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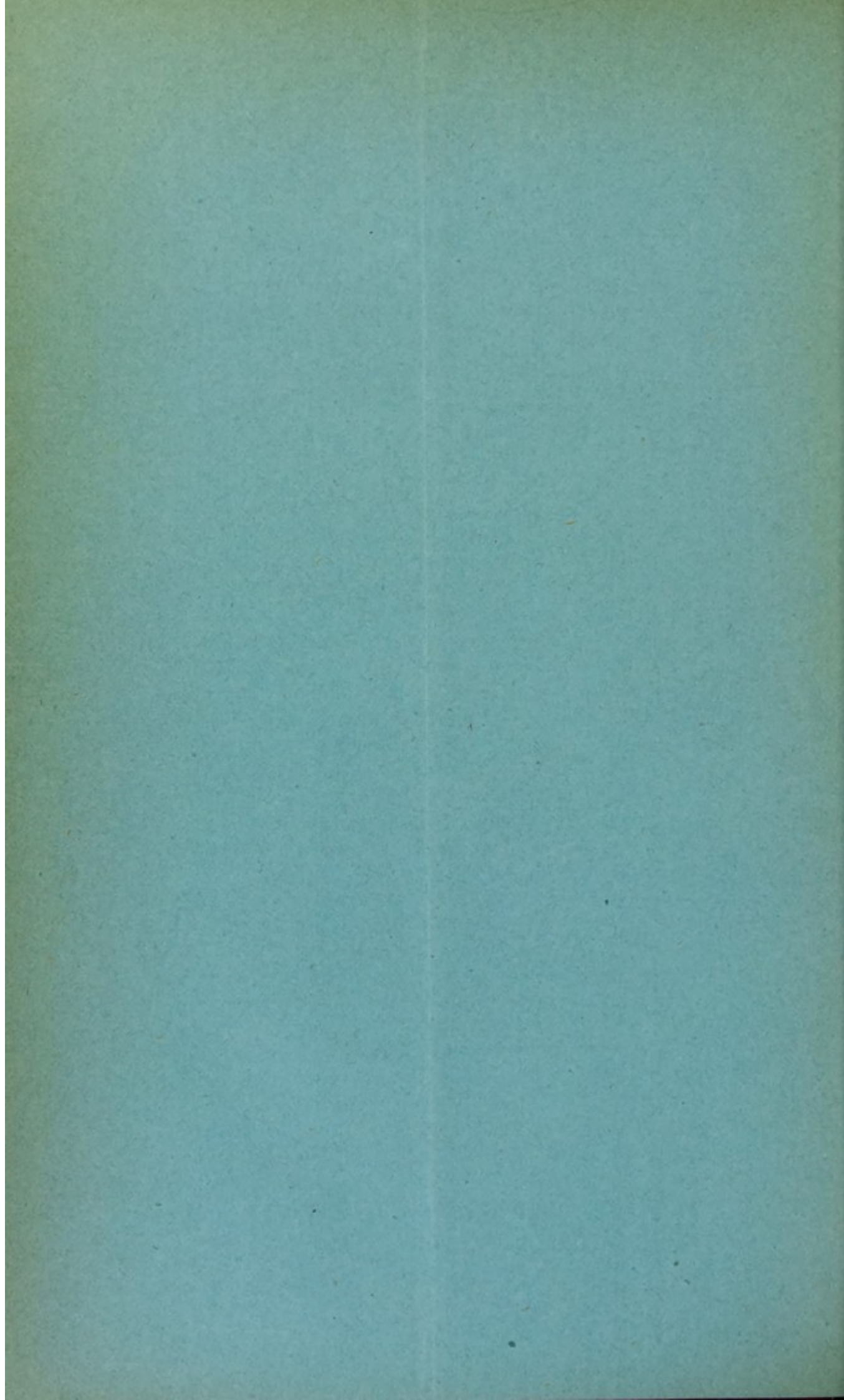
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THE INTERNAL TREATMENT OF LUPUS ERYTHEMATOSUS WITH PHOSPHORUS.¹

BY L. DUNCAN BULKLEY, A.M., M.D.

