

**On lupus / by J.L. Milton.**

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# ON LUPUS.

With  
*M. Milton's Cases*

BY

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SENIOR SURGEON TO ST JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

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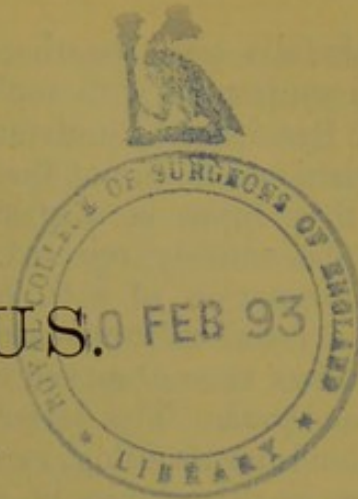
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# ON LUPUS.



LUPUS has of late years attracted so much attention that I wish to say a few words about the pathology and treatment of the complaint, more particularly the latter. The paper, indeed, is simply practical. The question of the disease being due or not to the bacillus is dealt with very briefly, and all points connected with its histology, classification, and divisions are left on one side, the only arrangement touched upon being that of separation into common and erythematous lupus, with a short notice of the traumatic variety. The treatment recommended is therefore to be understood as applying to all forms of the complaint, and wherever seated, whether on the limbs, head, or face; and the suggestions offered on this head are based on the observation of 456 cases entered in my department at St John's Hospital, and 24 treated outside the institution.

As to the supposed causes, in the parent, of lupus in the offspring, they are one and all so utterly inadequate to account for the appearance of the disease, that for any light they throw upon the question they might be non-existent. Hereditary taint is often spoken of as a factor, but in my own practice I have met with no evidence showing that lupus is ever inherited; Pontoppidan, however, gives the proportion of instances of heredity at three in the hundred. One reason, perhaps, for the rarity of inheritance is that lupus often begins in early life, and that consequently most of the sufferers from it are, before marrying age, so disfigured that they have little chance of continuing their race; indeed, I never knew but one patient with lupus (a woman) marry. Struma in the parents or family is also quoted as an agent, but this I have equally failed to verify, and in the one solitary case seen by myself where there could be a suspicion of descent, the conditions were reversed: a mother, attacked with lupus beginning rather late in life, being accompanied by her son, a young man, with well-marked strumoderma and suppurating glands. Again, strumous diathesis of the patient is ranked as a factor in the production of the disease, but struma constantly displays its worst features without being accompanied by lupus, and the latter may harass the patient for half a lifetime without a sign of struma being noticed. That the two are



occasionally seen together in the same subject goes for nothing when confronted with such facts.

M. Besnier, as I understand him, and some of the French dermatologists maintain, not that a strumous diathesis is a cause of lupus, but that lupus is a strumoderma. In my opinion the doctrine must be entirely rejected. Strumoderma does not begin with a slow formation of soft, half-translucent, reddish papules; a particular form of lupus attacks the strumous, and, after lasting for years, has been observed to have taken on none of the characters of strumoderma. The latter generally begins with or is accompanied by glandular swelling, rare in lupus; it is much more amenable to treatment than lupus is, and occasionally dies out under the employment of very simple means, or even none at all, the change being then apparently due to the arrival of the sufferer at the age of manhood, which I have never seen happen in lupus. Prolonged residence of families in ill-lighted dwellings has often been noticed to exert considerable influence over the development of struma, whereas I have not been able to find anything confirmatory on this head with regard to lupus. As to the contention that lupus is a tuberculosis developed in a lymphatic diathesis, I have only to say that, however correct such a view of the disease may be if confined strictly to the country in which the idea took its birth, it is inapplicable here, where the victims of this disease may be seen of every diathesis, or even of no diathesis at all. And if lupus be a strumoderma, then it cannot be a tuberculosis, for it is not the nature of the latter to die out under the use of internal means, as strumoderma undoubtedly does, and for that matter lupus too, whatever may be said to the contrary.

But the strongest argument is yet to come. Nothing can be more certain than the fact that lupus, like epithelioma, has been evoked by various kinds of injury. This form of lupus, first described by myself under the name of *L. traumaticus*, and repeatedly identified at the Hospital by medical visitors, has been traced there in more than twenty cases to lesions of one kind or other. Among these were bites, jagged cuts, bruises, almost always small but severe; scratches, burns of very limited extent, as from a cigar; stings, and so on; whereas in no single instance did I see reason to think that strumoderma had been brought on in this way. Farther, I have to urge that, while several cases have been recorded where carcinoma, chelis, or epithelioma sprang up on a patch of lupus, I have not read of a single instance where this happened with strumoderma.

Nor do I see any reason to accept the view, several times put forward, that lupus is an outcome of weakness accompanied by a meagre development of frame. That mere want of strength is not in any way the efficient cause is, I submit, amply shown by the failure of tonic treatment in this disease. That poor development of the frame may predominate among these patients, that many of them are thin,



with stringy muscles, badly shaped, and bearing upon them the impress of coming disease, may at once be admitted; but, on the other hand, some of them are healthy looking, and reporting themselves healthy, ruddy, and well-made people, and I have myself become as sceptical as to this affection being connected with any particular kind of bodily frame as to its being dependent on any diathesis or temperament.

