITH CASES.<sup>1</sup>

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### SCARLATINA SINE ERUPTIONE.

**CASE 1.**—During the prevalence of scarlet fever in a severe form, on May 3rd a youth, aged sixteen, was taken ill, and had severe rigors. The bowels were much purged. On the 5th the tongue was dry and brown, throat painful, tonsils swollen and deep red, covered with thick, glairy mucus. There was copious discharge of mucus from the nose. He had a very anxious look about his face. Pulse 130, small and weak. The next day, May 6th, general condition the same; delirious all day; kept constantly trying to get out of bed. He was evidently in a very critical condition. I had formed the opinion that he was suffering from scarlatina. I ordered compound tincture of chinchona, tincture of digitalis, and solution of acetate of ammonia. The next day he was more composed, and looked less anxious. The tongue was moist, red round the edge, and furred in the centre; tonsils less swollen; the nasal discharge purulent; purging abated; pulse fuller and slower. On the 9th the tongue resembled a strawberry, as in scarlatina; tonsils normal in size, but with the soft palate covered with superficial ulceration. The case did well, and there was a good recovery. There was no desquamation.

**CASE 2.**—On May 9th, in the same house, the servant girl, aged fourteen, suffered from high fever. Throat and soft palate were red and painful. There was no rash, and no desquamation.

**CASE 3.**—On May 9th, in the same house, the daughter, aged eight, suffered from high fever. The throat was red, as in scarlet fever. The skin was red all over, as from slight erythema rather than scarlatina.

**CASE 4.**—On May 10th, in the same house, an infant had a well-marked attack of ordinary scarlatina, with rash freely out.

**CASE 5.**—On May 15th, in the same house, the son, aged six years, had a sharp attack of well-marked scarlatina. The rash was thickly out; the soft palate and tonsils were of a deep-red colour and dotted with ulcers. There was copious desquamation.

I could give other instances similar to these. There was no doubt about there being no rash in the earlier cases. I directed special attention to them. Sir William Jenner says of "scarlatina sine eruptione": "I doubt the existence of this. There are many cases where the eruption is very slight indeed, just a scarlet blush lasting a few hours, and perhaps there are cases without any rash."<sup>2</sup> On the other hand, Bretonneau says:—"Although the cutaneous eruption which usually accompanies scarlatinal angina presents a character which is easily discerned, it cannot be doubted that the phlegmasia of the pharynx proper to scarlatina often exists without being accompanied by the other symptoms of scarlatina."<sup>3</sup> Graves, Trousseau, Wunderlich, and others express opinions similar to Bretonneau's.

**CASE 6.**—Here is another case which occurred during the same epidemic as the others. Mary T—, aged twenty, an unhealthy, anæmic girl, who suffered from leucorrhœa and repeated abscesses of the labia at the menstrual periods, was taken severely ill on June 12th with sore-throat and fever. There was diarrhœa with severe headache and delirium. The tongue was at first heavily furred, and then presented the strawberry appearance of scarlatina. The throat, tonsils, and soft palate were swollen, and of a deep-red colour. There were for a short time a few red punctuations under the skin, but from first to last there was no rash. There was free desquamation subsequently. She made a good recovery. This girl was very ill, and the diagnosis lay between brain-mischief and scarlatina, which was epidemic at the time. I expressed the opinion that it was the latter, as it afterwards proved to be. Trousseau mentions several cases similar to this; in most of them the rash

<sup>1</sup> Read before the Doncaster Clinical Society, May 6th, 1879.

<sup>2</sup> THE LANCET, Jan. 8th, 1870.

<sup>3</sup> Memoirs on Diphtheria, New Syd. Soc., p. 109.