Recent treatment in relation to some chronic superficial ulcerations.

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Recent Treatment in relation to some Chronic Superficial Ulceration.

This thesis is mainly based upon the writer's observations recorded in cases under his charge in the Electrical Department of the Bradford Royal Infirmary during the last 12 years.

The majority of these cases have been referred to this department for Roentgen Ray or Dine Lamp treatment; in the great number of instances after longer or shorter periods of general and local medical or operative treatment, and in others directly for the purpose of light or ray exposure.

Within the last 10 years since the application of light and other rays to therapeutics, many chronic conditions have been treated by these means, with more or less success.

The means employed are numerous and varied and consist of treatment by the following:

1. Electrical & High Frequency Currents
   - Electro-Therapy

2. Various Rays including the Roentgen Rays
   - Cathode Rays
   - Röntgen Rays
   - Radium Rays
   - all grouped under the term Radiokrype

3. Light Rays which include many Heat
Rays which are also said to have a therapeutic effect. Light rays (photo-therapy) may come from:
1. Sunlight
   (a) direct
   (b) reflected
   (c) concentrated
2. Artificial Light
   A. Rays produced by electric currents: (1) Concentrated (such as D'Arsonval's with various modifications)
      (2) non-concentrated
   B. A series of some. Light which include spark, incandescent light, fluorescence, phosphorescence
   C. Ultra-violet and infra-red rays.

The methods in a large part of this list are recent and experimental and are perhaps regarded by the greater number of the profession as closely bordering on charlatanism. This attitude of scepticism is certainly justified in the relation of High Frequency Electrical Currents (Electro-therapy) to the treatment of Surgical Infections. At any rate, during the last 5 years they have an ever increasing list of diseases for which electrical and radiant means, in all known forms, have been claimed to be serviceable, and many medical electricians with prejudice and judgment have advocated and used these methods where the ordinary accepted medical surgical measures have consistently failed in a rapid cure.
It is known to the radiate forms produced by electric currents or light that positive results have hitherto most frequently been obtained, and the very great majority of these successes have been in various cutaneous or papillary afflictions, especially certain ulcerations. Of these forms the greatest degree success is accorded to the Roentgen or X-rays and the Diathermie lamp, and, the case, infected tubercle, have been treated by these two methods except that the London Hospital modification of Diathermie lamp has been used.

There is some diversity of opinion between advocates of the X-rays and the Diathermic lamp, but at the present time the former holds the upper hand, and in the opinion of many it would seem that there are far better results obtained by the lamp which can be dealt with more quickly and efficiently by the X-rays.

It is unfortunate that many radiologists look upon their method as the only procedure necessary in the complete treatment of all cases regarded as possible. It cannot be too emphatically stated that this last treatment should be used, as a general rule, only as an adjunction to the other means which have previously been proved or satisfactory. There is not the facility in radio-therapeutics is that, let us say in the surgical removal of an accessible simple tumour. An obvious example of this dictatorial judgment is the latitude...
Of many medical x-ray workers with regard to some cases of indolent ulcer where surgical removal could have been more suitable, or to many cases of ulcer, ulcers through the curettes, the cautery, the scarification or various Eckhardtin have been totally ignored.

It would certainly be much more satisfactory for the best results, if to diversify other forms of treatment from electrical measures.

In the early years after x-rays cases presented for their therapeutic effect had been previously, perhaps in all instances, indolent, other form of treatment with more or less success, but now there is a tendency in some quarters to move in the opposite extreme direction of x-rays, without clear causation, and utilizing treatments which get close to the rays, and this in spite of the fact that our present knowledge is uncertain very largely in an experimental stage.

In estimating the value of treatment either by means of the x-rays or concentrated arc-light a very important factor is success, depends upon the efficiency of the apparatus employed and the mode of application.

Apparatus & Its Application.

