

**THE PRACTICAL MEDICINE
SERIES: VOLUME
VII. SKIN AND VENEREAL
DISEASES. SERIES 1920**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649706334

The Practical Medicine Series: Volume VII. Skin and Venereal Diseases. Series 1920 by
Charles L. Mix & Oliver S. Ormsby & James Herbert Mitchell

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

CHARLES L. MIX & OLIVER S. ORMSBY & JAMES HERBERT MITCHELL

**THE PRACTICAL MEDICINE
SERIES: VOLUME
VII. SKIN AND VENEREAL
DISEASES. SERIES 1920**

The
Practical Medicine Series

COMPRISING EIGHT VOLUMES ON THE
YEAR'S PROGRESS IN MEDICINE AND SURGERY

Under the General Editorial Charge of
CHARLES L. MIX, A. M., M. D.

*Professor of Physical Diagnosis in the Northwestern
University Medical School*

Volume VII

Skin and Venereal Diseases

EDITED BY

OLIVER S. ORMSBY, M.D.

*Professor and Head of the Department of Skin and Venereal
Diseases, Rush Medical College*

AND

JAMES HERBERT MITCHELL, M.D.

*Assistant Professor of Skin and Venereal Diseases,
Rush Medical College*

SERIES 1920

CHICAGO
THE YEAR BOOK PUBLISHERS
304 South Dearborn Street

TABLE OF CONTENTS

	PAGE
Dermatoses	5- 90
Progress in Dermatology	5- 15
Herpes Zoster.....	15- 17
Skin Lesions in the Leukemias.....	17- 21
The Lichens	22- 25
Psoriasis	25- 27
Lupus Erythematosus	27- 31
Fox-Fordyce Disease	31- 34
Miscellaneous Dermatoses	34- 42
Parasitic Disorders	42- 45
Tropical Dermatoses	45- 48
Mucous Membrane Disorders	48- 50
Cutaneous Neuroses	50- 57
Diseases of the Nails	57- 59
Dermatomycoses	59- 70
Benign Neoplasms	70- 83
Precancerous Dermatoses	83- 85
Malignant Neoplasms	85- 90
Treatment of Dermatoses.....	90-110
Radiotherapy in Dermatoses.....	100-110
Venereal Diseases	110-236
Gonorrhoea	110-116
Chancroids and Other Ulcerations.....	116-126
Syphilis	126-236
The Chancre.....	126-131
Reinfection	131-132
Spirochaeta Pallida.....	132-137
Experimental Syphilis in the Rabbit.....	137-150
Clinical Manifestations of Syphilis.....	150-156
Syphilis Associated with Other Skin Lesions.....	156-165
Congenital Syphilis.....	165-166
Teaching of Syphilis.....	166-169
Marriage of Syphilitics.....	169-172
Serologic Tests.....	172-194

TABLE OF CONTENTS.

	PAGE
Treatment of Syphilis.....	194-236
Arsphenamine and Neo-Arsphenamine.....	194-204
Silver Salvarsan and Sulfarsenol.....	204-208
Mercurial and Other Methods of Treatment...	208-214
Arsphenamine Reactions.....	214-225
Experimental Work on Arsphenamine Reac- tions	225-236

SKIN AND VENEREAL DISEASES

DERMATOSES.

PROGRESS IN DERMATOLOGY.

Protein Sensitization in Production of Skin Disease. After a critical review of the literature, Towle¹ says that protein sensitization is now an accepted fact. The theories as to its meaning and its mechanism differ and much that has been published concerning the process lacks confirmation. There is still much work to do in allied fields, such as the diatheses and the intoxications, before full use can be made of the new cult. In the meantime, while accepting the principles of the cutaneous food tests, interpretation must await fuller, better defined understanding of the process of protein sensitization before it can attain its greatest efficiency.

Protein Sensitization in Skin Diseases. A critical discussion of the various theories, a review of the literature and the results of the tests applied in a series of cases appear in an article by Highman and Michael.²

Of the sixty-three positive reactions, thirty-seven were to vegetable and twenty-six to animal proteins. Reactions to more than one protein occurred in eleven of the twelve cases tested. Reactions to both vegetable and animal proteins occurred in ten cases. In one case only buckwheat was tried. Suprarenal extract was of benefit in eight cases; it was not employed in five and caused collapse in one.

The authors believe that urticaria and allied conditions, notably angioneurotic edema, are anaphylactic manifestations. Moreover, they believe the positive protein tests prove them to be anaphylactic. They believe that the protein food tests are of great value inasmuch as the tests indicate sensitization to a definite protein which, in treatment, is to be removed from the diet. One by one the various proteins should be given to the pa-

(1) *Archiv. Dermat. and Syph.*, November, 1920.

(2) *Ibid.*

tient. Those provoking recurrences should be permanently eliminated. Desensitization is to be practiced only with important foods and particularly in infants and children in whom the diet is necessarily restricted. No cures can be expected unless the abnormal digestive tract, which is the avenue of sensitization, is treated.