Such arguing as that which ascribes lupus to the ravages of a micro-organism would not be allowed a hearing in any branch of science, and I am at a loss to understand why it should pass current in this case. The bacillus cannot always be detected in the tissues, and therefore to maintain that the disease is always due to it would be to maintain that there may sometimes be an effect without a cause; and if lupus can in some cases spring up independently of the organism, then in strict reasoning it may do so in every instance. Unfortunately there is with respect to many points but little strict reasoning in medicine, and here even a smaller amount than usual. The dependence of the disease on the bacillus and the operations of the latter are spoken of as confidently as if every position concerning them had been proven, though there is neither proof nor probability in their favour. The long venerated doctrine of blood poisons, the offspring of Sydenham's cherished creed, which was to flourish after his death, *me vitâ functo*, once so authoritatively taught, which required men to believe that two-and-twenty such poisons existed, though not one of them could be either seen or felt; that the entrance of every one of these into the blood, its multiplication there by zymosis, and its final elimination, were as effectually demonstrated as the discoveries of Harvey and Jenner; the doctrine so promptly abandoned, without even one word of regret, at the bidding of Pasteur and Koch, is really revived here, and indeed applied to other diseases, under a new name and in a new shape, and with all its inherent defects.

There never yet was a doctrine of blood-poison that would bear looking into, and the bacillus theory of lupus stands investigation almost as badly. It breaks down at the first stage, because it is certain that in remote country places patients contract lupus who have never seen a person with this disease. The second stage must share the same fate, for it is equally certain that in many instances the bacillus cannot be found in the most developed phases of the complaint, which again constantly gets well under treatment without anything special being done to starve, poison, or expel the invader, thus effectually disposing of the third stage. Face to face with clinical experience, the theory fades into a figment without beginning, middle, or end, and for anything it explains the bacillus might have for ever remained undetected by the microscope.

A patient with lupus frequently enough lives long years in a family without communicating the disease to a single person. The bacillus, which traverses miles of open country to reach some lonely



cottage, cannot in such cases overleap the slight and feeble barrier which stands between sister and sister, between husband and wife. The believers in the wonderful feats of the bacillus say that this is owing to its not having found a suitable soil to settle in, but figurative language of this kind usually masks an error or represents a superfluity of language. Here we have both. Nothing grows in soil but what undergoes a change; the seed dropped into it does not multiply as the bacillus does, and the phrase "suitable soil" is superfluous, because the condition is better expressed by the older term of predisposition to the disease. And to this as the real cause of the appearance of the disease the predominance must, I submit, be assigned. Where exposure with immunity is the rule, infection can only count for very little.

In the foregoing paragraph I have spoken of the wonderful feats of the bacillus, and as I do not like to make use of an expression of this kind without what appears, at least to me, a good reason for doing so, I shall attempt to justify the remark. As I am anxious not to occupy more time than is absolutely requisite, I have selected as evidence one fact out of several. A gentleman undertook to show me the bacillus in a piece of lupus tissue which he had been examining, and one was with great difficulty displayed; but in answer to my questions he at once admitted that this was the only specimen he had been able to secure, though he had examined a number of sections; and it certainly did appear to me, and ever since has appeared to me, wonderful that this mere mite of matter should be able to effect such a destruction of tissue, which could hardly have been brought about by a prolonged use of the most powerful caustics.

An unhealthy state of the climate has been suggested as an exciting cause of lupus, but nothing very definite on this head has come under my notice. We are also told that the disease is more common in a population exposed to bleak north and east winds, and Pontoppidan traces a good deal of it to raw sea-air. However strictly this may be the case in a northern country, I should, judging purely from personal experience, say that it does not hold good in England. I have not found lupus very prevalent at the seaside; and Margate, which is in a peculiar degree exposed to the sea breeze, has been selected as the site of a hospital for the treatment of this disease and scrofula. I have several times traced lupus to low-lying villages shut in by hills and trees, but I do not attribute much importance to this, having seen the disease in people born in the most contrasted climates; and my colleague Mr Hitchins, after a long and careful search, found himself unable to come to any conclusion about the topography of the disease. I am, therefore, disposed to believe that such agencies simply intensify an inborn tendency to lupus, which would have shown itself sooner or later without such assistance. With the view expressed by Sir Erasmus Wilson, that lupus is due to inherited syphilis, and that of Mr Hunt, that ery-



thematous lupus is syphilis, it is, I presume, no longer necessary to deal; they were utterly unfounded, and perhaps never had any particular influence over either pathological doctrines or treatment.

That lupus owes its existence to some widely diffused and resistless agency, acting unseen and silently on the whole mass of the population, and in conformity with a law long ago recognised by myself, but which I have quite failed to unravel, seems almost certain from the fact that, turn to which side we choose, search what part we may, we shall always find that the number of persons suffering from this affection bears the same common proportion to that of patients with disease of the skin, and unless my calculations have quite misled me, the same proportion, speaking, it is to be understood, exclusively of England, the same common relation to the number of the inhabitants, about one in eight thousand nine hundred and fifty, as well as I have been able to make out, any such computation being, however, quite open to correction. As to any attempt to explain the occurrence of lupus by some theory, or by offering the reader his choice of two or three theories, I have no figment of the kind to put forward; I look upon concoctions of this sort as little better than day-dreams, as things which waste man's time on earth for they leave no man wiser.

