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## ON THE SO-CALLED PIGMENTARY SYPHILIDE.<sup>1</sup>

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THERE is a peculiar vitiliginous condition of the skin which in a more or less marked form is occasionally met with in connection with early syphilis. It is observed more frequently in females than in males, occurs usually upon the sides of the neck, and constitutes the so-called *pigmentary syphilide*. The description of the affection found in text-books, like the description of other rare affections of the skin, is frequently based upon reading rather than upon clinical study. As a consequence, the mistake originally made, of regarding the abnormal pigmentation as a direct manifestation of syphilis, together with a few trifling misstatements, has obtained a foothold in syphilographic literature, and we now find the affection bearing a name which it does not merit and assuming an importance which it does not possess.

A glance at the literature of the subject shows that the affection was first described by Hardy, and later by Pillon, Tanturri, Bazin, Fournier, Drysdale, and others. Hebra mentions the occurrence of loss of pigment on the site of syphilitic papules and other cellular infiltrations, but makes no special reference to the affection in question. Tilbury Fox describes the maculae or stains which follow syphilitic lesions, but does not speak of any circumscribed loss of pigment. Neither Zeissl nor Bumstead refers to the affection. Van Buren and Keyes give a brief description, and remark that "this eruption is sometimes, possibly always, simply a pigmentation left behind by a roseola." Duhring dignifies the affection with the title "*Syphiloderma pigmentosum*," and states that he has never met with a case. Before giving my views as to the nature of the affection, let me attempt its description. This I shall base upon a careful study of what has been written, and a close observation of cases which have occurred in my practice.

The affection consists essentially in an abnormal distribution of pigment, and is usually confined to a limited portion of skin. There occur both light and dark patches. The light patches are circular or oval in form, vary from a dime to a quarter dollar in size, and are scattered irregularly

<sup>1</sup> Read before the New York Dermatological Society, Jan. 8, 1878.



over the affected surface. In some cases they would be scarcely noticeable save by contrast with a hyperpigmented interspace or background. The dark patches constituting this background are irregular in form, and run together at their edges in such a manner as to encircle the pallid disks above mentioned. These dark patches, which usually exceed in area the inclosed islands of lighter hue, have been described as being of a gray or coffee colour, and writers frequently give the differential diagnosis between the pigmentary syphilide and freckles, chloasma and tinea versicolor. This comparison is liable to mislead the reader, since the affection is rarely as striking in appearance as either of the affections named. Sometimes it can only be noted by allowing the light to strike the skin at a certain angle. The hue of the dark patches is best described as a dirty-skin colour, and when occurring in its most frequent site, upon the neck, the physician and even the patient is apt at first to regard the affection as simply due to a lack of soap and water. The favourite location, as just mentioned, is the neck, the lateral portions of which are involved in the great majority of cases. Fournier's statistics give it there in 29 out of 30 cases. I have seen one case in which the affection was well marked upon the trunk and upper extremities, while others have recorded its occurrence upon the face and on the lower extremities.

According to Fournier, the pigmentary syphilide occurs almost exclusively in the female. In fact, he admits that he has never met with it in the male. Doubtless this results from his having made his studies of syphilis largely among females. It is certain that for a somewhat similar reason the cases which I have met with have been males.

At a recent meeting of the Medical Society of London, Dr. C. R. Drysdale read a paper on the "pigmentary syphilide in the female." He reported the occurrence of the affection (upon the neck) in 14 out of 41 cases of secondary syphilis. Here the 14 cases were necessarily females, as the 41 were of that sex. Hardy speaks of the occurrence of the pigmentary syphilide in males as being exceptional, and only to be noted in individuals of a lymphatic temperament and fair skin. Others, too, have only observed the affection in those males who possess a feminine skin, "white, delicate, and transparent." It is evident that upon the neck of beardless youth the pigmentation will naturally be more striking in appearance, and hence more frequently observed than upon the hairy neck of older men, and yet it may not be of more frequent occurrence. As regards its predilection for those males only who possess a fair complexion, I must differ with the writers, and in this connection I would refer to a photograph of a dark-skinned Italian upon whose body I found the affection to be exceptionally well marked.<sup>1</sup> The fact that the pigmentation is usually observed in the female is not alone a proof that it usually occurs in that

<sup>1</sup> Photographic Illustrations of Skin Diseases, No. 68.

sex, as is commonly stated to be the case. It should be borne in mind that the pigmentation is seldom marked in appearance, and is unaccompanied by either elevation of the skin, pain, pruritus, or desquamation. Consisting therefore in nothing more than a very trifling disfiguration, it is evident that a woman would be far more likely to notice and call attention to the affection than would a man. And when we remember that even upon the neck of a woman the pigmentation is often seen with difficulty, we must admit that the same condition might be present upon the rough, weather-beaten neck of her husband and yet be almost invisible. I will not deny that the affection occurs more frequently in the female sex, although I imagine that, if the pigmentation were sought for in all cases of syphilis, there would not be found so great a disproportion of cases as is reputed to exist.

