

**Syphilitic pemphigus in the adult : is there such a disease? / by T. McCall Anderson, M.D.**

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Anderson, McCall, 1836-1908.  
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**Publication/Creation**

Glasgow : [Printed by William Mackenzie], 1864.

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# SYPHILITIC PEMPHIGUS

IN THE

## A D U L T .

IS THERE SUCH A DISEASE?

BY

T. M'CALL ANDERSON, M.D.,

PHYSICIAN TO THE DEAF AND DUMB INSTITUTION, PHYSICIAN TO THE DISPENSARY FOR  
SKIN DISEASES, ETC.

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*(Reprinted from the GLASGOW MEDICAL JOURNAL, No. XLVI., July 1, 1864.)*

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GLASGOW:

PRINTED BY WILLIAM MACKENZIE, 45 & 47 HOWARD STREET.  
1864.

STYPTIC PERMITS

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IS THERE SUCH A DISEASE?

T. M. ANDERSON, M.D.

Author of "The Styptic Permits" and "The Styptic Permits and the Styptic Permits"

Published by the University of Chicago Press, Chicago, Ill., 1901

GLASGOW

PRINTED BY WILLIAM BURNS & CO. LTD., 10, N. B. STREET

1901



# SYPHILITIC PEMPHIGUS

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IS THERE SUCH A DISEASE?

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THERE is a form of eruption which occasionally attacks infants at or a few days after birth, and which consists of the formation of bullæ on different parts of the body, but especially on the palms of the hands and soles of the feet, the skin of these parts presenting a violet hue. The bullæ burst, giving vent to sanious pus, and often leave ulcerations behind them. These children rapidly dwine away, and in the great majority of cases, especially if no antisyphilitic treatment has been adopted, are carried off in a short space of time.

There is a great dispute as to whether or not this eruption (*Pemphigus neonatorum*) is syphilitic in its nature, and the result of a syphilitic taint in one or other of the parents. There are many advocates for the view that it is syphilitic, amongst whom may be mentioned the names of Paul Dubois, Wichman, Jörg, Dugès, Stoltz, Cazenave, Depaul, Devergie, and Ricord, while Krauss, Gilibert, Bassereau, Bazin, Barnes, Cazeaux, and others, are arrayed against them on the opposite side.

While I have myself no doubt of the syphilitic nature of the form of pemphigus just described, I do not intend at present to enter into the arguments in favour of such a view, as that is not the object of the present paper; and my reason for alluding to this point at all is, that one of the arguments adduced by some writers against the syphilitic nature of pemphigus neonatorum is, that syphilitic pemphigus in the adult is never met with. It is to this inquiry, therefore, that I would now direct attention. In M. Diday's work on infantile syphilis we find it stated, "that syphilitic pemphigus in the adult is a rare affection, if it occur



at all.”\* He tells us likewise Gibert’s opinion:—“Neither in new-born infants nor in adults,” says this observer, “is the pemphigoid form observed as a manifestation of syphilis. I have met with no instance in my own practice, nor in the special hospital at which I have had the opportunity of making observations.” Bazin denies the existence both of syphilitic pemphigus in the infant and in the adult.† Hardy in his admirable work on skin diseases observes:—“Bullæ are never observed in the adult affected with syphilis, and this is another argument against the syphilitic nature of pemphigus neonatorum.”‡ Devergie says, “It is only observed in new-born infants;” and a little further on he adds, “In the adult syphilitic pemphigus has not yet been observed.”§ Cazenave in his treatise on syphilis informs us, that syphilitic pemphigus has never been observed, except in new-born infants;|| and Gibert, in his work on diseases of the skin, makes a similar statement: “A syphilitic eruption,” says he, “assuming the pemphigoid form, has not yet been observed, as far as I know, in the adult.”¶ The following undoubted case of syphilitic pemphigus in the adult occurred in my practice; and as it is such a very rare affection as never to have been seen by observers of such large and varied experience as those whose statements have been quoted, I have thought it worthy of being put on record:—

Mr. —, aged about 25, of fair general health, contracted a chancre while in London during the Great Exhibition of 1862. This was followed by secondaries, for which he was treated with mercury and iodide of potassium in considerable quantities by another medical practitioner.

In November, 1863, he consulted me with regard to an enlargement of one testicle, which I had no difficulty in recognizing as a syphilitic disease, and which entirely vanished in a few weeks under the use of iodide of potassium (gr. x. thrice daily in a bitter infusion).

On the 11th January, 1864, I was sent for to see him, when the following were the appearances. I detected a few pustules amongst the hairs and on the face. On the elbows, wrists, hands,

\* A Treatise on Syphilis in New-born Children. By P. Diday. Syd. Soc. Translation, 1859, p. 73.

† Leçons théoriques et cliniques sur les Syphilides, par le Docteur Bazin. Paris, 1859. P. 188.

‡ Leçons sur les maladies de la peau, par le Docteur Hardy: 1<sup>e</sup> partie, 2d ed. p. 192.

§ Traité pratique des maladies de la peau, par Alph. Devergie. Paris, 1857. P. 685.

|| Traité des Syphilides. Paris, 1843. P. 275.