The reader has no doubt noticed that I have included with lupus the erythematous form, which some authors have separated from it and classed with the erythemata. I believe the attempt to be a complete mistake. In a woman who had been suffering from the disease more than eighteen years, unmistakable lupus papules had formed on the posterior edge of the patch, which was seated on the right cheek, nearly covering it. Two women, in both of whom the disease had begun and spread, in classic fashion, like the rough outline of a butterfly, stretching across the bridge of the nose and over the cheeks, were attacked with equally unmistakable lupoid ulceration at the edges of the patches. A man with this form of the disease on the backs of both hands had sycosiform lupus of the face, and Dr Jamieson mentions a case where erythematosis on the cheeks passed imperceptibly into vulgaris of the nose, with characteristic ulceration and crusting. This variety, too, may, like the traumatic, start from an injury, which I have never seen in any erythema; a patch, covering almost the entire right cheek of a woman, took its origin from the opening of an abscess over the zygomatic arch.

We now come to the important part of the matter, the treatment of the disease, and I propose to begin by examining the system of Dr Koch, the history of which has revealed an amount of credulity, contempt alike of reasoning and grammar, hasty judgment and intolerance, not often, if ever, paralleled in the annals of medicine. The millennium of medicine had come, an era of science had dawned upon the world which for ever rendered all former experience worthless; about that no dissentient opinion was



to be heard. Lupus had been cured in a week, even in five days; consequently its speedy extinction, or at any rate relegation to the list of mild affections, was merely a question of time, and a very brief time too. Consumption was also to fall before the unsparing arm of modern science, and the system which mastered it would deal equally well with tuberculosis of the joints.

Although I have read a good many reports and communications to the medical journals about injecting, I have only come upon one case which could be considered a history of a cure of lupus, that brought by Dr Abraham before the West London Medico-Chirurgical Society; how many hundreds of failures there have been we shall never know. Thirty patients were treated at St John's Hospital in this way by Dr Dockrell with all imaginable care, and in the presence of a number of medical men; they were kept under observation for months, and their subsequent histories, with one exception, systematically traced. All improved, but twenty-seven relapsed, two did not relapse, and one, the exception just mentioned, could not be followed up. It is not easy to see how a remedy could have been more impartially tried, or how failure could have been more complete; not one of those, I believe, who watched the experiment coming to any other conclusion.

From the eagerness with which tubercular injecting was at once elevated to the rank of supreme agent of cure, I presume it is generally believed that an agent of this kind outweighs in power constitutional and dietetic treatment aided by local means. It will need more success on its side than yet has been achieved with any purely topical remedy to supersede, in the judgment at least of unprejudiced persons, a comprehensive system of internal means to which topical measures are strictly subordinated. Such a method may be reproached with slowness of operation, it does not promise such speedy and brilliant results as the knife and sharp spoon; but properly and persistently carried out, it never, I believe, fails to improve the patient's health, almost always arrests the progress of the disease, and fairly often effects a cure, which at any rate lasts for years, if not for life. I say this quite advisedly. I have repeatedly shown the medical men, following the practice in my department at St John's Hospital, cases of lupus of all kinds in all stages of cure, not one of which had been subjected to any torturing application or any operation, only the mildest local means having been employed. I have not seen an instance where a patient, supposed to be cured by these means, had relapsed, and I have had several opportunities of learning that patients, discharged a considerable time before, had had no return. But there may have been even numerous relapses, and I limit myself expressly to saying that I have not heard of any.

Then, inasmuch as the advocates of scraping, cutting, and gouging out lupus patches and ulcers cannot but admit that the mild topical means just mentioned could by no possibility have



destroyed the bacillus, the cure must, on their own showing, have been effected by the constitutional treatment alone; so that this is sometimes at any rate adequate to the task if we could only direct its powers aright. Farther, I suppose it will be conceded that the local measures named in the opening of this paragraph are at least painful, disfiguring, disabling, and not unfrequently useless; the disease returning just the same after what, in the report of the case, looks like a cure. If the gentlemen who recommend such operative proceedings do not admit the frequency of failure and relapse under their hands, then those who have seen a good deal of the disease will admit it for them. Leaving on one side a whole host of cases, I may mention that one girl, who entered at St John's Hospital, had been scraped eight times, the lupus after the last of these operations being as bad as ever; indeed, a gentleman of large experience in these cases said, in my hearing, that of all the bad forms of treatment, scraping was the worst. I cannot quite agree with him, being of opinion that cutting is just as useless, rather more painful, and equally mischievous. Among other instances the two following may be cited. Not long ago a girl was attending at the hospital who had been cut five times for lupus of the face without the destructive progress of the disease being in the least staid, while the patient is disfigured for life; a lady came over from New Zealand to be treated for lupus on the back of the left hand, which was badly scarred both lengthwise and crosswise, the result of two successive operations, in the course of which the hand had been laid completely open, without the least good being done in the way of cure or even arrest.

I never could understand what the advocates of purely local treatment propose to do with the symptoms of general ill-health so often seen accompanying this complaint, notably loss of strength, wasting, indigestion, constipation, and headache; whether they have satisfied themselves that the removal of the local affection will be followed by the spontaneous disappearance of all such complications, or that trifling matters of this kind are below the notice of science, are points respecting which the works I have consulted are silent; while in conversation I have only received in reply to my questions answers which did not allow of any satisfactory conclusion being drawn from them. Having never seen an instance of lupus cured by purely topical means, I speak, as concerns personal observation, in total ignorance of what the effects of such a cure may be on the general health; but I have seen plenty of cases where pretty well every form of outward treatment yet recommended had been tried without benefit to the disease, and where, when any effect had been produced on the system, it was decidedly of an injurious nature.

