

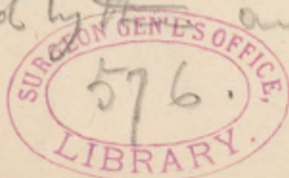
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[Reprint from *The St. Louis Medical and Surgical Journal*, Aug., 1896.]

A RAPID AND SUCCESSFUL TREATMENT OF HERPES ZOSTER. By
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Although herpes zoster is one of the affections of the skin which is of comparatively frequent occurrence, and has been known ever since cutaneous eruptions were observed, there is no manner of doubt that many points connected with its etiology and pathology are still veiled in more or less obscurity. It was not till quite recently that a consensus was arrived at in regard to its being a relapsing disease. And for this knowledge we must give the general practitioner due credit. Without any pretenses to a special knowledge of cutaneous medicine, the country doctor has many a time had occasion to see "shingles" occur a number of times in the same individual. Such instances have been reported so often that the idea no longer prevails that one attack of herpes zoster confers immunity against subsequent ones in the same individual. Nevertheless, this was the opinion formerly held by the best observers, and a reference to works on

presented by the author -



dermatology will show that it was a generally accepted one. The cause of this no doubt lay in the fact that the patient either did not apply for relief when another attack came on, or sought the services of some one else in the hope that this latter would be able to prevent a recurrence.

Another idea which has prevailed is that the disease has a self-limited course, lasting from three to four weeks, when spontaneous recovery takes place. I have seen cases in which successive crops of vesicles had appeared for two or three months, breaking down of the lesions and ulceration showing itself. Not only this, but the ulceration would become phlegmonous, and during all this time the neuralgic pains were of an intense character to such a degree that opium and other sedatives soon became impotent. Such a self-limitation is certainly one not to be desired by any means, and therapeutic interference is not only indicated, but imperatively demanded by the exigencies of every case.

It has been asserted by some good authority that no treatment will cut short the course of herpes zoster, and that the best which can be expected from medication is to diminish the neuralgic pain. This is certainly far from being either satisfactory or encouraging, and it would certainly be positively discouraging to those who have occasion to treat that dread condition—zoster ophthalmicus. For it has been too often the case that an inability to arrest the process has resulted in perforation of the cornea, and, not infrequently, destruction of the globe. When the conjunctival surface is not attacked, we are told that herpes zoster of the fifth nerve invariably leaves scars to mark the former location of the lesions—a dictum which to my mind is a *non-sequitur*. It is based on the fact that active interference has not even been attempted under the fallacious idea that the disease must be left to run its course. I have always been in the habit of treating these cases rather energetically, and my efforts have been rewarded by excellent results. Whether it has been merely a coincidence that such a short period of treatment was followed by recovery, or a peculiar circumstance that all were cases which would have recovered spontaneously in a few days, I shall not stop to discuss. The fact remains that a similar treatment in a number of cases was eminently satisfactory, and I shall continue to use it until a sufficient number of failures declare themselves

to demonstrate its inefficiency. In principle, the method has nothing new to recommend it; in its application, however, it is characterized by some details which will recommend it for simplicity and ease of administration. The following are a few cases which occurred in my private and hospital practice, and which will serve to illustrate the points I wish to make:

CASE I.—Charles W., photographer by occupation, aged 32, is of robust physique and is a prominent and active member of a gymnasium. He exercises daily, but is inclined to take on adipose tissue. Some few days before I saw him he conceived a notion that his liver, bowels and other internal organs were not “working right.” In order to remedy what he conceived to be his generally bad condition he made a concoction according to the formula furnished by some kind friend. An examination of the receipt showed it to contain a very large amount of colchicum. As a result of the ingestion of this mess the patient was violently purged, and a repetition of the dose made him very feeble indeed. The third day after taking the mixture an eruption of herpes zoster declared itself. As soon as the vesicles appeared, a slight itching and a marked neuralgia were manifest. The next morning I saw the patient, and the distribution of the eruption was about as follows: Anteriorly, a patch of pin-head size vesicles about $1\frac{1}{2}$ or 2 inches in size was located over the third intercostal nerve at a point corresponding to about the centre of the clavicle. Posteriorly, the eruption followed the course of the same nerve, extending from about five inches to the right of the spinous processes of the vertebræ to the margin of the trunk, and with an almost uniform width of two inches.