PROFESSOR OF DERMATOLOGY AND SYPHILIS, NEW YORK POST-GRADUATE MEDICAL SCHOOL AND
HOSPITAL; PHYSICIAN TO THE NEW YORK SKIN AND CANCER HOSPITAL, ETC.

LUPUS erythematosus is recognized as one of the most rebellious of the diseases of the skin, and any substantial addition to its therapeutics must be as welcome to others as it has been to the writer.

Having employed the treatment about to be recommended for about ten years, and in perhaps fifty cases, I take pleasure in calling attention to the same, feeling confident that, if rightly used, others will find the same excellent results which I have obtained in a considerable proportion of the cases.

Before detailing the method of treatment advocated I will very briefly present a table of the cases which have come under my observation in private practice, and in the clinics of the New York Hospital, the New York Skin and Cancer Hospital, and the clinic of the Post-Graduate Medical School. The records of the cases treated in earlier clinics are not now readily accessible, but would considerably increase the number of the cases.

The number of cases here collected amounts to 97, seen in a total of 20,798 cases of miscellaneous diseases of the skin; in the same number of general cases were seen 73 cases of lupus vulgaris, showing that in New York the affection under consideration is more common than true lupus, with which it is associated in name, without having any other relationship. I do not recall having ever seen the two associated in the same individual, or having seen the one transformed into the other; in specimens of lupus erythematosus which I have had examined by competent authority, the bacillus of lupus has never been found. In one very severe case of lupus erythematosus, which has been under my observation and care for many years, injections of tuberculin were tried faithfully for a long period, in the hands of a colleague, not only with no benefit, but with ultimate injury.

¹ Read before the Canadian Medical Association, September 21, 1892.

The following table presents the ages and sex of the cases referred to :

TABLE I.—LUPUS ERYTHEMATOSUS.

Ages of patients.	Private practice. 7573 cases.			Public practice. 13,225 cases.			Grand total.
	Male.	Female.	Total.	Male.	Female.	Total.	
1 to 10 years	0	0	0	0	0	0	0
10 " 20 "	1	2	3	1	5	6	9
20 " 30 "	4	11	15	3	18	21	36
30 " 40 "	3	7	10	6	4	10	20
40 " 50 "	3	7	10	2	7	9	19
50 " 60 "	0	7	7	2	1	3	10
Over 60 "	0	1	1	2	0	2	3
Total	11	35	46	16	35	51	97

It is here seen that lupus erythematosus is very much more common among females than among males, the former comprising over 72 per cent. of the whole; that it did not occur once under the age of ten years; and that over one-third of the cases were observed between the ages of twenty and thirty years.

It may be interesting to present in connection with this the data relating to the cases of lupus vulgaris which occurred in the same number of miscellaneous skin cases, and which are exhibited in the following table :

TABLE II.—LUPUS VULGARIS.

Ages of patients.	Private practice. 7573 cases.			Public practice. 13,225 cases.			Grand total.
	Male.	Female.	Total.	Male.	Female.	Total.	
1 to 10 years	0	1	1	0	1	1	2
10 " 20 "	3	2	5	2	8	10	15
20 " 30 "	2	4	6	3	9	12	18
30 " 40 "	3	4	7	3	3	6	13
40 " 50 "	1	7	8	1	3	4	12
50 " 60 "	2	2	4	0	4	4	8
Over 60 "	1	2	3	2	0	2	5
Total	12	22	34	11	28	39	73

It is unnecessary here to enter at all into the subject of the nature of lupus erythematosus, of which we know so little, or to attempt any con-

sideration of its clinical features, which have been so well presented by many writers, as well as its microscopic anatomy. The cases here analyzed represented various phases and degrees of the eruption, from a relatively small patch of recent origin, to a very extensive and severe eruption of many years' duration. It has never, however, fallen to my lot to see any of the cases of very acute, rapidly developing, multiple, discoid, erythematous lupus, terminating fatally, such as have been described, especially by Kaposi.