If medical men have been disheartened by their want of success in the internal and dietary treatment of lupus, they have in some measure, and especially in respect to the latter, only themselves to



thank. For years and years they have, with one or two exceptions, gone on ordering tonics and highly-nourishing food in this complaint, seeing the patients get persistently worse, and yet never stopping to try whether benefit might not result from some form of change; repeating, one generation after another, the announcement that this affection is due to weakness and therefore demands the remedies suited to this state; and lastly, also one generation after another, winding up all treatment by sending the patient to a milder air, to some watering-place, or to the seaside, all three about of as much service as they would be in a case of cancer.

I may have been mistaken, may have gone too far in making such a sweeping statement as that in the foregoing paragraph, but till I am refuted I shall continue to believe that it is strictly in order, and that with the exception of Lugol's researches, which, though bearing chiefly on struma, cannot, looking to the views of French pathologists, be lost sight of here, and, indeed, two of the cases quoted in his famous treatise were cases of lupus—those of Dr Piffard, of Dr W. Frazer with barium in perforating lupus, and of Morgan and Eames with phosphorus—there does not exist evidence of any serious attempt to investigate the action of internal remedies in this disease. Compared with the apathetic routine of prevailing systems, Lugol's observations stand out in strong contrast; they were truthfully and laboriously carried out, and if he did not effect all the good he aimed at, his want of success was due to the inadequate powers of his great remedy, not to any want of ability on his part. Nor have the labours of the others yielded, so far as I can learn, much better fruit, Dr Frazer's being the one solitary success achieved in this direction.

Several years ago I proposed to divide the internal means recommended in books for lupus into three classes,—those possessing some control over the disease, those of doubtful value, and those of no value at all. The first class comprising arsenic, calomel, saline aperients, and in lupus of the limbs iodide of potassium; the second, all the salts of antimony except the tartrate, of soda, borax, mercury, iodine and potash, except those just mentioned; all combinations of these, such as iodide of mercury and Donovan's solution, cod-liver oil as ordinarily given, phosphorus, phosphates, every kind of chemical food, all mineral waters, and all vegetable preparations; to the third category were relegated steel, quinine, all mineral acids, bitters, sedatives, alteratives, and sudorifics. I have seen no particular reason to depart from the judgment then passed, and must contend that what I advanced is thoroughly borne out by facts. I distinctly assert that, while I never saw lupus in any way benefited by any of the rejected remedies, and especially not by bark and its alkaloids, steel and bitters, I have several times observed rapid and intractable exacerbation from the use of these things. Steel was particularly mischievous and always a failure; some of the patients had taken it for years without the least good



being done, and I myself tried five different preparations of it with no better success. Lupus is not so rare but that there ought to be plenty of cures by tonics to bring forward, but to the best of my knowledge no such evidence of their power exists. Mr Hutchinson, an advocate of tonic treatment, honestly says the cures are few, but I should like to know where even these few are to be found recorded.

The reader will have gathered from the foregoing that the medicines to be introduced to his notice as curative in lupus are saline and mercurial purgatives and arsenic; these indeed, with occasional resort to tartrate of antimony, have alone proved useful in my practice. The saline I have generally employed, and of which I make the most unsparing use, is composed of four parts of the sulphate of magnesia to one of the carbonate, and half to two-thirds of a part of nitrate of potass, dissolved in a small quantity of water, which, with the view of averting griping, should be strongly aromatic, nothing for this purpose answering, perhaps, better than peppermint made from the English herb. When the flavour of this is objected to, as is sometimes the case, cinnamon or dill may be substituted, but they are both inferior to the mint. A small quantity of this mixture, generally about a tablespoonful for a grown person, is given directly the patient wakes, or at any rate a good while before breakfast, and immediately after the dose a quarter of a tumbler of hot water or a cup of hot weak tea is drunk. This arrangement ought to secure a copious stool directly after breakfast and no more. If it operate beyond this, the dose is to be cut down, while it may be increased to double in order to secure the needful degree of action. I have known people unable to bear more than a teaspoonful, and sometimes a patient not particularly strong-looking has reported little effect from two tablespoonfuls, and required such a dose to be supplemented by a pill. This medicine is given every day month after month. If at any time the patient should get tired of it, the surgeon can suspend it for a short period, but the sooner it is resumed the better. Most persons, however, so thoroughly realize that some relief is derived from continuing the remedy, that their great wish, or at any rate the wish they most frequently express, is to be allowed to keep up the use of it.

