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FURTHER CONTRIBUTIONS

TO THE

TREATMENT OF LUPUS.

BY

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It will be remembered that at the annual meeting of this Society in June, 1877, the writer had the honor of reading a paper entitled "Certain Points Relating to the Nature and Treatment of Lupus." The matters specially dwelt on at that time were the infectious character of the lesion, and the necessity for thorough and radical treatment if we wished to stay its ravages. Concerning these points I wrote as follows:

"We see, then, that one important peculiarity of lupus is the extreme viability of its cells. Another peculiarity is its gradual extension and involvement of new regions, by an apparently infective process, similar to, but less in degree than that manifested by cancer. In other words, lupus is an affection that presents a certain degree of malignity, varying in different cases, and always less marked than in true cancer. This infective quality is evidenced by the fact that, if a patch be incompletely destroyed, the disease will most certainly return.

"A consideration of these two points, namely, the extreme viability of the cells and their infective quality, gives us a clue to appropriate treatment. The indication is clearly to remove the infiltration as soon as possible, and to remove it thoroughly; to destroy, not nine-tenths or ninety-nine hundredths of the lupus cells, but *all* of them."

The paper from which these extracts are taken was published in the *MEDICAL RECORD*, July 21, 1877, and subsequently in the Transactions of this Society for that year.

In the *Medical Times and Gazette* for August 4, 1877, there appeared an article by Mr. Jonathan Hutchinson, of London, entitled, "On the Mode in which Lupus Spreads," which commences as follows:

"The mode in which lupus extends itself, and more especially the manner in which multiple patches are developed, is well worthy of investigation. My impression is that the processes are by cell-infection, and very similar to what we observe in cancer."

Farther on he says: "You will see that the correctness or incorrectness of

this theory is of considerable importance—as, indeed, all theories are—in its bearing upon practice. If lupus be, as I hold it is, an infective tissue malady rather than a blood disease, we have a strong additional reason for vigor in the use of those methods of treatment which are likely to eradicate its first local manifestations. We apply to it the same rule that we so constantly reiterate in reference to cancer. ‘Stamp out the very first indication of flame, in order to prevent the spread of the fire.’”

The remarkable similarity of the views expressed by Mr. Hutchinson, and those which I had previously laid before you, strengthens me in the belief that they are in the main correct, and that a full appreciation of their importance will in the future lead to more thorough and successful treatment of this serious affection. Before entering into further details it may be well to indicate just what we desire to accomplish in the treatment of lupus.

In the first place, we seek to replace the lesion by a cicatrix.

In the second, to prevent a relapse *in situ*.

In the third, to prevent the development of the disease elsewhere.

The fulfilment of the first of these indications is a comparatively easy task, and one that may be effected in a number of ways. Without considering all the methods proposed, or even those which give fairly good results, I will simply recall to your recollection the ones to which I gave the preference in my previous paper.

These are: 1. To excise the lesion, when suitably located; 2. When this is not practicable, to thoroughly scrape out the lupous tissue with the dermal curette, and then cauterize the wound with the galvanic or other actual cautery.

One or other of these means will certainly cure the lesion (temporarily at least) more quickly and less painfully than any method yet proposed.

As regards the second indication—to prevent a relapse *in situ*—it is clear that the more thoroughly the operation is performed the greater the probability of permanent success.

In these cases there is but one consideration that should stay the surgeon's hand, and this is the amount of deformity that will result from the operation itself. Manifestly it would not be proper to remove half the cheek to cure a lupus half an inch in diameter. On the other hand, if not enough of the *apparently* healthy surrounding tissue is removed a relapse is inevitable. The problem is to destroy just enough and not too much, a matter that cannot always be determined with precision in advance of the operation. In my former paper I gave a table of results obtained in the treatment of twenty-five lesions by different methods. These were:

	Successful.	Unsuccessful.
Excision	6	2
Excision and actual cautery.....	1	0
Scraping and actual cautery.....	4	0
	—	—
Total.....	11	2
By other methods.....	5	7

These results were certainly calculated to inspire me with a good deal of

confidence in the methods advocated, and the cases hereafter to be related will show that in their practical application they almost, if not quite, fulfil their early promise. I feel loath to recite the cases in detail, and would not do so were it not that they proved exceedingly instructive, and will probably enable me in the future to obviate some avoidable causes of failure, and may, for a like reason, prove profitable to you. The cases referred to in my previous paper were numbered from one to ten, and the ones now to be related will follow them in the order of occurrence, with the exception of Case IX., which belongs to the last series, and was then reported as being still under treatment.

