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PUSTULO-CRUSTACEOUS SYPHILIDE.

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WHEN pustulo-crustaceous lesions are noted in syphilis it is usually an indication of a comparatively late cutaneous manifestation of the disease. They also tend to show that the treatment pursued has not been sufficiently active in its nature, or that a total neglect of all treatment has occurred in a very short time after its inception. It may be added that the appearance of a pustulo-crustaceous or purely crustaceous syphilide is a more or less reliable indication that the general condition of a patient, as far as his tissues are concerned, is below par. This is in accord with the general observation that all suppurative processes which continue and do not heal spontaneously (so far as the skin is concerned) indicate the presence of a certain amount of constitutional debility which requires correction. This correction, in the case of syphilis, is a *sine qua non* to obtain a degree of success in the final disposition of the subject so affected. It must be understood that it is not alone sufficient to employ specific medication, but it is absolutely necessary to employ general roborant measures, such as iron, the bitters, and whatever else may be indicated by the necessities of a case. This course is to be pursued not only for the purpose of procuring a better general state, but also to bring about a condition of the tissues which will enable them, as a natural consequence, to offer a greater resistance to the deleterious effects of the syphilitic process. At the time that the pustulo-crustaceous syphilide has made its appearance, the luetic process has already firmly fixed its foothold upon the organism and is at that point when it threatens to bring about destructive changes, which are very apt to be of a very serious nature and not so easily amenable to treatment as its immediate precedents.

For these reasons it is not alone sufficient to employ specific medication of the best, but it will be found that roborant measures are also not

only necessary but indispensable. This is demanded not only to procure a better general state, but also to bring about such a condition of the tissues as will be much better and, as a natural result, offer a much greater resistance to the deleterious effects of the syphilitic process. The lack of success in the treatment of these forms of syphilis is often to be attributed solely to this very lack of attention to general treatment, and many a method has been described, when, in reality, it was the fault of the physician, who depended too much upon "specific" medication, and lost sight of the quality of the material upon which he was working. In many cases the patient is actually injured by mercurial or iodic medication, where an adjuvant in the way of a good general tonic would have brought about the most happy results.

The different forms of the pustulo-crustaceous syphilides which are met with may be said to be almost infinite in number and variety. The lesions themselves are pustules primarily, but with such thin and frail walls that they soon burst open and pour out their contents, which rapidly desiccating form crusts, which are more or less adherent. A peculiarity which may be observed is that when several small pustules are situated close to one another, they are apt to coalesce and as a result a rather large crust is formed. In all cases it will be found that the crusts are always underlaid by a layer of pus and adhere chiefly by their edges; and, if several pustules have coalesced, the original dividing portion between them also becomes a point of adhesion for the crust. The lesions of the pustulo-crustaceous syphilide may occur in any locality, and it would require a volume to give pictures of the different localizations alone. The lesions also vary greatly in size. They may be small and aggregated; of a medium size and more or less disseminate; and, again, large and comparatively few in number.

This syphilide is more particularly to be observed in those who indulge in manual labor or who make much use of their muscles. Of course, this does not mean to apply that those who have never labored may not exhibit it. But, even in these latter cases, they are most often individuals who have deteriorated their general state of health by drinking, debauchery, exposure and lack of good food, not to mention exposure and other unhygienic surroundings. Brain workers, such as authors, business men, students, and professional men in general, are by no means as prone to exhibit these lesions as laborers. This is a matter of common observation, and is a valuable guide when the treatment of a case at its inception is undertaken. For, whilst the individual who uses his muscles must be given those means which shall increase his muscular and analogous tissues, brain workers must have their entire nervous system placed in the best possible condition. It must not be forgotten, however, that those who are not cleanly in the care of their persons, or who, as occurs in many cases, are positively filthy, are very apt to exhibit this form of syphilide than those who are cleanly. On the other hand, it is sometimes encountered in the most cleanly.