Occasionally, and especially during mild weather, a mercurial purgative is given, generally twice a week, and at bed-time. For this purpose I have found nothing equal to calomel. I can offer no explanation as to the way in which it operates; I only know that it acts curatively, and in lupus attacking the nose often materially promotes the patient's comfort. These patients often suffer rather severely from a sense of distension of the affected part when stooping, feeling, they say, as if all the blood in the head were rushing into the organ. This a smart dose of calomel often does away with,—sometimes, according to the statement of the



patient, the very first taken. For adults the calomel is prescribed in the shape of a pill, combined with opiate confection in order to obviate griping; for the younger patients it is mixed with twice its weight of grey powder. The quantity given is just what will procure two or three loose stools, and during mild, close weather such an amount twice a week is well borne; with the return of cold, raw east winds, it is sometimes not so well supported, and must therefore be employed in a much more restricted fashion for the time being, particularly if the patient's occupation involve much exposure to the air. But it should be resumed so soon as ever circumstances permit, and the reader is to understand that when the mercury is given it is to be given as a purgative, and that, when the amount of action just mentioned is not attained to by the calomel, it must be effected by a supplementary dose of black draught, containing, however, not more than a fourth of the usual proportion of sulphate of magnesia, taken early next morning.

Arsenic is the next great remedy, and is, according to my judgment, best given at the beginning of the course in the shape of the *solutio solvens mineralis*, a far superior preparation to Fowler's sickly-tasting, irritating solution; the dose four or five minims, gradually increased to six, eight, or ten times as much. Perhaps a mixture of dilute nitro-hydrochloric acid and some mild, bitter infusion, like that of snake-root, is as good a vehicle as we have. This preparation should be continued so long as it seems to be doing good, and when such amendment as it is thought to be affecting comes to a standstill, then the arsenic is to be given in the form of a pill, at first in small quantities, such as the fiftieth of a grain three times a day, gradually increased.

This part of the treatment, if not so indispensable as was taught by Mr Hunt, is at any rate of great importance; it multiplies the chances of doing good, and therefore should always be included in the programme. Mr Hunt effected some wonderful cures with arsenic alone, imposing no restrictions as to diet, and having a perfect horror of all strong local applications. Among other instances he showed at the London Medical Society a bad case of lupus of the face cured in this way. Some of those present suggested that it was only an instance of arrest of the disease, which would be sure to return, and then Mr Hunt was merciless enough to show the patient at the Society, a year later, still cured, no relapse having occurred.

I never could understand how it was that Mr Hunt managed so well, as I certainly was not so successful, for though I tried four different preparations of arsenic most perseveringly, and as I thought carefully enough, I constantly found that the patients could not continue to take the medicine for anything like the time necessary to effect a cure. The eyes became red, tender, and weeping, the tongue coated, the appetite impaired or lost; diarrhoea, nausea, and vomiting set in even when a strong stomachic like



essence of ginger or peppered brandy was given after each dose. Under such circumstances it is of no use to persevere in the administration of the medicine, the question being, what is the best *temporary* substitute, for it is always desirable to return to the solution. I have myself for long turned to the phosphoric acid, and have found nothing equal to it in its power of setting right a disordered stomach and coated tongue. I have usually given from fifteen to thirty drops in some mild bitter, like that of Seville orange or calumba, three times a day, continuing this till the symptoms have quite passed away, for it would serve no useful purpose to revert to the arsenic before the system has been restored to its normal state.

At one time I used iodide of potassium as a substitute for arsenic. Having seen reports of cases in some of the medical journals, showing that lupus had been cured with large doses of this salt, I gave it a good trial, beginning with moderate amounts and carrying these as high as the stomach would bear; but in no single instance did I notice the slightest good result in lupus of the face, head, or neck. Some of the patients were speedily made so ill that they could not continue the iodide, and I was obliged to admit that, if others could cure lupus of these parts with it, the task was beyond my powers. This admission, however, I have had to make with regard to so many remedies, that I am grown case-hardened. In lupus of the limbs, especially when seated on the lower parts of the legs, I have sometimes found the iodide very useful. Sooner or later the necessity for any measure of the kind passes away, and then the arsenic should at once be resumed, and sedulously continued unless some further disturbance should again require the suspension of it, as may easily happen. I have had to interrupt the use of it four or five times before proper toleration was established.

The nature of the local means employed must vary according to the extent of the ulcerated surface and the avocations of the patient, for in many cases it is most imperative, and particularly when the disease is seated on the face, not to add to existing disfigurement, and some of our best means do add to it; consequently they must be reserved for patients in the wards, or for young persons who are not compelled to go out to work. Carbolic acid, 95 p. c., is an excellent application, inasmuch as the stain caused by it speedily passes off, while any slight pain it may occasion is still more speedily relieved by the free application of hot water. The patient should be supplied with the acid and taught how to use it, attacking daily as much of the lupoid surface as can be done without much pain being caused. At night some mild ointment, like spermaceti or zinc thinned down with liquor plumbi and sweet almond oil, may be applied, the part being covered with Irish linen to prevent the ointment from being rubbed off and the sheets from being greased. When ointments are objected to, the part



can be bathed with hot undiluted liquor plumbi. As far as practicable all discharge should be removed before applying the acid, and sometimes nothing, not even the most sedulous bathing, effects this so thoroughly as a hot turnip poultice, which offers a convenient medium for keeping heat and moisture a long time in contact with the part without much trouble to the patient. Besides, it is possible that the turnip possesses some slight degree of healing power, because patients frequently remark that the part feels much soothed by the use of the poultice, and the disagreeable smell often noticed in children suffering from clipping ringworm or eczema of the head is at once removed by this remedy, while in them the irritation of the scalp is often visibly relieved. The poulticing is repeated every day till the crusts and discharge are completely got rid of.