The period at which this pigmentation is apt to develop corresponds with what is commonly known as the secondary stage of syphilis. It may appear any time between the third and sixth month, and possibly later. It is usually persistent, and may be noted long after the ordinary cutaneous lesions of syphilis have disappeared. In the patient to whose photograph I have referred, the disease had been contracted two years before. The fact that this abnormal pigmentation of the skin develops about the time when early cutaneous lesions have disappeared has an important bearing on the question of its nature, and supports the view that it is not a direct manifestation of syphilis, like the ordinary syphilodermata, but a non-specific affection of the skin occurring on the site of and as a sequel to a syphilitic eruption.

It has been stated that the essence of the affection is an abnormal pigmentation of the skin. Light macules are seen upon a dark background. Now, the question arises, Is there a loss of pigment in the lighter patches, or are these simply patches of normal skin which appear light through contrast with the surrounding hyperpigmentation? Contradictory statements are found in the literature touching upon this point. Hardy, in his earliest accounts of the pigmentary syphilide, claimed that it was characterized solely by an augmentation of pigment; but later, he writes, "these white spots, which might be taken for portions of normal skin, appearing light by contrast with the surrounding discoloration, are true macules, caused by a diminution in the amount or colour of the pigment." In opposition to this, Fournier claims that the light patches are normal as to their hue, though appearing white by contrast, and remarks that "some have been deceived by this appearance, and have claimed the existence of a twofold pathological condition, viz., an increased pigmentation of certain portions of skin, and a decreased pigmentation of others." Now, have these observers been deceived, or is M. Fournier in error? A solution of the question is to be attained by observation rather than by argument. For my part, I am thoroughly convinced that in the majority, if not in all

cases, the circular or oval patches are abnormally white. The deviation from the normal hue of the skin in the light macules may frequently be too slight to justify a positive opinion as to any actual change in the pigmentation of the part, and there is no doubt that the dark background tends to make the whiteness to a certain extent illusory. But in some cases the diminution of pigment is too manifest to admit of any doubt. For instance, in the case photographed the light macules constituted, at first glance, the only apparent lesion. They were unmistakably lighter than any other portion of the patient's body, and as the hyperpigmentation in the vicinity, instead of being the prominent feature of the affection, was so slight as to be hardly noticeable, the illusory effect of contrast was reduced to a minimum. If it be conceded, then, that in many, if not in all, cases there exists a diminution, as well as an increase, of pigment, how does the affection differ from vitiligo? "Vitiligo is an acquired disease, consisting of one or more sharply-defined, round, oval, or irregularly-shaped, variously-sized and distributed, smooth, whitish spots, whose borders show an increase in the normal amount of pigmentation." (Duhring.) A brief consideration of this definition will suffice, I think, to prove the identity of the so-called pigmentary syphilide. It should be remarked here that Hebra restricts the term vitiligo to achromatous spots of *idiopathic* origin, which tend to enlarge and never regain their normal hue, while the achromatous spots, resulting from pressure and other local causes, he classes as a separate form of acquired leucoderma. This distinction, however, is not made by writers generally, and appears to me to be of doubtful value. There would be as much or even more reason for restricting a term like erysipelas to its idiopathic form.

The question which next arises is the following: Is this vitiligo of syphilitic subjects a direct cutaneous manifestation of syphilis, like the ordinary papular and pustular eruptions, or is it a non-specific local affection, appearing as a sequel rather than as a symptom of the systemic disease? The latter is my decided conviction. That the affection is of diagnostic importance as an indication of syphilis cannot be denied, and we must admit its syphilitic origin, but it by no means follows that the affection partakes of a syphilitic nature. It is wholly uninfluenced by mercury and other antisiphilitics, and often persists long after the ordinary manifestations of syphilis have disappeared. These facts have been remarked upon as singular features by writers who regard the affection as a true syphilide. For my part, I do not consider them as at all strange. Believing the affection to be a vitiligo, syphilitic merely in its origin, I would as soon expect mercury to produce an effect upon a syphilitic cicatrix, and as far as its immediate dependence upon syphilis is concerned, it seems to me that we have no more ground for speaking of a pigmentary syphilide than we have to speak of a cicatricial syphilide. Both discoloration and

cicatrix are independent of, although the result of, syphilis. The one disappears in time, the other is indelible.