1. Jézus Lamp.

In cases referred to me, as being treated by the Jézus Lamp, should be more correctly looked on exposed to the London Hospital modification of this lamp.
camp.

This is supposed to work more quickly than the
original camp but it does not give such deep
penetration so therefore only suitable for very
superficial patches of lupus of slight elevation.

This modification is a much smaller, compact
apparatus, is cheaper and more easily installed
handled than the original and the apparatus
recovery are taken shorter, so that time required
are saved.

The campaign and in these cases has been
usually about 15 to occasionally up to 20. The
apparatus is under cut off the town current (which
is alternating) which is reduced in voltage, by passing
through a rheostat, to about 60.

The Loupeu have taken about 15 to 45
minutes three or four times, weekly, but in most
cases treatment by the X-rays have been made
in addition.

The results, to this in a period of nearly three
years by the Diner lamp treatment alone in cases
of lupus, have not been marked by much
progress. Most applicable cases have improved,
but only very slowly; although there is no doubt
that the resulting dear in good applicable.

Most of the cases under all treatments have
been too extensive in area. Too deep treated
much result from the Diner alone, so that the
X-rays have been applied two or three times
weekly to the whole patch in the majority of
instances, and a small once every regularly.
treated by the Dinya. This combination has proved fairly successful but the semen varies directly as listed below, on the type of donor present.

When there is alteration the Dinya spermatozoa have only rarely occasionally been found in account of the beak being prolonged upon from or against the lens giving rise to much pain in a sensitive nail surface. In these cases the staves have been found much more efficient trapped.

II. Röntgen Ray Apparatus.

There are several means of generating a vacuum tube to produce cathode and X-rays: some experts advocate the use of a Stöhr machine but the majority in this country (and by the induction coil worked either by accumulators, tram's current or a motor-generator with a battery or electrolytic interrupter). The apparatus used in the following cases has been of the latter type and been employed practically in duplicate by the use of two coils, one giving a 12-inch spark the other a 9-inch spark. The tubes have been invariably Cop's "wires. The teeth are either Schott's tin-tube mercury interrupter or Mackenzie-Dawson's mercury break. The tram current of 230 volts is used to act on a motor-transformer which produces a voltage of about 60 to a current of 20 amperes.
This voltage is induced by means of a fine, thoracic, soft tube, made to run at 35 to 45 volts, usually 40 volts for each coil with an amperage varying between 5 and 8.

The tubes used for the reticulated have been 'soft' at a distance of from three to six inches from the area operated upon.

Soft tubes have been selected in the case of superficial ulceration because their surface effect is greater than is produced by hard tubes. A hard tube gives much penetration but this is divided by the body when the lesion is superficial. A soft tube causes a more localized produced reaction but can be placed much nearer the lesion because a soft tube is liable to spark into the patient when too closely applied. The superficial ulcerations have been found to do better with soft tubes than with hard. When ulceration has led to breaking down of the epiderm tissues, hard tubes have been found of great benefit.

The cathode of the tube must be directed immediately over the center of the area treated, the surface of target and skin being in near or possible parallel.

It is necessary to have the tube near the part to be treated as a rule be farther than 4.5 inches although this largely depends on the voltage used. The greater the voltage the further should be the distance of the tube from patient and on the exposure.
and vice versa. In a superficial lead
pipe a voltage of 400 with a soft tube
and exposure of 5 to 10 minutes the distance
should be from 4 to 5 inches. In the case
below this has been the general rule although
in some individual peculiarities the distance
of the lead have modified one or other of these
fixed points.

The heat effectual only on those part
off from the antecutive bit X-ray, are
having from all parts of the tube, and, for
their patient & operator should be protected.

This may be provided by lead foil,
covering the tube in an opaque box with a
stoppage or being opaque shield fixed into
the tube leaving only an aperture of about
2 inch opposite the lead.