But when the hands of the medical attendant are not tied, the permanganate of potass should be turned to as offering greater advantages. The solution I employ is one of a drachm to the ounce, and the diseased surface is mopped with this daily till a dark, glossy, hard, adherent film has formed, when it may be discontinued until the lupoid surface is again laid bare by the peeling of the scale. The operation of this remedy is often excellent, especially in the erythematous variety. Any tendency in old papules to rise and enlarge suddenly should at once be checked by rubbing with the solid nitrate of silver, the surface being merely damped; when it proves too painful, iodized glycerine may be substituted. Sometimes, when all appears to be doing well, a small painful sore will form quite suddenly on one of the nostrils, or a few papulæ will all at once break down, and an ulcer take their place with such rapidity as to remind one of sloughing. In such emergencies I think pure chian turpentine is by far the best dressing, the discharge being carefully removed and the powder well dusted on the place. Treated in this way I have seen not only such a lesion close up, but the cicatricial tissue which formed over it take on a much healthier look than other healed parts. The application of calamine lotion to protect the surface from the air is often a source of comfort which patients appreciate highly; it offers also the advantage that it hides much of the disfigurement, especially that caused by erythematous lupus. The rabid irritation sometimes seen in sycosiform lupus, particularly when seated below the chin, is often materially alleviated by scalding with hot water, which, indeed, can be beneficially resorted to in all forms of the disease, followed up by the free use of Duhring's sulphide of potass lotion, or solution of carbolic acid in rectified spirit, three or four grains to the ounce.

Beyond these I know of no local remedies likely to be of service in lupus. I have not tried many, but those which I have tried completely failed in my hands. Nitric acid, acid nitrate of mercury, chloride of zinc, caustic soda, and caustic potass, have been ex-



ceptionally recommended. I used them, as I thought, with all needful care, and did little but mischief with them, causing severe pain to far less purpose than might have been attained to by milder means, and not unfrequently with acids injuring the surrounding sound tissue. Nor do I see how it is possible that anything useful in this direction could be extracted from those authors who have touched upon the subject, inasmuch as it would require many years of unremitting labour to select the local application most suited for trial. The reader may think this exaggeration; if so, he has only to observe for himself. Of the caustics alone twenty-three have been recommended, and I need hardly point out that an almost endless series of experiments and researches would be required to determine which was the best of any half-dozen submitted to examination. Indeed, if I had said that half a lifetime would be needed to decide, with scientific precision, such a point with regard to the whole number, I should hardly have overshot the mark.

Besides, there is one very serious objection to the use of caustics which has not met with the attention it deserves, and that is, that if the remedy fail to overpower the disease, it sometimes rapidly and seriously aggravates it. This was particularly the case with a girl admitted into St John's Hospital suffering under lupus of the nose, cheeks, and back of left jaw. She had, after nearly seven years' attendance at different institutions, been thoroughly cauterized under chloroform in a provincial hospital. Shortly after this the disease began to spread, whereupon the surgeon, apparently thinking he had not done enough, again took her into the hospital and cauterized the places most severely with chloride of zinc. But the operation only had the effect of increasing the extent and rapidity of the destructive process, and when, sometime afterwards, she put herself under my care, there was evidently no attempt at repair. Moreover, the fact that any kind of operation is so dreaded by many timid persons as to make cauterizing prohibitory in their cases should always be kept in view. So far, then, as concerns treatment generally, but there are certain hindrances and complications which demand special attention, and which I now proceed to take up.

Thus close, thundery weather often brings on a relapse almost as unpleasant for the medical attendant as for the patient. Papules, which had been diminishing in size and fading in colour, suddenly enlarge and become reddened or pink, while a serous or purulent discharge, which had perhaps been absent for weeks or even months, speedily reappears, accompanied by stiffness, burning and itching, particularly in the sycosiform variety. In such emergencies I have seen nothing answer like the tartrate of antimony. The doses of it ordinarily prescribed are of no use here,—supposing, indeed, they are of use anywhere, which I rather doubt. At least thirty to forty minims of the wine should be taken three or four times a day, and I constantly increase the amount to three, four, or even six drachms



daily; I never hear of sickness or even nausea being caused by such quantities, and believe the fears about the over free use of antimony to be entirely unfounded. To prevent, however, any feeling of depression being set up, the acetate of ammonia is added, as is, for no particular reason I can offer, unless it be habit, spirit of nitric ether in small quantities. The use of the calomel is kept up, and rather pushed at such times, and followed on each occasion by a full dose of the senna draught next morning. The local treatment should be of the most soothing kind. A hot fomentation or hot turnip poultice, at least once daily, followed by free use of a weak bicarbonate of soda lotion, a drachm to the eight ounces, with half an ounce or more of cherry-laurel water; at night spermaceti ointment is laid rather thickly on the part, being then covered with a single thickness of Irish linen. When an ointment is objected to, as is sometimes the case, the part can be well mopped with hot liquor plumbi.