¶ Traité pratique des maladies de la peau et de la syphilis, par C. M. Gibert. Troisième édition, tome premier, p. 163.



especially palms, and on the knees, ankles, and feet, large coppery patches were seen, with pustules scattered here and there. On the palms and soles the skin was undermined in streaky patches by purulent matter. On and about the hands and points of fingers, and in the neighbourhood of the ankles, a number of bullæ containing clear serum were detected—about two dozen in all. These varied in size from a small bean to a large hen's egg, and exhibited different stages of development, some being very tense, others flaccid, especially those on the points of the fingers. A very few bullæ were detected on the arms and legs, and on the scrotum. There were none on the trunk of the body, with the exception of a few on the back, but two or three on the lips, which extended for some distance over the mucous membrane on their inner surfaces.

The throat was unaffected, and the only other sign of syphilis detected was one enlarged gland at the back of the neck. The irritation of the eruption at some points, especially on the scrotum and the hands and feet (the palms and soles excepted), was sometimes intolerable, so that the patient could not refrain from scratching and rupturing the bullæ.

The bullous eruption first made its appearance on the 8th of January, at which period patient states that "the palms of the hands felt as if they had been sleeping, or had been stung with nettles, and the soles of the feet as if he had been standing on hot bricks." It was preceded by several days of intermitting febrile symptoms, accompanied by long-continued chills, headache, pains in the joints, loss of appetite, restlessness, and debility.

On the 11th, when I first saw him, he was not feverish; his appetite was recovering; his bowels were regular, and he was sleeping well. I prescribed a pill containing one-eighth of a grain of bichloride of mercury in extract of cinchona, to be taken thrice daily after food, and gave him the following mixture to smear over the parts which he had excoriated with his nails, and which were itchy—

Pulv. oxydi zinci,	ʒ .
Olei amygdalarum,	ʒii.
Camphoræ,	ʒss.
Olei Rosæ,	gt. i.
Cochinillini,	gri. M.

*Sig.* Stir the mixture before using it. Apply when itching is complained of.

His diet was to be nourishing, but simple; all dressed dishes, wines, &c., being avoided.

On Jan. 30th I ordered him to apply a piece of flannel about four inches broad round the body, and to smear the inside of it every night and morning with a piece of mercurial ointment about the size



of a bean. The pills, which agreed, were continued. The mixture had allayed the itching whenever it was applied. The eruption had almost completely disappeared by this time, though a few new bullæ and pustules had formed since my first visit.

On the 22nd February the eruption was quite gone, and the pills were omitted, as they had a tendency to derange the stomach slightly.

On the 8th March the following was the report:—Continues well, and has never felt so well in health since he contracted the chancre in 1862. The belt omitted a few days ago owing to slight irritation of the skin where it had been applied. Gums have not been the least affected. Ten grains of iodide of potassium to be taken twice or thrice daily in infusion of chiretta.

*May 17th.*—Patient continues well.

In my first investigation into the literature of the subject, I came to the conclusion that no undoubted case of syphilitic pemphigus in the adult had been put on record, but on more careful examination I found that Ricord is a believer in such a disease, and he has given the history of a case, accompanied by an admirable illustration of the disease as it attacked the foot, in his splendid treatise on venereal diseases.\* He alludes to it as the first which has ever been recorded. This was the case of a healthy young woman who had contracted a chancre four months before she came under observation, at which time the eruption had existed for two months. The bullous eruption, which was well marked, was limited to the soles of the feet, and was accompanied by other symptoms of syphilitic infection, such as articular pains, engorgement of the posterior cervical glands, and syphilitic impetiginous eruptions on the head and chin. The patient was placed under the influence of the proto-iodide of mercury, and dismissed well after two months' treatment. Three weeks after this, however, she returned with a relapse of the bullous eruption on the soles of the feet, for which she underwent a repetition of the same treatment for three or four weeks, and with the same success. It may be asked, How is syphilitic to be distinguished from simple pemphigus in the adult? To this I would answer, that in the syphilitic form we have usually the history of the contraction of a hard chancre, followed by characteristic secondary symptoms, either at the same time as, or previous to, the eruption of the bullæ. But it may be said, This is no sufficient distinction, because there is no reason why a patient tainted with syphilis may not be affected with non-syphilitic pemphigus. True, although such coincidences must be rare; but then it must be observed, that in the syphilitic form in the infant, and in the

\* *Traité complet des Maladies Vénériennes*, par le Docteur Philippe Ricord. Paris, 1851. Planche xxv.



cases related by Ricord and myself in the adult, the bullous eruption was principally observed on and in the neighbourhood of the hands or feet, which is not the case with simple pemphigus. And lastly, if it is syphilitic it will yield, as in the cases cited, to antisyphilitic treatment; whereas, if it is non-syphilitic it will be rather aggravated than otherwise by such a course of medicine.

I have thought it right to bring this subject under the notice of my professional brethren, in consequence of the erroneous notions which prevail with regard to it, even amongst the most celebrated dermatologists, and in the hope that, should any of my readers meet with a case of syphilitic pemphigus in the adult, they may recognize its syphilitic parentage, and treat it accordingly.



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