CASE IX.—Frank W., a native of the United States, thirty-six years of age, and a seaman by occupation, came under treatment March 22, 1877. His disease commenced at the age of thirteen, by the appearance of the lesion near the inner end of the left eyebrow, from which it spread until it gradually invaded the portions shown in the photograph. It is of the erythematous variety, and involves the lower half of left side of the forehead, the left side of the nose, and the greater part of the left cheek above the angle of the mouth. A portion of the original lesion, directly under the eye and on the forehead, that is, the parts that look pale in the photograph, have already undergone spontaneous retrogressive changes, being smooth, pale, and slightly depressed. The remaining portion of the lesion is elevated and red, with a few fine scales, and is slowly advancing at its periphery. In the infiltrated portion the patient experiences a sensation of heat, worse when he bends down his head. Owing to the extent of the lesion I decided to attack it piecemeal, and on day of visit (March 22d) scraped out some of the peripheral parts and applied a saturated solution of chloride of zinc.

March 27.—The parts cauterized with zinc do not present the usual appearances after cauterization, the eschar being softer than usual, partially detached, and under it there is an unusual amount of pus. To-day scraped out some of the papules, at the exterior and inferior parts of the lesion, and touched the holes with the galvano-cautery at a white heat. The design of the present operations was first to eradicate the disease at the margins, and thus prevent the spread of the affection, and afterward attack the more central and older portions. Those parts which had already undergone spontaneous absorption and cicatrization required no special attention.

March 29.—A slight tendency to suppuration has shown itself about the parts cauterized. The sloughs caused by the zinc have mostly separated, leaving small suppurating ulcers. He says that the parts operated on feel more comfortable than those in which the lesion still exists.

April 1.—To-day, assisted by Dr. H. P. Farnham, removed by incision an elliptical piece from the forehead, extending from the upper part of the lesion to the root of the nose, the piece removed being about 15 mm. long by 7 mm. wide at its broadest part. Two ligatures were necessary to control hemorrhage. The wound was brought together with two silver sutures and dressed with a lotion of *Calendula*. The actual cautery, without scraping, was passed around the margin of the entire lesion, except on the forehead. In addition the diseased surface within the margin received linear cauterizations. Gave him calcium sulphide, gr. $\frac{1}{4}$ *ter die*, in the hope of controlling the tendency to suppuration.

April 5.—There has been a great deal of suppuration and crusting upon the parts cauterized, but none at all along the line of incision which had been dressed with calendula. Removed one ligature, but did not disturb the other dressings.

The subsequent history of the case through the summer need not be detailed other than to state that the patient received two very thorough applications of the galvano-cautery to the diseased surface, without previous scraping. The great apparent change for the better will be seen by examination of the accompanying photographs taken June 9, 1877, and November 22d.

April 1, 1878.—Have not seen the patient for some months, but find him again on resuming charge of the Dermatological wards at the Charity Hospital. On examination find that some portions of the original lesion are thoroughly cicatrized and exhibit no tendency to relapse *in situ*. On the other hand the lesion has extended at other points of the periphery, and little papules are cropping out like islands beyond the edge of the main lesion. The patient's general condition is more depressed than I have before seen it, and the affection exhibits a more evident semi-malignancy than at any previous time.

During the succeeding three and a half months he was subjected to repeated partial scrapings and applications of cautery, and at the end of this period was discharged, at his own request, in a very much better condition than at any previous period. He felt so much better that he was anxious to seek employment out of the Hospital. I do not consider him cured, but expect to encounter him again at some future time.