The diet should at all times be light, but on these occasions meat should be interdicted, the nearest approach to it being a little weak veal or mutton broth; weak tea and dry toast, milk puddings, white fish, vegetables, supply all that is needful. That general refuge, beef-tea, should be utterly avoided, being as heating, irritating, and generally mischievous as anything can well be. No beer should be allowed on any pretence whatever, and if the use of wine be permitted at all, then only some very light kind, such as hock or sauterne. Perhaps it may be as well to say here, that it is much better to adhere to this diet throughout; meat, especially the heavier and more stimulating kinds, strong soups, jellies, meat juices, stout, and brandied wines, being especially injurious, and only permissible when the patient seems to be suffering severely from exhaustion, which, though a very rare, is yet a possible occurrence. In a few extreme cases of this nature I have given rum and milk freely, and a liberal allowance of it certainly seemed to save the life of one woman, sinking to all appearance under the ravages of the disease.

Every now and then, without any manifest cause whatever, the patient complains of utter loss of appetite and distaste for food; of weakness, langour, and weariness; of backache, and a feeling of being equally indisposed for work or rest. When such symptoms prevail, lime often relieves the patient more quickly than any tonic I have seen tried, and perhaps of all the preparations of it the lacto-phosphate—first recommended, I believe, by M. Dusart—is the best, two or three teaspoonfuls five minutes before breakfast and dinner having often an excellent effect. The phosphate is not prescribed because lime is considered useful in strumous affections, but because under the influence of it the patient recovers appetite and strength, and the depressing symptoms just mentioned pass away. I therefore presume that it acts here as a kind of tonic, just as in other phases of the disease the saline and mercury do, patients getting fat and strong under the use of them.



I have seen no reason to believe that any mineral water or bath is of the slightest use in this disease. It is well known that the power of relieving, if not of curing, lupus has been claimed for some of them, particularly the waters of Louèche, which, in addition, render the same invaluable service to seventeen other diseases of the skin, as also to "secondar syphilis" and "inveterated states such as scrofula;" it is also well known that only too many medical men fall in with the morbid fancies of their patients, and sanction their going to places celebrated for the curative qualities of their waters, the accounts of which are often an insult to common sense. Supposing them to possess only a moderate share of the qualities claimed for them, there ought to be no dearth of cures to trumpet forth to the world, yet I have vainly searched far and wide for one authentic case. The vapour bath often affords these patients much relief, apparently because it promotes improvement of the health and a more comfortable state of the skin.

There are three varieties of weather which seem never to agree with lupus patients—raw, cold east winds; east winds in summer, accompanied by much light; and close, thundery weather. The two first can, of course, be avoided by patients in the wards and those who can remain at home; no precautions avail against the last, and there is sometimes no alternative but to expect a relapse, and deal with it as promptly as may be. Those whose work compels them to be a great deal out of doors should protect the part as well as they can from wind and sun; but they have a hard and sometimes an impossible task before them, for exposure to such agencies is often inseparable from the work by which they live.

It has several times been noticed that an attack of erysipelas has materially influenced lupus for the better, setting up a healthy reaction when nothing else had availed, just as it does when it fastens on a sluggish ulcer. I have never seen this myself, and, indeed, we have never had any erysipelas since the hospital was opened; but a girl, suffering from intractable lupus, which had extensively ulcerated the lips and cheek at the left side of the face, was sent for change of air to the convalescent home, and while there was attacked with erysipelas. Some weeks after this I had an opportunity of examining her, and found that a great improvement had certainly taken place; the ulceration on the coral surface of the lips was nearly healed, and a great deal of the adjacent skin was beginning to show the bleached, scarred surface seen after lupus has been cured. Looking to such facts, the question naturally arises as to whether it would be legitimate practice to place a lupus patient in a ward where erysipelas had broken out, and thus invite an attack of this disease; for my part, if suffering from such a loathsome, disfiguring complaint as lupus, I should certainly ask that this might be done for me. Anyhow, the suggestion, if acted upon, would open up a wide field for experiment, and in due time a vivid description might appear of the struggle for mastery between the bacillus of lupus and the micro-organisms of erysipelas—a



conflict even more desperate than that of the microbe and phagocyte, of which we had such interesting narratives, peculiarly redolent of imagination, coolly avowed, indeed, to have been engendered by it, and lamentably wanting in evidence.

It is now so much the fashion in speaking of lupus, and, indeed, of many other maladies, simply to bring forward a case in which some new remedy is effecting a cure or materially relieving the symptoms, and there to leave the subject, that I feel doubtful whether the reader will care to go into the question of what are the chances of cure under the system recommended. The possibility of comparing these with the success effected by other methods is negatived by the scantiness of authentic records on this head—at least I have found little in the shape of an endeavour to grapple with the problem. Lugol's cases were too few to admit of any inference being drawn from them. Dr Piffard's experience affords us some most valuable information. In 1877 he published an account of twenty-five cases, sixteen of which were successes. Out of eight of these, treated by excision only, six were successful, two failures; while of five treated by excision or scraping, both followed by the actual cautery—the method which he prefers—all were successful. Again, in 1879, he communicated the particulars of nine more cases. One, treated by excision only, was a cure; of the remaining eight, six were successful, one a case of improvement, one was a failure. Quite recently, Mr Harrison of Clifton, in a paper read before the British Medical Association, gave the particulars of ten cases treated locally with hyposulphite of soda solution, forty grains to the ounce, followed by dilute muriatic acid, five minims to the ounce, with the object of setting free "nascent sulphur and sulphurous acid deep down in the skin structures." Of these ten, one seems to have been absolutely cured, one nearly so.