One of the most acute and severe cases which I have ever met with has recently been under my care, in a man aged forty-three, in whom within six months a large share of the face was covered with patches of the eruption, developing from small points; this case yielded well to the treatment to be described, with no local remedies, so that within two months there were but few traces of the eruption; although some small patches have still resisted for considerable length of time. In another very acute case, in a girl aged twenty, almost the entire face became covered in a very short time; and in this case, also, the disease was controlled almost at once in the same manner; in two or three months all the active process had disappeared, leaving only depressed and slightly reddened scars; the girl has remained as a servant in the Skin and Cancer Hospital, and continues quite free from the eruption now, for nearly two years, though the face shows still the superficial scars left by the former lesions.

In a number of chronic cases, where the eruption had existed for a long period, even some years, the improvement was also almost as rapid under a free use of the phosphorus; so that, in the light of other experience, and in the sudden checking of the eruption and its rapid subsidence in these acute cases, and the increase of the eruption once or twice when the remedy was stopped, I am quite satisfied that the results were obtained from the treatment, and had not to do with the spontaneous improvement which we sometimes see occurring in this disease.

The longest period during which I have watched a case, is in that of a young woman now under treatment at the age of twenty-five years. She first came under my care some thirteen years ago, when about twelve years of age; the eruption had then been of about two years' duration and affected the nose, ears, and fingers. The disease continued and increased under various forms of treatment, until the phosphorus was used, about ten years ago, when it yielded, and within some months there were only scars left. She then ceased treatment for a while and there was some relapse, which again disappeared under the same treatment. After this she remained well for a number of years, until, being married at nineteen years of age, the eruption reappeared after the birth of her first child, within a year after marriage. She then fell into other hands and received a variety of treatment with a constant increase

of the eruption up to the time when she again came under my care some months since; this was the patient already referred to as having received the treatment with tuberculin.

When I again took charge of her there was a very large amount of eruption on the face, ears, and scalp, with many scars left by former lesions and the severe local measures which had been adopted. There were both chronic patches and those of more acute, somewhat inflammatory character, attended with considerable heat and burning. During the past few months she has been under full doses of the phosphorus, with again happy effects. There has been almost immediate cessation of all acute symptoms, and many of the lesions have almost disappeared, there having been no local applications made. Many of the older lesions have also shrunk, and some have completely cicatrized. I have repeatedly shown and lectured upon this patient, and the marked and steady improvement has been strongly commented upon by the physicians attending the Post-Graduate Medical School.

It is not wise to attempt to present data or statistics in regard to the cure of such an eruption by any special line of treatment; we all know how unreliable such statements may be in a special and consultation practice, and I will not attempt it on the present occasion. I may state, however, that in a very considerable number of cases I have seen the lesions of lupus erythematosus subside and entirely disappear under the treatment proposed, and in a number of instances I have had the patients under observation, in one way or another, for a length of time after treatment.

In reference now to the particular plan of treatment recommended, I wish first to state, that I do not by any means claim priority in the use of phosphorus in lupus erythematosus, for I believe it has been mentioned in some of the older books, and I do not know where I first found the suggestion which led to its employment.

But I have searched in vain in the more recent works for any mention of its use, nor can I recall any suggestions of the same in journal literature, except such as I have myself occasionally thrown out from time to time; these latter, however, do not appear to have attracted attention—indeed, this treatment was mentioned only casually in connection with other subjects. In the light of my experience, therefore, I wish now to bring forward this remedy as a most valuable addition to our internal treatment of this disease, for the therapeutics of lupus erythematosus is certainly far from satisfactory, as may be judged from the meagre presentation of the subject in our recent text-books.

Some considerable care is necessary in employing phosphorus internally, but if it is properly administered and due precautions are exercised, I believe it to be perfectly safe; some of my patients have taken

it continuously for months, not only without harm, but in some instances with marked improvement to their general health.