The treatment ordered was to take thrice daily, after meals, the following pill:

℞ Acidi arseniosi	gr. $\frac{1}{6}$.
Pulv. piperis nigris.....	gr. ijss.
Ext. gentian	q. s.
M. Fiat pilula No. 1.	

They were ordered to be taken for ten days.

Externally, campho-phenique powder liberally sprinkled upon absorbent cotton, and applied to the eruption. This dressing was to be repeated twice daily. In three days crusts were formed, and on the fourth the case was at an end, the neuralgia having completely disappeared.

CASE II.—James C., a druggist, 36 years of age, presented himself for the treatment of an intercostal neuralgia of the right side. He complained of a marked neuralgic pain which had preceded the eruption some five days. It was not the intensity of the pain that the patient complained of, but the fact that the eruption was spreading. At the time I saw him the outbreak consisted of a number of patches of silver quarter dollar size, distributed over the area supplied by the sixth intercostal nerve. It extended from a point about six inches to the right of the median line posteriorly, and about four inches from the median line anteriorly. The vesicles were well formed, and in many places two or three had coalesced.

This patient was placed on the same treatment as case No. 1, and in five days the cure was complete. He was ordered to continue the pills for two weeks longer in order to avoid the possibility of a recurrence of the trouble. Up to the present no reappearance of the trouble has manifested itself.

CASE III.—Winston W., aged 17, a buggy-boy in a livery stable, appeared at my clinic with the statement that the eruption showed itself a week previously. There was no neuralgia experienced before the eruption appeared, but when it did manifest itself neuralgic pains were felt. The eruption appeared over the tract of the fifth intercostal nerve. Five patches were present to the left and below the left nipple, three below the left scapula, one being very small. The patient is of a highly nervous temperament, a slight tickling almost throwing him into convulsions, making him jump about in a grotesque manner and grasp anything or any one within reach, and strike the object or person with his fists. At the stable where he worked he was constantly subjected to this nervous excitement, and this may have acted as a causative factor.

The following treatment was ordered:

Internally—

℞ Acid. arseniosi	gr. $\frac{1}{2}$.
Pulv. piperis nigris.....	gr. ij.
Ext. gentian	q. s.
Ft. tal. pil. No. 30.	

Sig. One pill after each meal.

Externally—

℞ Pulv. camphoræ	ʒij.
Bismuthi subnitrat	ʒiv.
Cretæ preparat.....	ʒj.

M.

Sig. Apply twice a day.

This powder was ordered spread on cotton as in the other cases, and six days after the inception of the treatment the patient was cured. No new vesicles formed subsequently, the pain had disappeared, and no new attack has manifested itself since.

CASE IV.—Lydia C., a little school-girl, 9 years of age, has had recurrent attacks of herpes zoster every year. She is a blonde, but appears well nourished. She has recently suffered from imitative chorea, but is now well of the trouble. Her nervous system, however, is very susceptible to shocks of all kinds. The present attack is the most severe she ever experienced. It appeared some four days before she came to the clinic. A large patch of closely aggregated vesicles was located on the left and posterior side of the neck. Other patches occurred on the left shoulder, upper part of the left arm over the area supplied by the musculo-spiral nerve. The neuralgia was intense, being worse at night. The child showed plainly the intensity of the neuralgic affection. There was no zosterian fever present nor any history of such. It would hardly exist in view of the fact that a marked neuralgia was present.

The treatment in this case was the following:

℞ Liq. kali arsenitis	ʒss.
Vini ferri,	
Syr. limonis	āā ʒjss.

M.

Sig. Teaspoonful in water after each meal.

Externally, the same powder was used as in case III. On the sixth day the pain had all disappeared as well as the eruption, and there existed but a very slight superficial desquamation. The patient was subsequently seen, and the favorable condition continued.

CASE V.—Oscar M., a laborer, 64 years of age, applied for treatment at my clinic two days after the eruption had declared itself. No antecedent trouble or present discomfort could be elicited beyond constipation. No neuralgic pain was present nor

had any been felt, and no medicines had been taken. In fact, no neurotic basis could be discovered as a possible cause of the eruption. This latter consisted of a vesicular eruption, such as is characteristic of herpes zoster, extending along the level of the right twelfth rib, from a distance of about two inches from the posterior median line over the abdomen up to the umbilicus. The vesicles were well-marked, rather large, but with no tendency to coalesce. The only subjective symptom complained of was an intense burning sensation at the site of the eruption.