Constitutional treatment.—During the early periods of treatment he received cod-liver oil without apparent benefit. Phosphorus was tried, but even in very small doses disagreed and had to be stopped.

In 1878, arseniate of sodium, chloride of gold and sodium, and hydrocotyle asiatica appeared to be useful. (Illustrated with three photographs.)

CASE XI.—Miss A. L., thirty-one years of age, referred to me by Dr. Giroux, of Brooklyn (E. D.). The disease commenced when she was seven years of age, and occupies a portion of the right cheek, as shown in the photograph (June 23, 1877).

July 2, 1877.—To-day, assisted by Drs. Giroux and G. H. Fox, scraped out the lupous tissue and applied the galvano-cautery to the wound.

July 18.—Her face is entirely healed and has been for some days, but there is a suspicious look to it. The skin is red, and there is a fine desquamation over the site of principal lesion. She says it feels the same as before the operation.

August 18.—Scraped out four small papules that have reappeared, and applied the cautery.

January 6, 1879.—Relapsed, as shown in the photograph taken to-day.

This case was a complete failure, the only one that has yet occurred to me after a second operation. (Illustrated by two photographs.)

CASE XII.—Peter H., aged 19, referred to me by Dr. Geo. Bayles, of New York. Disease commenced in 1874, and now occupies both sides of lower half of nose and a large patch below right eye, which produced decided ectropion.

July 3, 1877.—To-day, assisted by Drs. Bayles, Fox and Goodwillie, scraped out the lupous tissue and applied the galvano-cautery.

July 4.—He says that the parts feel better than before the operation.

July 24.—Entirely healed.

August 15.—Looks well everywhere, except three small papules 1 mm. in diameter on left ala, and two hardly perceptible papules that look suspicious. There is also a little scaliness under the eye near the nose.

August 21.—Scraped out the papules referred to and cauterized, but the heat was not satisfactory and the burning inefficient.

May 4, 1878.—Have not seen him since last date until to-day, when I find that the disease has relapsed and is nearly as bad as ever. Operated again by scraping cautery and chloride of zinc.

June 21.—It has been healed for some time and is looking well. Takes chloride of gold and sodium, and arseniate of sodium, of each gr. $\frac{1}{100}$ *ter die*. (Two photographs.)

CASE XIII.—G. W. G., aged sixty, referred to me by Dr. J. W. S. Gouley.

Dec. 21, 1877.—In 1862 a lesion appeared on his lip, diagnosticated lupus by the late Dr. John Biddle, of Philadelphia. This received two severe applications of chloride of zinc at the hands of Dr. Biddle, and has not returned. Fifteen months ago a similar lesion appeared on right ala nasi, diagnosticated by Drs. Bazin and Hardy in 1876 as lupus. It was then treated with Vienna paste and healed, but broke out again. In August, 1877, Dr. Lente of Saratoga applied a hot iron with good effect, but two other points of disease appeared near the old spot about two months ago. To-day, on examination, find an ulcerating lupus occupying a portion of the right ala nasi 1 cm. in diameter. It involves the whole thickness of the skin, and exposes the cartilage. It has also crept around this latter and invades the mucous membrane to a slight extent.

Dec. 22.—Assisted by Drs. Gouley and Fox, scraped the ulcer thoroughly and applied actual cautery.

Jan. 13, 1878.—Looking very well, and nearly healed.

Feb. 2.—Entirely healed, and looking well.

Feb. 16.—No relapse. For the last two months has taken phos. gr. $\frac{1}{100}$ two or three times a day.

Some months later heard from the patient indirectly to the effect that there was no relapse of the disease. (Illustrated with diagram.)

CASE XIV.—Maria M., aged thirty-two, referred to me Dec. 30, 1877, by Dr. O. S. Paine, of New York, for opinion.

