Society Transactions

SOCIEDAD ESPAÑOLA DE DERMATOLOGIA Y SIFILIOGRAFIA

Inaugural Meeting of the Year 1920-1921, Oct. 15, 1920

DR. AZUA, *Presiding*

SYPHILITIC MENINGITIS D'EMBLEE. DR. PORTILLA.

I wish to report the case of a young man, aged 25, who had occult syphilis, without ever having had chancre or any other manifestations. The parents were apparently healthy; the mother had been pregnant ten times, labor always being normal. All the children were healthy and the father had a negative history. Last March the patient began to suffer with meningitis, accompanied by symptoms of insanity, hemiparesis and aphasia due to involvement of the motor zone. Syphilis was diagnosed by exclusion, in spite of the negative blood Wassermann reaction, and the diagnosis was confirmed by the examination of the cerebrospinal fluid and the success obtained with the specific treatment. My conclusions from this case are: 1. We must keep syphilis in mind when no other disease is apparent, in spite of a negative history. 2. The Wassermann test must be appreciated at its true value and should be neither omitted nor abused. 3. All praise is due to those who introduced mercury and, above all, arsphenamin, in human therapeutics.

EPITHELIOMA ON THE BACK OF THE RIGHT HAND. DR. FORNS.

A woman, aged 76 years, two years ago developed a lesion on the dorsal part of the hand. Curettage was performed in her native town, but it did not destroy the lesion. At present it is an epithelioma of the *ulcus rodens* type, larger than a dollar in size. It is closely attached to the deeper tissue, and there are infarcts in the epitrochlear region and some suspicious signs in the axillary region. I report the case, first, on account of its rare location and, second, on account of the therapeutic problem. We must remember that it is an epithelioma with gland involvement, closely attached to the deeper tissues. We should not forget how seriously epitheliomas in this region are considered by most authorities. Surgical eradication would leave the patient with an unsightly defect, due to the large amount of tissue destroyed. This loss would be difficult to replace, practically amounting to amputation of the hand, which should be avoided by all means. Therefore, we suggest epitrochlear and axillary cleaning, followed by the application of radium to the epithelioma.

DISCUSSION

DR. SAINZ DE AJA: Epitheliomas on the hand are a medical snare. It was once believed that the smaller ones and those free from glandular involvement healed easily. Experience has shown, however, that even these are serious. This is confirmed by this case, its seriousness being enhanced by its glandular involvement. I think that the best procedure is that suggested by Dr. Forn's.

SPOROTRICHOSIS. DR. BARRIO DE MEDINA.

I wish to discuss first the alleged case of sporotrichosis reported by Drs. Gimeno and Criado last year, which afterward was referred to us, the patient entering Dr. Sainz de Aja's service in the Hospital de San Juan de Dios. As may be remembered, the patient was a woman with multiple foci in the skin of the left cheek, right third metacarpal and fourth finger and about the left breast. They were considered sporotrichosis nodules and abscesses, both because of their clinical appearance and the patient's history, as she apparently had an initial chancre in the right thenar region. When the case was last discussed she had been submitted to iodid treatment by Dr. Gimeno, but in view of the improvement of the lesions, there was yet some question as to whether it was sporotrichosis or whether a sufficient amount of iodid had been taken. The patient was in this condition when she came to us. We have given her in one month twenty-five intravenous injections of potassium iodid of 1 to 2 gm. each, making a total of 43 gm., in addition to 90 gm. by mouth. Locally we treated the lesions with iodine-xylol. Even with this treatment the lesions did not improve. This would have been sufficient to disprove the diagnosis of sporotrichosis, but in addition Dr. Arcaute was unable to grow the *Sporotrichum*, and biopsy material showed definite tuberculosis infection. The plan of treatment was therefore changed completely. When still under antituberculosis treatment, she had to be transferred to the maternity ward. When discharged there, we expect her return to continue the treatment.