While it is the phosphorus that is of service in the disease under consideration, there is great difference, both in regard to its immediate and later effects, as to the form and method in which it is administered. In my earlier trials with the remedy, I gave it, as is often recommended, in oily solutions, and in the form of pills; but with these I had on several occasions such severe digestive and liver disturbances, and occasionally accompanied with violent jaundice, that I was led to adopt wholly the form of administration about to be recommended, and to exercise other precautions, so that now for a number of years past I have had no single instance of disturbance from the remedy which could cause uneasiness.

The form in which I now administer the phosphorus is in a solution, which was first suggested, I believe, by Dr. Ashburton Thompson, primarily for employment in nervous conditions. I give here the formula which I have long used, and which is known in my clinics as "Thompson's solution of phosphorus":

R.—Phosphorus gr. vj.
Absolute alcohol 3xxx.

To be dissolved with the aid of heat and agitation, and then mixed, while still warm, with the following mixture, also warmed:

Glycerin ʒixss.
Alcohol ʒjss.
Essence peppermint ʒss.

Each drachm contains $\frac{1}{10}$ grain of phosphorus.

In most cases I begin with fifteen drops, in water, three times daily after meals. It is well to have the water added quickly after the liquid has been dropped out in an empty glass, and the dose should be taken at once, as I believe that the presence of water changes somewhat the state of the free phosphorus: if exposed to the air the phosphorus oxidizes, and the less efficient phosphoric acid is formed. Commonly the dose may be increased by one or two drops daily until thirty are taken three times daily; the dose is then increased more slowly, by one drop every other day, until forty or forty-five are taken each time, and in rare cases, if it agrees, even a larger amount may be given; but seldom have I given as much as sixty drops to a dose. As the disease yields, the dosage is still continued, if well borne, even until the lesions have quite disappeared and superficial cicatrization has taken place.

It is well to watch patients very carefully while taking this remedy, noting the condition of the tongue and of the digestion, and with the least disturbance the drops should be stopped for the time, and proper

measures instituted to restore the deranged functions. If there is any constipation or signs of liver disturbance, I always give a mild dose of blue-mass, colocynth, and ipecac, repeated on the second night after; if, then, the bowel discharge has been free and the tongue is not coated the drops may be resumed at a smaller dose than when stopped, and the amount again increased, yet more slowly and cautiously.

In many instances the greatest benefit will result from the administration of full doses of nitric acid after each meal, well diluted, in the interval of cessation of the drops, say for a week, when they may be returned to as before. This course of nitric acid may be repeated from time to time with advantage.

When there is much heat and flushing in the eruption, it will often be better to give, in place of the nitric acid, the acetate of potassa, in doses of fifteen grains, with the fluid extract of rumex, and nux vomica, well diluted, half an hour before meals, as in acne rosacea. This I have sometimes seen to have a most beneficial effect upon the eruption, and when the phosphorus has seemed to have lost its effect on the lesions, I have observed it to take hold of them strongly after a course of a week or so of the acetate and rumex mixture.