The pustulo-crustaceous syphilide manifests itself in a number of different forms, which may be reduced to three general types. In one form there is quite a marked dissemination of the lesions at the beginning of the eruption. The pustules are pin-head in size and closely aggregated. In a

very short time they burst, but they do not all do so simultaneously. On the contrary, a certain limited area will present its surface as the site of the

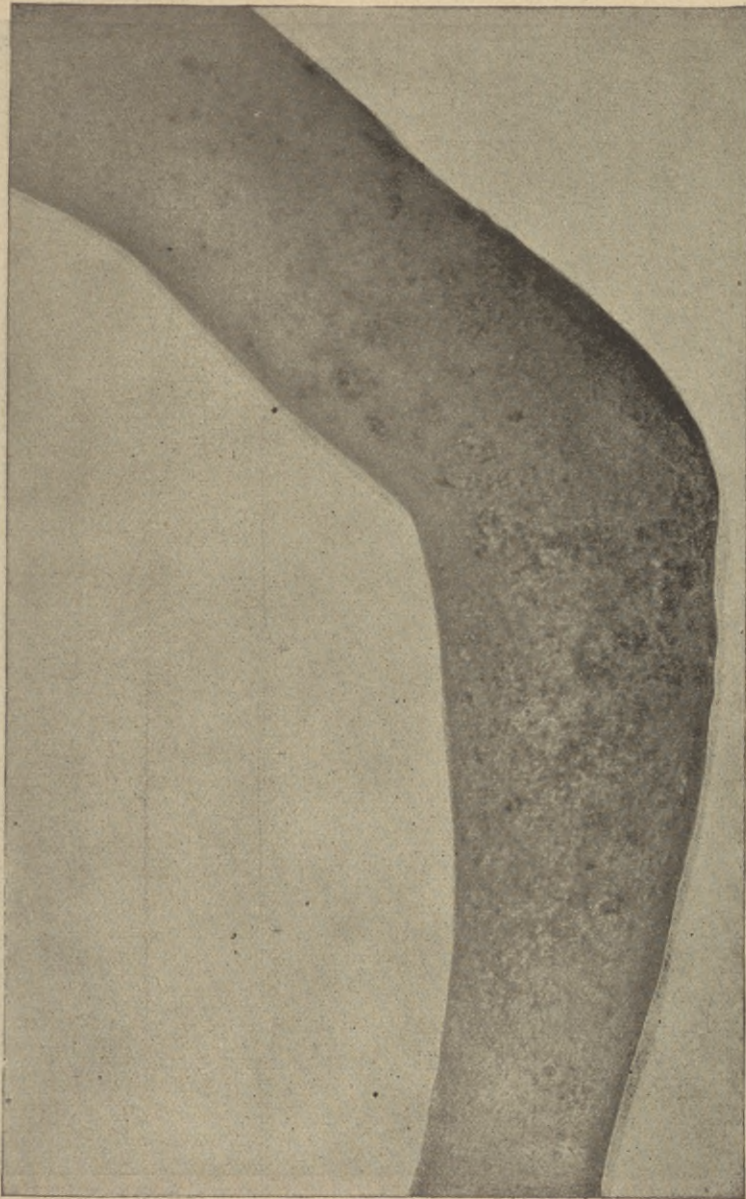


FIG. 1. Pustulo-Crustaceous Syphilide (Small Disseminate Form).

burst papules, and these pour out their contents, consisting of pus, some blood, and serum. This rather quickly dries, and yet there remains a certain quantity of pus which forms a thin layer under the crust which has

formed. The crust not permitting the escape of pus from the original lesions, the process becomes more disseminated until the entire lesion resembles a superficial ulcer when the crust is removed. This form might



FIG. 2. Pustulo-Crustaceous Syphilide (Large Discrete Form).

very aptly be termed the disseminate superficial pustulo-crustaceous syphilide. A glance at Figure 1 will give some idea of the appearance of this eruption. It must not be supposed, as the picture would seem to indi-

cate to some, that this form of syphilide involves the entire body at once. A whole limb, or a large patch of the trunk, or the face and scalp may be involved, or we may even have both arms and a large patch in the back or breast occurring at one time. But, in such an instance, the eruption is

