



ARCHIVES OF SURGERY.

BY

JONATHAN HUTCHINSON, LL.D., F.R.S.,

*Consulting Surgeon to the London Hospital, and late President of the  
Royal College of Surgeons.*

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VOL. IV.

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(1892/3)

London :

J. & A. CHURCHILL,

11, NEW BURLINGTON STREET.

1893

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JULY, 1892.

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## ON SIMULATIONS OF SYPHILIS.

THAT syphilis, in its various developments, may very closely simulate other maladies has long been matter of comment. Thus we have a syphilitic form, or imitation, of almost every kind of skin disease that can be mentioned. The closeness of its resemblance to common lupus, to psoriasis, and even to small-pox, is often very deceptive. I purpose now to ask attention to cases of an opposite kind, in which several, or even many, of what are supposed to be characteristic phenomena of syphilis are grouped together, and yet there remains much doubt as to whether the disease really is of that nature. We are so much accustomed to consider that a sore throat and a dusky, or coppery, eruption on the skin are, when met with together, indications of syphilis, that we often venture to disregard the absence of history, and to hold that they, in themselves, constitute the diagnosis. If with them, or with either of them, there goes the evidence of periosteal inflammation, we trust our conclusion yet more implicitly, and the subsidence of the symptoms under mercury or iodides is usually held to extinguish all doubt. In nine cases out of ten, perhaps in nineteen out of twenty, our confidence in our conclusions is not misplaced. I may confess, however, to a suspicion that cases do occur in which it is possible for the most careful observers to make mistakes, or to be left in doubt. In approaching the discussion of such,

covering those parts of the hips and shoulders which belong to their respective limbs.

“It was symmetrical. It consisted of large, irregular, map-like areas of erythema, or of reddened skin, most of them abruptly margined. These underwent very rapid changes, being at first simply erythematous, then becoming livid, and subsequently brown. Only during the very earliest stage was it possible to make the colour disappear by pressure. Subsequently, it was clear that thrombosis and blood-staining of the adjacent parts were a chief part of the process. The last stage was a brown mark, often very irregular in shape, and so deeply tinted that the patches looked just like superficial moles.

“Fresh patches appeared day by day, and there were always some in various stages present at the same time. The eruption had been out for about ten days when the child was admitted; and you will remember that I discussed at the time various hypotheses as to its nature and cause.

“For various reasons, I put aside the *prima facie* suggestion that it was due to inherited syphilis. The eruption had come out too suddenly and too severely, and passed through its stages too rapidly. There was, besides, nothing in the child's appearance, nor in the family history, to support, in the least, such a supposition. My next thought was, that it was probably one of the multiform eruptions which occur (in connection with idiosyncrasy) from the administration of the iodides and bromides. I should still think this suggestion probable, were it not that the mother assures me that no medicine had been given.”

#### No. LX.—*An Eruption caused by Vanilla.*

Dr. Cotman sent to me for inspection three boys who were engaged in a Vanilla factory. They had all become the subjects of a copious eruption of very minute lichenoid spots over the whole face and forehead. There was present also slight erythema and a little desquamation in parts. The rash was almost confluent. The boys said that the vanilla stained their hands, but they did not consider it irritating. Their

hands looked dusky and were slightly erythematous. The eruption was probably fading when I saw it. Dr. Cotman had in the first instance been consulted by one of the boys, and had on inquiry discovered the others.

No. LXI.—*Recurrent Varicella—Question as to hereditary Syphilis.*

A little girl, three years old (Miss W. W——), was brought to me under the following circumstances. I had attended her father for syphilis, and, four years after the disease, had told him that he might quite safely marry. He had done so, and both he and his wife had remained in excellent health. Their only child, my present patient, was born about a year after the marriage, and was carefully watched in infancy by a surgeon who knew the father's antecedents. Nothing in the least suspicious of syphilis occurred during infancy, but when two years old, the child went through a mild attack of chicken-pox. It cleared away completely, but some months later (statements differ as to how many) a rash, exactly similar in character to the first, made its appearance. It was scattered over the body and limbs, and was distinctly vesicular. I received a full written description of this eruption from the family surgeon, who informed me that he had at first given arsenic, but with no good results, and that subsequently grey powder in half-grain doses, night and morning, had appeared to cause subsidence of the symptoms. The improvement had, he said, seemed most definite, and had led him to diagnose the eruption as syphilitic. The tendency to recurrence of the spots had, however, by no means come to an end. Fresh spots had constantly reappeared, and though they did not cause much discomfort to the child they greatly distressed her father. The character of the eruption had, I was informed, become somewhat modified, being in many places bullous rather than vesicular.

I found the little girl florid and healthy looking, and without the slightest indication of inherited taint. The eruption was symmetrically scattered over the trunk and limbs, and it was in all respects like chicken-pox. The spots on drying up pre-