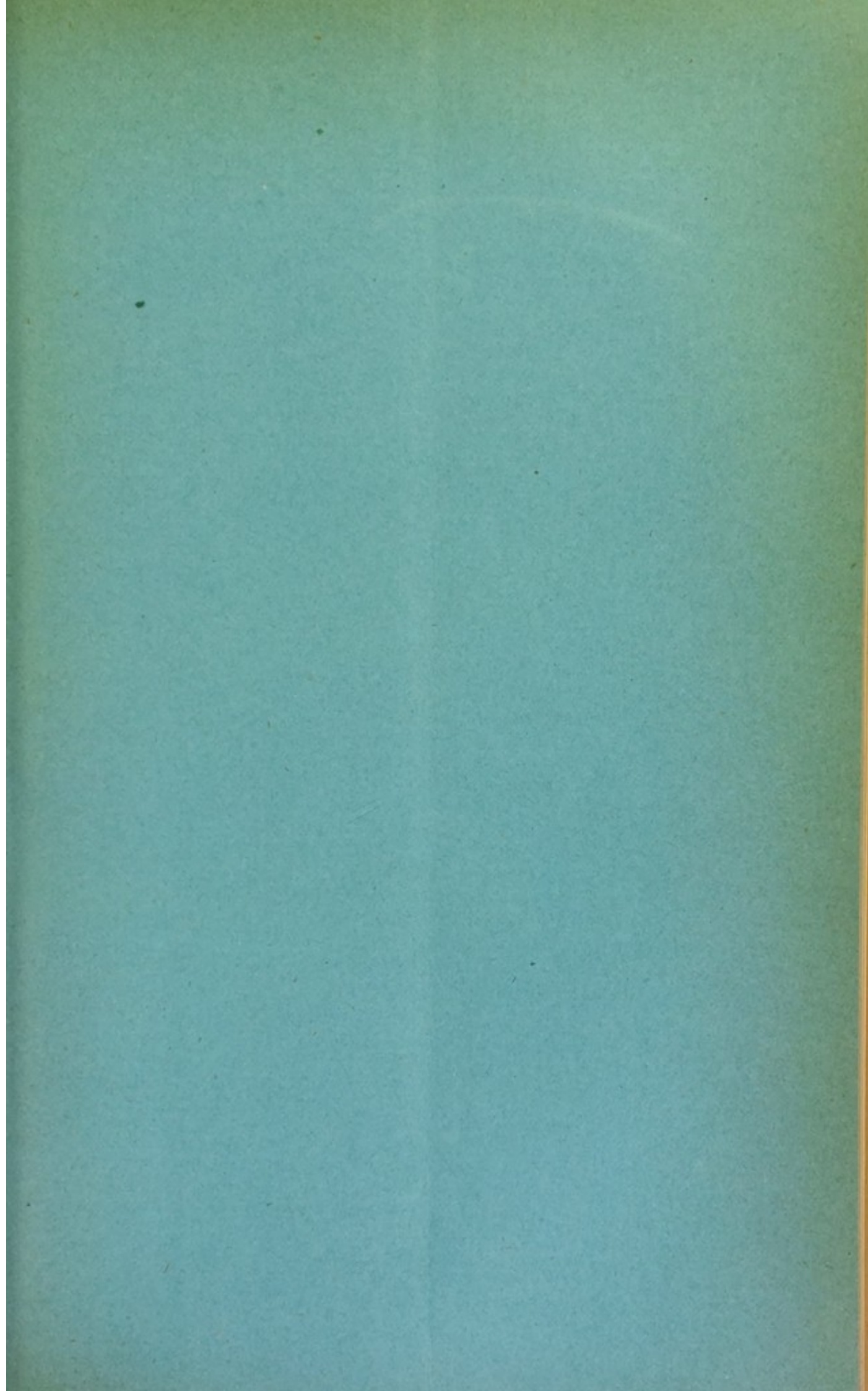
In many instances, however, there has been little or no difficulty in taking the phosphorus, when the dose was not pushed too actively, and some patients have required little or no assistance from the measures mentioned. But I must insist that the remedy here advocated is to be given most carefully, and claim that, when rightly administered, it is harmless and of great benefit to the disease in question.

Knowing so little as we do in regard to the real nature and causation of lupus erythematosus, I cannot attempt any definite explanation of the mode of action of the remedy in this disease. But in my judgment, arguing from the effects of phosphorus in certain nervous conditions, I think we must look for its action through the agency of the nervous system. There are many elements, which I cannot consider now, which point to a probability that the eruption is of angio-neurotic origin, and these are confirmed, in a measure, by the results obtained from phosphorus employed in the method above described.

I have not attempted any consideration of the local treatment of lupus erythematosus, as I wished to present only the single point which has been emphasized in this paper. In many of my cases I have found decided results from the methods commonly described; but their frequent failure to check the spread of the disease has led me to persist in the use of the internal remedy here advocated, which will, I trust, meet with favor also in the hands of my *confrères*.







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