The disease had commenced twelve years before by the appearance of a small spot between the eyebrows and spread centrifugally until it occupied the position and dimensions shown in the photograph. At present date spontaneous cicatrization has taken place in the older portions, but the peripheral portions on the left side of the nose are in part nodulated, in part ulcerated, and covered with crusts. Both eyelids of right side near inner canthus are occupied by nodules, that of the upper lid being the larger and ulcerated. There is also a small nodule near left inner canthus and between it and the nose. The diagnosis was lupus vulgaris. An operation was recommended. To this the patient would not consent.

May 24, 1878.—Since last date have not seen the patient until two days ago, except when she was exhibited one evening at a meeting of the New York Dermatological Society by another member. To-day, assisted by Drs. Paine, Mulford, and Alexander, I removed a portion of the growth near the right eye with the knife, and the other diseased portions by scraping. The whole was then cauterized, and finally deliquesced chloride of zinc was applied, and the parts dressed with absorbent cotton.

June 14.—All healed.

July 21.—Evidences of relapse.

July 30.—Removed with the knife a relapsed nodule near right eye, and applied chloride of zinc to the wound.

August 21.—All healed, and looking well. Subsequent to this date a small ulcer appeared at root of nose, and another one on the nose at lower portion of original lesion. These were not operated on, but healed while taking medicine.

January 2, 1879.—A fresh ulcer has appeared at root of nose. Internal treatment.

January 15.—Ulcer healed (illustrated with three photographs).

CASE XV.—May 14, 1878.—Margaret W., aged sixty-six years. Twelve months ago a pimple appeared near left external canthus. This enlarged, and ulcerated in the centre. At present the lesion is about 15 mm. in diameter, and consists of a periphery of small nodules surrounding a central depression, covered with small adherent crust. Assisted by Dr. McMaster, excised the entire growth with some surrounding tissue. The connective tissue beneath the lesion appeared healthy, so no caustic was applied, but the wound closed with suture.

May 30.—Wound healed, and no trace of disease.

Nov. 26.—Exhibited at Dermatological Society. No signs of relapse.

Jan. 14, 1879.—No relapse. (Illustrated by diagram and photograph).

CASE XVI.—M. M., female, aged forty, referred to me March 9, 1877, by Dr. T. G. Thomas, of New York, gave the following history: The disease commenced four years before by the appearance, on the left side of the forehead, of a small papule. This increased in size, but did not ulcerate. At times it was covered with a fine scale, and was occasionally painful. Later another patch appeared midway between her right eye and ear, and, like the other, gradually increased in size. At present the lesion on the forehead consists in part of a depressed scar toward the median line, and a raised infiltration extending outwardly; the whole about 12 mm. in length. The other lesion is about 2 cm. in diameter, circular, with depressed centre, surrounded by a slightly raised infiltrated ring. Besides these the patient had a small lesion below left eye, one over right shoulder-blade, and one on right thigh. Ordered phosphorus, gr. $\frac{1}{10}$ *ter die*.

March 12.—Assisted by Dr. Fox, I scraped the lesions first mentioned, and applied the galvano-cautery. The lesion above right shoulder was dealt with in the same manner.

March 17.—Scraped the lesion under left eye, and applied chloride of zinc.

March 22.—The lesions scraped and cauterized on the 12th inst. entirely healed, and looking nicely.

April 19.—The spot beneath left eye healed, and exhibiting no sign of

relapse; but the other three lesions have all relapsed, so to-day, assisted by Dr. H. P. Farnham, scraped them out very thoroughly and applied galvano-cautery.

June 20.—The lesions have all been healed for some time, but there has been a suspicious look about the one on the side of face. Of late, however, it has improved in appearance.

August 7.—No signs of relapse. Since last date she has been taking a preparation of gold, which she is to continue.

Sept. 15.—Has greatly improved in general health. No signs of relapse in any of the lesions treated, but a lesion has appeared during the last few weeks on lower lip that has a suspicious aspect. Internal treatment.

Oct. 5.—Possibly slight improvement. Continue internal treatment.