I wish to show now that in the affection under consideration, the loss of pigment in the whitish macules follows antecedent hyperpigmentation. Such a change in portions of skin from an abnormally dark to an abnormally light hue, would be merely an instance of that transformation which frequently takes place, *e. g.*, in the crescent edge of a patch of ordinary vitiligo. Increased pigmentation following syphilitic lesions is a matter of every-day observation. On the other hand, a diminished pigmentation following such an increase has been noted by Taylor and Atkinson as taking place in syphilitic papules upon the negro. I believe that a similar pathological process obtains in case of vitiligo occurring in syphilitic subjects, for I am certain that in all cases the pale circular patches occupy the site of pre-existing lesions. The fact that the vitiligo usually develops shortly after the disappearance of the early eruptions supports the belief, and a more decided confirmation I find in my notes of the following case:—

Mr. J. S., a young man of lymphatic temperament, came to me with a chancre in July, 1877. A macular syphilide appeared in August. In September there was a copious eruption over the body, consisting of both miliary and lenticular papules, which eruption, according to my notes, was unusually *marked upon the face and neck*. This faded gradually under mercurial treatment. In November, or about three months after the outbreak of cutaneous syphilis, and at a time when the eruption had nearly or quite disappeared, a vitiligo was observed upon the neck. The skin of this region presented the characteristic dirty appearance. Upon the sides of the neck small, circular, whitish macules were seen, varying in size from a pea to a cent, and irregularly distributed over the surface after the manner of an ordinary macular syphilide. The larger of these macules exhibited a small dark central spot, like a very faint bull's-eye. The abnormal condition of the skin was not at all striking in appearance, and the pallid macules were far less noticeable than the dirty hue of the surrounding skin.

Mercurial treatment has been continued in this case, and when the patient was last seen the syphilitic eruption had entirely disappeared, while the discoloration of the neck remained. I desire to call attention to the fact that in this case the syphilitic eruption was noted as being unusually copious upon the neck, and that the vitiliginous macules which followed the congestive maculo-papules of syphilis not only appeared in the cervical region, but exhibited a distribution similar to that of the preceding eruption. I could not state from actual measurements that the vitiliginous macules occupied the exact site of antecedent syphilitic lesions. It is quite probable, however, that they did; and if I am not mistaken respecting the nature of the dark central spots, it is absolutely certain that they did. The dark spots in this case were, without doubt, a relic of the pigmentation following the syphilitic papules; and it is evident, therefore, that the number and location of the vitiliginous macules was determined by the number and location of the preceding syphilitic lesions. These dark points, noted at the centre of the circular, whitish macules, constitute a feature of which no mention has heretofore been made by writers on the pigmentary syphilide. They are undoubtedly of rare occurrence, and if

present at all, are only to be observed in the incipient stage of the affection.

The development of this vitiligo of syphilitic origin would seem, then, to take place in the following manner: The maculo-papules of early secondary syphilis, whether upon the neck or elsewhere, induce primarily a hyperpigmentation. At the periphery of these dark stains, an atrophy or degeneration of the pigment cells ensues. The dark stains dwindle to dark points, which speedily disappear, and circular or oval whitish macules of a larger diameter than that of the original lesions occupy their site. The portions of skin adjacent to these whitish macules become, as in ordinary vitiligo, the seat of a complementary pigmentation, and present a discoloured appearance, which usually forms the most prominent feature of the affection.

And now, to sum up in brief the salient points of the foregoing, allow me to present the following statements:—

I. The pigmentary syphilide as described by Hardy and others is not a direct manifestation of syphilitic disease.

II. It is a non-specific vitiligo, which, though syphilitic in its origin, cannot be properly classed among syphilitic lesions.

III. It is most frequently observed upon the neck, but may be well marked upon various other portions of the body.

IV. It is usually more apparent upon females, but is by no means peculiar to this sex. Nor is it always associated with a fair complexion.

V. The whitish macules, which constitute the most important feature of the affection, are not merely white by contrast with a hyperpigmented background, but in consequence of a loss of pigment.

VI. These macules occur upon the site of pre-existing syphilitic lesions, remains of which may sometimes be observed as dark central points.

VII. The hyperpigmentation surrounding the macules is of secondary importance, although in the majority of cases it constitutes the most striking feature of the affection.