An exposure lasts from 5 to 20 minutes,
generally about 10 minutes. Then take a lead on
alternate days. The first few exposures are
given cautiously to note if there be any individual
lending to one lady or to some reaction.

The precise nature of the curative effect of
the X-rays is unknown but it is therefore a subject
on which there is much speculation & discussion.

The rays are said to be bactericidal and act
in some instance this has been proved; they
appear sometime to be direct & destructive
or certain. Disease packs & in this case exercising
selective influence, and, they may cause some
chemical change or molecular disintegration in a manner unknown.

At all events the rays clinically cause an inflammatory reaction if suitably absorbed to the back long enough and the tissues present include in the term "inflammatory" or hyperaemia, in which leucocytes have been shown to take place in and around the area treated.

The inflammatory reaction may for further and result in ulceration of varying extent.

This reaction seems to be a general effect of the rays, although not clinically noticed in every case, is yet probably present capable of demonstrating microscopically.

It is certainly not necessary for every case to exhibit a reaction before a curative effect can occur for certain of these cases below have been cited cases or improved without any sign of reaction. As a general rule however a reaction is required after a course one before there is any marked improvement in the lesion.

Many general or local remedies for skin disease, such as sulphur ointment, are given with a view of producing a reaction or hyperaemia both around the area with the hope that this will remove through many cases in which a reaction has been then caused have failed to do well, but in being subjected to the rays causing reaction have been cured. This would tend to show either that any X-ray reactions are all identical as has the rays have in further effect at present unknown, and...
and which is probably an important therapeutic factor.

Various skin and mucous membrane conditions have been most commonly and frequently subjected to this treatment, and perhaps have borne better results than the superficial ulceration. Many such ulcerations have come under treatment of the Lupus Vulgaris and cutaneous carcinoma have proved the most frequent.

Some cases of syphilitic ulcer and standing ulcers ulcerations have been healed and also some ulcerations resulting from the degeneration of the surface of malignant tumours.

**Lupus Vulgaris**

(of Skin & mucous membrane)

Pathologically, Lupus Vulgaris is a cellular dermal process beginning in the deeper parts of the epidermis by extension invading all the cutaneous or mucous layers, and has accepted as caused by the tubercle bacillus.

Clinically, Lupus Vulgaris appears in the skin as yellowish, a brownish-red nodules which vary in size from a 1/16 smaller than a pin head to that about the size of a pea, and which are more or less prominent. These nodules may multiply into a field of reticulate process. It is upon the appearance, proved by these degenerative changes that the formalism
of the clinical varieties of lupus in form.

The ulcers may be absorbed or may partially subside (lupus trophicae) or they may persist because leading to the formation of superficial ulcers (lupus eczematodes). These ulcers are usually somewhat rounded or shallow, generally close together, often confluent; they have well-defined edges, with a base often coated with a thin yellowish crust, often in frequent itchy, eczematous, papular eruption.

The base of the ulcer is generally flat, but it may be occasionally found covered with salivary glands, papillomatous, or cutaneous, owing to growths, or often covered with thick crusts (lupus verrucosus).

The ulcers when healed leave a scar usually thick staphy which has a tendency to contract and, on this account, when affecting the face, frequently leads to great disfigurement, giving rise especially to such troubles as scarring of the lips.

The nodules, by multiplication, tend to form patches, punctate ulceration being superficial, but not being nodules unconnected with the primary patch are very common.

The mucous membranes may be attacked primarily by lupus or can be followed by the formation of patches in the nose when cutaneous disease may spread into the interior, especially the lips, and the nasal lid.
It is all too much for the mucous membrane. Note the seat of lesion in the skin of this is fortunate as the treatment in the former is more difficult and prolonged very frequently disappointing.

Usually, careful curettage under a local anaesthetic with a few drops of the Perlselin Canty will give the best results especially when this treatment is repeated. Some form of excision is at times occasionally but the surgical treatment in cannot doubt the best.