Nov. 23.—The tubercle on chin has entirely disappeared.

Dec. 1.—Appears to be well—placebo.

Dec. 14.—No evidence of relapse anywhere. Discontinue medicine.

Jan. 25, 1879.—No relapse. (Two photographs).

CASE XVII.—Matthew M., aged 24, admitted into Charity Hospital Jan. 24, 1878, came under my care April 1, with verrucous lupus occupying a large part of dorsum of left hand, and extending upon the wrist and forearm, as shown in the photograph. Disease commenced two years and a half before. Internal treatment.

May 23.—A surface 5.5×4 cm. at distal portion of lesion scraped and cauterized. The entire lesion measured 10×6 cm.

June 24.—The cauterized portion is rapidly healing, having assumed a perfectly healthy granulating surface, surrounded by a broad cicatricial band.

June 27.—The remaining diseased surface scraped and cauterized.

July 15.—The part last cauterized is more elevated and of a deeper color than the rest.

July 25.—Five small grafts from healthy skin were inserted.

July 30.—Two of the grafts have taken, the others not. A small place on the part first cauterized looks suspiciously like a relapse, and is rescraped and cauterized.

Aug. 31.—Hand entirely healed except a small place about 1 cm. in diameter.

This was subsequently scraped and cauterized by Dr. Habirshaw, house-surgeon, and the patient was discharged from the Hospital in September with the hand entirely healed. (Illustrated by photograph.)

CASE XVIII.—Mrs. M. G., 60 years of age, referred to me by Dr. F. D. Lente, Oct. 31, 1878. Disease commenced between three and four years ago as a small pimple in the middle of the forehead. This increased in size and now measures 2 cm. in diameter. It has ulcerated at times and is now in part covered with a crust. The color of the edge is rather pale and waxy looking, but the limiting infiltration is well defined. Advised scraping and cautery.

Nov. 2.—Assisted by Dr. Beverley Robinson, I scraped out the lesion and applied galvano-cautery.

Dec. 16.—The ulcer left after the fall of the slough has proved, perhaps owing to her age, very indolent and slow in healing, but to-day is quite healed with firm cicatrix.

Jan. 13, 1879.—Site of lesion looking well; no signs of relapse.*

Internal treatment.—In addition to the surgical measures, all of the above cases received internal constitutional treatment. In my last paper I referred to the unsatisfactory results obtained from internal treatment alone, expressing at the time but little confidence in any medication, except perhaps the use of phosphorus, at the same time cautioning against its too free or indiscriminate use. With the present series of cases I have experimented quite freely with a number of additional agents, including gold, bromide of gold, chloride of gold and sodium, arsenious acid, bromide of arsenic, phosphorus, hydrocotyle asiatica, silicic acid, silicate of calcium and arseniate of calcium. Under the use of some of these the patient's health was benefited and the appearance of the lesions improved, but whether they contributed in any way to the prevention of relapse *in situ*, I am, of course, unable definitely to determine.

The present paper has already reached such length that the discussion of the third topic—the prevention of the development of the disease in parts other than those first attacked—must be deferred to another occasion.

Conclusions.—With the facts and evidence before you, each may draw such inductions and conclusions as may seem to you warranted. Those at which I have myself arrived, simply corroborate the ones expressed by me two years ago, and are as follows: When excision is impracticable, scraping followed by the actual cautery is the least painful of the radical operations that have been proposed, and cicatrization is most rapid. The resulting cicatrix is smooth and less disfiguring than that which follows spontaneous involution or the potential caustics. The success of the operation will depend on the thoroughness with which it is performed. If a relapse of the lesion occurs it may be expected within three months at latest, and if this period passes without return of the disease *in situ*, the only fear is its development elsewhere.

It is from constitutional treatment alone we can here expect success, and as I have seen small lesions, undoubtedly lupous in character, disappear during internal treatment, I am not without hope that much may yet be accomplished in this direction in the future.

10 West 35th Street,
New York.

* March 13th.—No relapse.