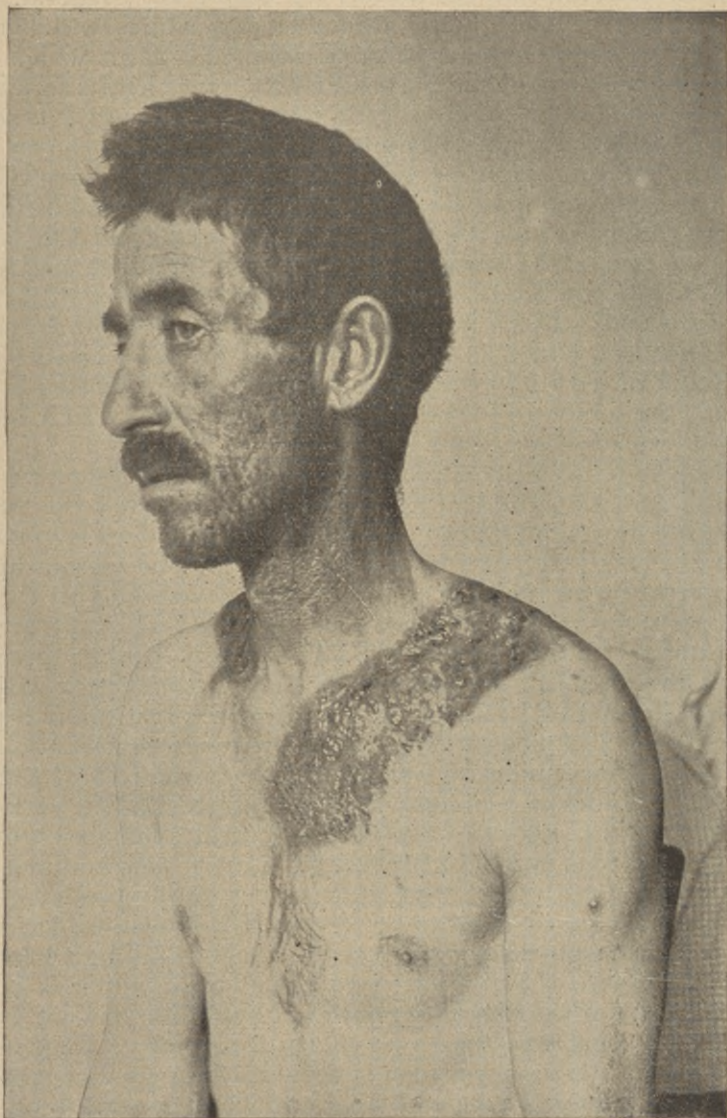


FIG. 3. Pustulo-Crustaceous Syphilide ('Epaulette' Form).

looked upon as being rather disseminated over the body. There may be some little pain present, more especially on pressure; but, as a rule, no subjective pains referable to the eruption are ever complained of by the patient.

Another variety of this eruption is one in which there are comparatively few large discrete lesions, distributed in a rather symmetrical manner. The extremities, the trunk, the face or head may be the sites selected by the process, and it is usually in cases which have been treated that this form of the eruption is most frequently seen. A good example is given in Figure 2; and it will be observed that the lesions are somewhat irregular in outline, showing that there was originally a number of pustules which took on a confluent action, and the resultant crust adopted a form which embraced the location of each one of the pustules which preceded its formation. In the case which is figured the paucity in number of the crusts is well shown as well as the symmetry of distribution. The location shown is not an unusual one for this form of the pustulo-crustaceous syphilide, more especially in those who must do heavy work in the way of lifting articles which have a considerable weight. Another reason for the selection of this particular site of the process is the fact that the inner and upper portions of the thighs are prone to be subjected to friction and, furthermore, present a very good surface for dust and dirt to attach itself through means of the perspiration, which is always plentiful in those localities. These forms of irritation certainly conduce not only to the formation of pustules, but also exercise a certain influence in bursting them, which latter leads to the rapid formation of crusts.

