

OLAVIDE MUSEUM

Facial Lupus

Sculptor: E Zofio

(Olavide Museum Figure 393, Hospital de San Juan de Dios, Ward 8, Bed 3)



J Gómez-Jover

The patient is FGM, 17 years of age, born in Valdepeñas (province of Ciudad Real), of phlegmatic temperament and employed as a “second-class veterinarian” [*de segunda clase*; that is, with limited license to practice].

He has no family history of lupus, and at present no other members of his family suffer from this disease. At the age of 1 year, he fell out of the bed in which he was sleeping onto the floor. The fall caused a hemiplegia and, immediately afterward, a persistent red spot 1 cm in diameter appeared on his right cheek. It itched, causing him to scratch it, and eventually it became ulcerated and covered by a grayish scab.

When he was admitted to this hospital for the first time 5 years ago, he was prescribed cauterization treatment with silver nitrate and pure phenol. When the patient saw that his condition was not improving and that the lesion was growing larger, he asked to be

discharged. Early in the present year, however, when he heard that lupus could be treated with Koch's lymph and that clinical experiments were taking place in this hospital, he decided to undergo this treatment and returned to the hospital.

The patient's current state: his constitution is good, and all his bodily functions are normal. The lesion occupies his right cheek, extending into the labial, palpebral, and nasal regions, the areas into which it typically progresses.

Treatment: topical applications of tincture of iodine, lavage with alcohol and treatment of the ulcerated lower eyelid with iodoform powder, and salt water baths. By mouth, cod liver oil and drops of tincture of iodine added to his wine at meals.

When the patient expressed a desire to bathe in the sea, he was allowed to do so. He left the clinic with the lesion almost completely healed, excepting only the nasal region and lower eyelid, which continues to be partially ulcerated.

Comment

The patient's history is notable for his profession of “second-class veterinarian.” Since he was so young, we assume that he must have been employed as an assistant or an advanced apprentice. Because of the early childhood onset of his disease, his work does not appear to have been the source of contagion.

Also worthy of note is the treatment applied. Generally these lesions were treated with caustic substances, and an attempt was made to reduce the resulting inflammation and scar formation.

The reference to Koch's lymph as a new treatment that drew the patient back to the Hospital San Juan de Dios is quite similar to what happens now in the age of the Internet. Patients often come to us asking about such-and-such a new treatment they have heard about. It is precisely this mention of Koch's lymph that allows us to establish a date

for the patient's second hospitalization, since Azúa was carrying out experiments with Koch's lymph between December 1890 and February 1891. The tubercle bacillus had already been described by Koch in 1882. Koch's lymph was somewhat similar to bacillus Calmette-Guerin (BCG). Even when the treatment was not accompanied by serious side effects, the results were discouraging, and for this reason it was soon abandoned. In this patient's case, it was not even contemplated. There may have been 2 reasons for this: first, it may not have been considered the indicated treatment in his case; and second, he may have been one of Olavide's patients, while it was Azúa who was doing the clinical experiments. At that time the coolness of their relationship was evident.

**L Conde-Salazar, E del Río, R Díaz-Díaz,
X Sierra, and F Heras**