The other case is that of a boy who had gonorrhea, also reported last year by Dr. Sainz de Aja. He was wounded in the sole. This was followed by infarct of the axillary glands. The Wassermann reaction was positive, and when he was being treated for syphilis, some peri-osteal foci developed in the frontal region, the superciliary arches and the sternal region. Although the lesions and their location seemed specific, both their appearance while he was under treatment and the initial lesion suggested sporotrichosis. The antisyphilitic treatment was completed with twelve injections of benzoate of mercury, one of gray oil and five of neo-arsphenamin. While he was still under this treatment, the periostic foci near the sternum grew much worse. Therefore we placed him exclusively under a treatment of 3 gm. of sodium iodid daily by mouth and intravenous injections of sodium iodid; he received altogether 34 gm. intravenously and 190 gm. orally in about two months. The striking feature of the case is that the patient did not improve at all with the drug and Dr. Arcaute, who had collected some pus from the sternal focus, reported that he had grown the *Sporotrichum* from it. Then the patient began to complain that he was gradually losing the power of vision in his left eye. We referred him to an eye specialist, who suggested an examination of the frontal sinuses. Dr. Hinojar was then consulted, who advised an immediate operation, the patient being transferred for this purpose to the General Hospital. We regret having lost track of him as Dr. Hinojar told me some days ago that they had to discharge the patient because he broke the rules.

DISCUSSION

DR. GIMENO: I want to explain my handling of the first case. Iodid was administered and as the search for the *Sporotrichum* was negative, I suspected it was not sporotrichosis. The only thing left undone was a biopsy to clear up the diagnosis.

DR. SAINZ DE AJA: In my opinion the reason the second patient did not improve, although he had sporotrichosis, is that he was syphilitic. Since he suffered from osteomyelitis, there was probably also some sequestrum. As is well known, these patients do not recover entirely until the sequestrums have been taken out.

NEW YORK DERMATOLOGICAL SOCIETY

Regular Meeting, Oct. 26, 1920

J. M. WINFIELD, M.D., *President*

PRURIGO. Presented by DR. WHITEHOUSE.

The patient was presented merely as a matter of interest, on account of the rarity of the condition. It seemed to be a clearcut case of the old prurigo of Hebra. The patient, Anna M., aged 13 years, was born in this country. She had suffered from the disease since she was 17 months old. She presented a very definite case of Hebra's prurigo, on the arms, legs, body, and on the face. The papules, which at first appeared to be the color of the skin, later became inflammatory. The flexor surfaces were not involved. The axillary and inguinal adenopathy was very marked. Itching was intense. Treatment had been without avail; the only thing that gave any relief was baths of an antiseptic of the chlorin type. The lesions were more inflammatory than in some of the cases seen, but a notable point was the freedom of the flexor surfaces. The diagnosis was accepted without dissent.

LYMPHOSARCOMA. Presented by DR. CLARKE.

The patient, a police officer who had been shown before the Society in 1917, had a large lymphosarcoma, about the size of the palm, on his head. The case was referred by Dr. Eugene Poole, and at the time of presentation the members were unanimous in diagnosing the case as sarcoma. The patient was treated with a massive dose of roentgen-ray, resulting in a bad roentgen-ray burn of the second degree, but that cleared up and when presented he showed an excellent result of the treatment.

MELANOTIC SARCOMA TREATED BY ROENTGEN-RAY. Presented by DR. CLARKE.

The patient had been presented before the Society in the spring, after a massive dose of radium for melanotic sarcoma. At that time, she was presented to get the opinion of the members as to whether she should have further exposures or submit to surgical treatment. Some of the men had seemed to think that a portion of the malignant tumor still remained, but Dr. MacKee thought it was simply the radium burn. It was thought best to wait and see what happened. Finally, all the remaining black spots disappeared, leaving a frank roentgen-ray burn. The entire piece of tissue was excised and carefully examined, and the pathologist reported that nothing malignant was present. Then the lesion was skin-grafted. The patient was presented in May of last year. At present, there is no glandular enlargement anywhere. There was some keloid, but that seemed to be diminishing rather than increas-