Among the peculiar localizations of the pustulo-crustaceous syphilide occasionally observed is that which I have denominated the "epaulette" form. A good representation of this rather unusual form is given in Figure 3. As can be readily seen from the figure, there is present upon either shoulder a crust in the form of a strip two and one-half to three inches wide. These strips consist of a more or less firmly adherent crust, which is rather thick. Its edges, however, are not very firmly adherent to the skin which underlies it. If the crust be lifted, however, it will be found that a rather thin pus is present, and this is more plentiful in a patch-like form, there being a number of disseminated patches somewhat deeper than the rest of the surface, pointing very distinctly to the fact of the previous existence of a number of pustules which were aggregated in variously sized patches. In the case figured a few distinct pustules may be observed upon the left arm, and this points to the fact, in a most unmistakable manner, that the more obvious lesions were at first of a purely pustular character. The crusts, which are inclined to be of a reddish-brown or blackish-brown color, are pretty sharply defined against the unaffected integument, and this attests, in great part, the limitation of the process which is inherent in itself. This form of the pustulo-crustaceous syphilide has not been noted by authors with that exactness which its comparative frequency would seem to demand. I have never seen it show itself in any but laboring men, or in those who indulge in manual labor and who perspire freely and profusely. I have, furthermore, observed that it only occurs in a small percentage of these. The patients themselves seem to have observed the probable cause; and it is not only a rational explanation, but the only one which can be made. The location of the crusts, for each one is practically one crust, is where the suspenders exercise friction upon the shoulders (and, it may be added, the patient depicted, contrary to the usual custom of laborers, wore suspenders). It is for this reason that the left side presents

a much more extensive lesion anteriorly than the right, as is shown in Figure 3. We must remember, however, that, in working, the right shoulder is thrown back much more than the left, and, as a natural consequence of this movement, the friction is not spread over such a large surface as on the right side, anteriorly. On the other hand, the extent of surface involved on the back is directly the reverse, although the comparative difference is not as well marked. At all events, the constant friction of the suspender has quite a tendency to irritate an already predisposed skin, and the first lesions to appear are papules. These are rapidly transformed into pustules; the pressure breaks these and crusts are formed, as already explained above. The small amount or total absence of pain easily leads to the formation of these secondary lesions, and it is not until the process has become both extended and extensive that relief is sought.

As in other forms of extensive syphilitic involvements, the general condition should receive attention, and it is especially in workmen that the good effects of general mild stimulating and roborant remedies will be observed. An eligible preparation of kola will not only act as a most valuable stimulant, but it will aid the patient in a most satisfactory manner to work and, at the same time, derive the entire benefit of the specific remedies which are administered. To be enabled to bear the effects of work without experiencing over-fatigue, and this is what is attained by the use of kola, renders the tissues much more receptive, and much better results may be expected from the use of specific remedies. After all, this is the great objective point, and it is in consideration of these facts that a good preparation of kola makes its full value known to the patient and physician alike.

So far as the specific treatment of the pustulo-crustaceous syphilide is concerned, it will be found best to begin with a mercurial, and there is, perhaps, no better form in which to administer it than mercauro. To begin with, eight or ten drops should be given in water after each meal, and this dose gradually increased until twenty or twenty-five drops are taken, unless such untoward symptoms as dizziness, nausea, etc., manifest themselves, when it is to be discontinued, and, after a time, be resumed. In many cases this treatment alone suffices; but in others it is necessary to resort to the mixed treatment in order to procure final and lasting results. The following will be found both efficient and thorough:

℞ Hydrarg. bichloride.....	gr. iij.
Kali iodidi.....	ʒ v.
Syr. sarsaparillæ.....	ʒ ijss.
Aquæ destillat.....	ʒ jss.

M. Sig. A teaspoonful in milk after each meal.

Other forms of mixed treatment may be employed, but the above will be found quite satisfactory.

So far as local treatment is concerned, it should by no means be neglected. The first thing to do is to remove the crusts by means of some bland and unirritating agent, such as sweet oil or oil of sweet almonds. A comparatively clean surface will then be offered for treatment and then it should be washed with a 1 to 500 solution of corrosive sublimate. Following this an ointment or a powder should be applied, and finally a good dressing. As a powder the campho-phénique powder acts remarkably

well, as it is not only antiseptic but slightly stimulating and analgesic as well. If an ointment be prepared, one like any of the following may be used:

℞	Hydrarg. oleat, 10 per cent.....	ʒ ss.
	Ung. hydrargyri	ʒ jss.
M.		
℞	Ung. hydrarg. ammoniati.....	ʒ iij.
	Ung. aquæ rosæ	ʒ j.
M.		

A rapid return to the normal will follow this treatment, but it should not be forgotten to follow it with a long course of systemic medication in order to prevent any serious post-syphilitic phenomena.