The Dinter ro difficult of application in this case. The X-rays have had fair very satisfactory. The rays certainly dry up the secretion from the ulcer relieve discomfort of pain. May even temporize improve a case the disease but in the latter cases unless combined with curettage the results are yet one unsatisfactory.

Clinical Types of Cutaneous Lupus Vulgaris best frequently observed.

In the last 3 years 80 cases have been under treatment clinically they fall into one or other of the following types which are important to recognize more especially because of the question of prognosis the bearing of different modes of treatment before them:

1. Cases which can be closed under the head of Lupus erythematosis or Scaly Lupus.
III. A type is which there is marked ulceration (cheaper lesions).
IV. Cases with papillomatous ulcers covered with crusts.
V. Single well-defined raised patches.

I. Cases under the term kerato-necrotic, or flaky eruptions.

These fall into two subdivisions, the difference being essentially one of degree.

A. The thin, flaky, small, single non-ulcerative patches chiefly attacking the cheeks, forehead and occurring commonly in robust men and women.

These patches are rarely larger than 2 x 1 inches, and may superficially obscure for a few days.

Although in many instances these cases appear trivial yet they have been found to be very obstinate and do not respond very satisfactorily to treatment. As in them in the following examples in series of 10 cases of this kind under treatment.

Case:

1. No. 18 (Beijing Hall) aged 50. Homericris.

Healty looking man chest regular.

Lesions V. opposite ear 14 years. Corrected 2 y. ago.

Many contract, died. A patch on R. temple close to outer orbital margin.

Superficially flaky. No apparent increase.

Date lump 15 minutes 4 times monthly from Nov. '02 to May '03, then hot better but rather more scaling.
X-rays 10 minute.随之 a week from May 03 to April 05 (共需 2 年)
There is some general improvement &
some thin scar in center of patch but the
periphery still scal

2. Wn S.G. (Sheffield) act. 54. Homewife.
Healthy, no chest pains.
Lupus V. of both cheeks - 9 years - an
irregular [Shape] patch size of 2.5 which
is superficial only other than small
tabulae.
Time from June 03 - Jan 05.
This gradually became apparently static &
with thin scar without contraction.
In Jan. 05, two months after, two new
nodes appeared in some area. No history
X-ray exposure, without any benefit.

Chest normal. Lupus V. of the lower
5 years - very superficial, in scalp &
Subcutaneous. X-ray took 2 for 6 weeks,
Said to have cured, but disease returned
from spot on then 6 personally treated
with Divin for 6 months with success,
In 8 months no sign of return.

Lupus V. of left cheeks 12 years.
Slight, superficial, scalp patches, non-

in shape, 1/2 in. by 1/2 inch in size. Much previous treatment by ointments without effect.

Finda for Dec. 02 to Nov. 03 with no appreciable improvement except that after 2 months skin scored another itchy + more flexible, but this did not last. x-rays from Nov. 03 to March 05. The patch is much the same as 1st was when this treatment first began.

5. Mrs. B. (Bradford) aged 44 yr. Healthy.

Lupus of left cheek, 6 yr. Linear, smooth.

Scaly, superficial, symmetric rash in central 1/4 of left cheek. 1/2 x 1/2 at bottom.

Finda Nov. 03 - July 04 with no improvement. Ceased x-rays for 6 months. Now for last 5 mos x-rays three weekly. Now is perhaps some slight improvement.

These cases have been under Divine and X-ray treatment for perhaps a longer period than any other type of Lupus, and the results are unsatisfactory. All the cases were subjected to some reaction down to the point of some ulceration. At this healing a thin, soft red scar was left but after a few weeks a day or two partials broke down again. In cases 1, 2, 3 they appeared free from Divine for 2 or 3 months but have subsequently returned for treatment, and, in the second case two months.
The lesion appeared at upper margin of the old patch. All cases have had previous medical & local treatment with mild sclerotic. They are all healthy robust individuals, without chest symptoms or signs.