The treatment ordered consisted of the following:

℞ Liq. kali arsenitis ʒvj.
 Vini ferri,
 Syr. limonis..... āā ʒiij.

M.

Sig. A teaspoonful in water after each meal.

Externally, campho-phenique powder liberally dusted on cotton, and applied to the eruption twice daily.

Five days after the treatment was begun the eruption was all dried up, and three days later no vestige of it remained. The patient was ordered to continue the internal medicine until it was all taken, and strictly enjoined to present himself should any new symptom show itself. He never reappeared.

CASE VI.—Daniel F., an engineer, 36 years old, appeared four days after the eruption had occurred. About two weeks previously he was treated for diarrhea. He had been drinking alcoholic liquors pretty heavily. His diarrhea subsided in two days and constipation set in. The eruption consisted of isolated patches of vesicles over the tenth and twelfth ribs on the right side of the back. He complained of some itching and of a neuralgic pain on the anterior portion of the trunk. As the patient expressed it, "the pain stopped at the middle line." The eruption had an irritated and angry appearance.

The treatment ordered was the same as in case V. Three days later some of the lesions were well, no new ones having appeared. Five days later the pain was much less, the lesions disappearing. Ten days after first presenting himself the patient was practically cured.

Such is a brief outline of cases of herpes zoster seen by me in July, 1895. I have purposely chosen these, as the time which has elapsed since then has been sufficient to arrive at a

positive conclusion as to whether the attack was definitely cured in each case. Of course, it will be interesting to note whether recurrences take place or not. So far, I have noted none, and I have been careful to keep them under observation. What concerns us more directly is in reference to the treatment, and I desire to incorporate in these views some experiences noted before and after the treatment of the cases which have been outlined above, more especially as regards some of the generally followed practices. The cases which have been recited certainly sufficiently demonstrate that the opinion that herpes zoster cannot be cut short in its course is a fallacious one and will not be referred to at any length.

Some few points which may be noted in connection with the cases outlined are that, in the first case, arsenious acid seemed to act better than Fowler's solution. I have found that the Asiatic pill is, on the whole, the best method of administering arsenic, and its use may be prolonged for a much longer period of time than the Fowler's solution. Furthermore, I have never seen any untoward symptoms follow the administration of arsenous acid, whereas the solution has produced arsenical dermatitis in a number of cases, notably factitious zona pectoralis. A point which I have always observed has been to give a good working dose, and I am pretty certain that it is owing to this fact that attacks of zona were aborted in such a short time. An examination of the histories of all the cases given will demonstrate the short time required to relieve each one, and furthermore that this period was shorter in those who took the Asiatic pill. At any rate, the time was very short and the neuralgia ceased when the eruption disappeared.

The local treatment which I have employed is one which has always acted favorably with me. Protection to begin with is effected by a cotton dressing, and a rapid disappearance of the eruption by means of a drying, analgesic powder. I have essayed lotions, collodion, plasters, and similar methods, but never found any one equal to the old and time-tried powder. Another fact which I have observed is that the vesicles do not break down, no ulceration occurs and consequent scars do not result from an attack.

Whilst the treatment I have outlined is both rapid and successful, it possesses another advantage which, in my opinion, is

not the least valuable. I allude to its simplicity. It may be carried out by any practitioner of medicine; it requires no special, rare, or costly preparations, and can be easily understood by any one. It might be said that its very simplicity is its greatest drawback in the eyes of those who look upon dermatology as a mysterious science instead of what it really is—cutaneous medicine.

Before closing these few remarks, I desire to call attention to the fact that the most difficult thing to determine is the cause of herpes zoster. Whilst, in some of the cases given, a neurotic base apparently existed, in others no such history could be elicited. So far as parasiticism is concerned, I never could satisfactorily establish it, nor do I remember that any one has succeeded in doing so positively. That a neurotic element exists, however, is beyond doubt, in view of the constant presence of a neuralgia or some very marked pain which disappears simultaneously with the eruption.