Such are the few facts which I have been able to glean. On the information conveyed by text-books on diseases of the skin I do not propose to touch. It is generally restricted to the recommendation of the stereotyped remedies, from which we cannot always gather whether any one of them, or any combination of them, has ever been successful; what the relation is of cures to failures in the hands of the various authors; to what particular forms and stages of the disease the different remedies are applicable; and, lastly, whether, when all the steps required by an author as necessary for success have been taken, we can rely on curing any individual case of lupus by the most persevering use of them. I presume a certain value attaches to this mode of writing, because the system is so persistently maintained, but I have not myself been able to discover it. As to my own success or insuccess I have no statistics to offer, having so often found it impossible to trace the cases to the end. I can, therefore, only say that the treatment recommended has answered infinitely better in my hands than tonics and caustics ever did, and that by means of it the majority of those patients, who give treatment a fair trial, are either



relieved or cured, equally whether suffering from the affection on the head, face, or limbs; lupus of the hand presenting, perhaps, the greatest difficulties of all, and twice in my experience defying treatment so long that the patients left off attending—one only partially, the other scarcely at all relieved. Multiple lupus, too, affecting the limbs, hands, and feet, I have sometimes found refractory to it in the case of out-patients, and only to be satisfactorily treated in the wards. I may here add one thing which has surprised me very much, and that is the slight amount of deformity often left after a lupoid patch, treated in this way, had healed up, the cicatrix becoming peculiarly vascular in some cases.

But only too often treatment never has a fair trial; there are always plenty of people who never have observed, and never mean to observe, the measures necessary for cure. Foremost among these are the incurably perverse patients, who contrive to misunderstand every direction given them, and who, whether they deceive themselves or not, seem always bent on deceiving the medical attendant; affirming that they have sedulously followed up treatment when it is clear that they have done nothing of the kind, and justifying themselves with such pertinacity that I have often thought such people must labour under some affection of the brain. Next we have the incorrigibly lazy, whom neither the ravages of the disease nor the entreaties of relatives can induce to make one rational effort for the purpose of being freed from such a misery as lupus. One might think that the first encroachments of a disfiguring affection of the skin would impel any person attacked by it, especially when that person was a woman, to seek relief at any sacrifice of time and trouble, to submit to any restraint requisite for cure. But it is not so. A girl, with a large patch of lupus on the left jaw and neck, allowed it to go its way for more than two years without doing anything for it, though she was living in the immediate vicinity of a hospital devoted to diseases of the skin, and not a quarter of a mile from a general hospital. One young man, fearfully disfigured and just beginning to mend, left the hospital because he was not allowed to go out as much as he liked in raw, cold weather, which always aggravated the disease; and I am frequently obliged to threaten with immediate dismissal patients who seek to excuse their irregular attendance by the most frivolous pretext.

Next come the helpless, born in poverty or doomed to sink into it, with whom the wolf is always at the door, and life such a hopeless struggle that they have little time and little heart to attend to anything beyond its daily wants; with whom the question is not to ward off disfigurement, but to keep cold and hunger from the hearth. With these medicine will never be able to deal. The philanthropist may strive to better their lot; the pedant, who affects to believe that education is the panacea for all social ills, may proclaim that, by elevating the minds of these outcasts through the medium of his nostrum, he will rouse them to shake off the apathy which stands in the way of cure. It is all in vain. When



the philanthropist and pedant can infuse reason into a brain pre-occupied with sordid cares, then, indeed, they may persuade such patients to attend to their maladies, but till then they will continue to suffer. But, apart from the helpless, there are numbers of struggling but right-meaning persons who are constantly shifting their quarters because they must go whither their work calls them. Others, too, there are whom daily toil chains fast to the spot all day long, with whom to leave work means to want food later on; some too poor to bear the petty cost of travelling to the hospital; and others too weakly to support the fatigue of coming frequently enough to allow of any good being done. The upshot of all this is, that I never feel confident about a lupus patient attending regularly till experience has shown that this is likely to be the case.

A distinguished physician, attached to one of the largest London hospitals, not very long ago asked, in the course of a lecture, whether any man could say that he "ever got lupus out of the system." This is a fair instance of the way in which the subject is often dealt with. The question seems legitimate enough when levelled at the incomplete accounts so often met with of the real and ultimate effects of treatment; and, duly weighed, might serve as a warning to men to tell us definitely what can be done in the way of cure in lupus and what cannot be done, where the most hopeful must cease to hope, and where our knowledge of its pathology ends. But in itself the question is not legitimate; it would never have been put in such terms had our knowledge of the disease and its therapeutics had been reduced to precise form and established on a lasting base. I doubt if the lecturer himself could have described with exactness what he meant by getting lupus out of the system, or under what form he supposed it to exist while in the system. The issue raised, however, even in this rather crude shape, is of great importance to the subject, for it reflects the widespread belief in the incurability of lupus which I have so often heard expressed; as it must mean either that the disease cannot be cured even in appearance—a belief for which there is, as regards many cases at least, no justification—or that, if apparently cured, the unhealthy disposition to it is never overcome, and the disease infallibly returns; to which the rejoinder must be, that time is needed to decide whether such cures as those mentioned in the foregoing pages are lasting or not, and that, even if a relapse has to be counted on, still immunity from suffering for years, or even for months, is a priceless boon to those labouring under lupus.