

OLAVIDE MUSEUM

Disseminated Nodulo-Squamous Syphilide

Sculptor: Enrique Zofío. Clínica del Dr. Olavide. Figure No. 87 from the Olavide Museum, Hospital San Juan de Dios; Ward 5, Bed 13)



Case History

J.M., native of Talavera (Toledo), 58 years-old, married, day laborer, of sanguine temperament and a good constitution, was admitted October 2, 1879.

He had no family history of interest. In his youth, the patient said he had suffered 3 separate outbreaks of blennorrhagia from which he had fully recovered with no consequences. His current illness began approximately 2 years ago, with a small ulcer on his glans, which healed, leaving hardened tissue in its place. He later suffered an inguinal lymph node infarction, and often experienced a sore throat. Some 7 months ago he presented an eruption over the entire skin surface, which, after periods of improvement and deterioration, reached the state it is in today.

Current Condition. The entire skin surface presents an eruption of the same characteristics as the foot and leg shown in the model and described below. The eruption or dermatosis is formed by many rounded, hard, elevated tubercles, some of a normal color, and others lightly pigmented or fawn-colored. These tubercles are quite discrete or isolated; while some present the said characteristics, others are covered in crusts or scales which begin fine and white in color, but develop to become thicker and gray-brown in color. On the heel and along the sides of the foot these scales form a leathery armor plating of laminated and epidermal appearance. The patient is in quite poor condition, but with no particular problems.

Treatment. Internal: 2 tablets of mercurous iodide and lettuce opium to be taken 1 in the morning and 1 in the afternoon. Topical: Ricord gargle 500 g and treatment on alternate days with lunar caustic on the ulcer on the uvula. On day 9 ptyalism appeared, whereupon the tablets were suspended and mouth rinsing with aluminous salts was prescribed. On day

10 instillation of neutral atropine sulfate (100 mg in 15 g of water) was started to combat the iritis that presented, as well as lavage with borax water that was administered from admission. On day 15 the ptyalism had receded so the patient started taking the mercurous iodide pills, and he was instructed to have a bath in tepid water with 15 g of corrosive sublimate. On day 20 the dose was increased by 1 tablet a day and lotion was prescribed for the syphilitic crusts with the usual solution of phenic acid. On day 23, he had another bath with the same dose of sublimate. On day 30, the pills were suspended again as due to mercurial accidents which were combated with aluminous gargle and aluminous water as his usual drink. On November 10, he began to take the mercurous iodide pills again. On the 15, the patient saw he was looking very much better, his throat was improved and there were no crusts on his skin, so he insisted on discharging himself without completing his treatment, leaving in a very satisfactory condition on November 15.

Comment

The clinical history accompanying this figure provides us with a precise description of the primary and secondary stages of syphilis suffered by this patient. The description continues with his response to the most common treatment of the time, based mainly on mercurial solutions. Mercurial treatment was suspended when the inherent complications—including ptyalism (sialorrhea) and other “mercurial accidents”—appeared. Treatment was resumed as soon as the patient had recovered, due to the fact that mercury was the only relatively effective treatment for the illness at the time.

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