Skin Reactions to Apthesine and Quinine. Idiosyncrasy of certain persons to drugs causing various skin rashes is of common occurrence, but the proof that an eruption is due to the ingestion of a drug is generally lacking. Mook³ has applied the well-known cutaneous tests in two cases, one of which was susceptible to apthesine, a local anesthetic, and the other to quinine, taken internally. The first patient was a dentist who had a subacute dermatitis of the index, second and third fingers of his left hand. The eruption on the index and second fingers chiefly involved the palmar surface of the last two joints, with a mild inflammation around the entire nail. The lesion was reddened, slightly scaly, crusted, with some oozing of serum, and showed a few small fissures. The eruption had been present five weeks. The patient was immediately informed that his eczema was due to some chemical that he was using in his work. Inquiry developed the fact that he was using apthesine as a local anesthetic. His method of procedure was to place a tablet in the barrel of a syringe, add water and then hasten solution by knocking the syringe on his third finger. The few drops lost on the fingers in this process were responsible for the eczema. He stopped work entirely and within one month the eczema was entirely well under local soothing preparations.

Mook prepared a 1 per cent. solution of apthesine and applied it to a small scarification on his right forearm with water controls, such as are applied in food sensitization tests. Within twelve hours a distinct wheal was produced at the site, $\frac{1}{2}$ inch in diameter, and at the end of forty-eight hours the locally produced dermatitis reached its maximum. It consisted of a localized area of redness with edema, 4 cm. in diameter. As novocaine is said to be a drug similar to apthesine, the experiment was repeated after recovery from the apthesine, with a

(3) *Archiv. Dermat. and Syph.*, June, 1920.

similar clinical result, but not quite so marked a reaction.

A medical student who stated that he was susceptible to quinine was tested by Mook in a similar way. At the site of inoculation there was very marked reaction which lasted for more than twenty-four hours.

Another patient, a physician who always developed an erythema after an injection of arsphenamine, was tested by applying the solution to a small scarification on his forearm with negative results.

[We have seen a large number of cases of acute and chronic dermatitis in dentists produced by novacaine, and two cases which were produced by apothesine.—M.]

Acidosis in Skin Diseases. Last year attention was called to the work of Barber⁴ on the etiology and treatment of seborrheic eruptions by the use of alkaline solutions. Barber's idea is that in all seborrheic eruptions there is an acidosis which leads, either directly or indirectly, to seborrheic eruptions. This year Sweitzer and Michelson⁵ give a review of their work, which was an attempt to confirm the results obtained by Barber. The clinical and chemical examinations of Barber and Semon led them to conclude that they had established two fundamental facts: (1) That the majority of patients with seborrheic manifestations show a remarkably increased alkali tolerance, many of them to an astounding degree; (2) that in nearly all cases active inflammatory processes cease and the eruption rapidly clears when the urine has been rendered alkaline. Barber and Semon did not examine the blood of their patients to determine whether there was a lowering of the alkali reserve because their investigation has been limited to chemical examinations of the urine.

In 1919, Schwartz, Levin and Mahnken reported the results of examinations of the blood to determine the alkali reserve in 139 cases of various skin diseases. They found that in 59.7 per cent. they were of normal value; in 35.9 per cent. there was a mild acidosis, while in 3.5 per cent. there was only a moderate acidosis. One patient had a severe acidosis, but the skin condition here was a

(4) Practical Medicine Series, 1919, Vol. VII, p. 8.
(5) Arch. Dermat. and Syph., July, 1920.

complication of diabetes. In conversation, Rowntree, whose experience in acidosis studies is extensive, stated to Sweitzer that he had not encountered any particular skin manifestations in his work with patients suffering with acidosis, and the authors of this article conclude, therefore, that if the seborrheic state were a manifestation of acidosis it should be encountered with relative frequency by one who sees acidosis constantly, and in a large number of cases occurring in a variety of conditions.

In a series of cases Sweitzer and Michelson determined the alkali reserve and in cases in which there was a marked variation, or because of special indications, they did a complete metabolic study, including basal metabolism and thorough physical examination by an internist. This was done to rule out some other condition which might account for the acidosis present.

Barber and Semon point out that the exudative diathesis of infancy is often the forerunner of what they call a seborrheic diathesis in adult life. In the urine and blood chemistry studies of exudative cases they have not found any degree of acidosis; in fact, the reverse is the tendency. There is an increase in fluids and there is no acetone in the urine.

Sweitzer and Michelson were not able to find any literature on blood chemistry findings on patients with exudative diathesis. Inquiry among pediatricians disclosed the fact that in a large series of cases of acidosis observed, due to a variety of causes, no cases of infantile eczema or seborrheic dermatitis were encountered. In the studies of these authors they were unable to establish the existence of a seborrheic state or seborrheic diathesis. They have found no consistent change in the alkali reserve, and have not found even a mild acidosis which could not be accounted for. The alkaline therapy in their hands has not been successful. They have obtained better results by placing the patient on a fat-free diet and using the ordinary well-known lotions and ointments.

Universal Exfoliative Dermatitis from Sodium Cacodylate. A case of universal exfoliative dermatitis due to sodium cacodylate and resembling the exfoliative dermatitis which occurs after the use of arsphenamine