B. A second subdivision can be distinguished in this type of case where the patches are deeper danger involving frequently the nose or one or other cheek or possibly both cheeks with a butterfly-like distribution.

The patches show a general dusky redness, are moderately thick & deep and very scanty but have no appreciable ulceration. The borders are flat and prominent and, although there is no ulceration, yet a general steady scaling and absorption of the area involved is going on. There are perhaps some itching nodules, but scarring is regular.

There are 16 cases in this group out of the 80 treated, 4 examples are as follows:


X-rays Jan. 04 to Feb. 05 nothing in a slight increase of scar tissue especially Contractile but patch remains of much the same area.


Lupus V. of base + check for 18 years. There is a scaly patch on each mandible bone on base, the lower parts of lower being destroyed. Septum affected & prepared to disease having spread to mucous membrane. Curettage & destroyed local application. Combined Krae, X-ray treatment from Jan. 04 to March. 05 with slight improvement.


Curettage or formal ointments + other local measures but still disease spreading.
X-rays May 04 to Dec. 05 with Bires in addition about twice a week. Cure on the
margins as well. No calcified mass present at a smooth fairly Apple Scar, yet hard
Sfungina from previous reaction.
No return since.

Lupus N. lurem 12 yrs. Scaly, superficial
extending here, the tip having previously
been destroyed by ulcerative lupus. The patch
extends slightly onto cheek.
Combined Bires + X-ray treatment from June 04
to Dec. 05 with apparent Cure + no return
since.

Lupus N. of R. check 12 years. Twice emitted
at Depharm. A central healed scar
about size of 1/2 piece paper. Surrounded by a ring of
Scaly, moderate Superficial Scaly Extending
growth, affecting nearly whole of R. check
especially extending towards both eye + temple,
partially surrounding orbit.
X-ray treatment with occasional Bires since
from Nov. 04 to Feb. 05. Despite of this
prolonged treatment there is no obvious
improvement. Some healing is going on
along none towards the eye.
In this form the results have been generally very unsatisfactory. Except in cases 19 to 4 (when cure is apparent) the area affected is large, being covering the whole face. Most patients have had the disease many years. It is a very indolent type, slowly extending but most difficult either to cure or remove. The x-rays although giving no very positive results seem to act as well as any other single adopted form of treatment.

A combination of remedies, such as the use of bitter hypophthalmic acid, ichthyic acid or volatile mercury ointment with regular exposure to the rays probably holds as the best prospect of cure.

II. The type of Herpes Vulgaris in which there is marked ulceration (Herpes Predan) is a common one and numbers 30 cases out of the total 75.

Here the ulcers have degenerated or become and formed shallow areas of the character described above. This variety is frequently very wide-spread over the face, often beginning in distribution and generally scattered, with healthy or scar tissue dispersed between the ulcerating areas. There is often a good deal of crusting or some thin discharge.

It usually attacks the face head, much scarring with subsequent contraction and deformity.
Treatment by the rays or discs is usually unsatisfactory as regard a rapid permanent improvement - the lesions heal gradually after standing and cease to raise but there is part often break down or form hudes from here them. Healing & curettage after repeated X-rays also hot proved very satisfactory but after have done well with Ipecacuana and ointment (3½ c.c. the S) applied on it.

The following Cases are examples:


   X-ray & Disc from Jan. 04 to Aug. 05 with improvement 07 in healing of hudes. Further curet formation but a few more hudes have some there are scaling.


   X-ray & Disc from Aug 1903 to Aug. 1905 with improvement 07 in STANDARD OF EMERGENCY OTHER CANDIDS. The hudes remain dry eczemic.

Lupus V of left cheek for 5 years.

An irregularly circular lupus area with many shallower rounded ulcers & thick crusts with general redness & few nodules.

Directed on this occasion to Calamine & tar had salicylic & pyrargyline acid ointment.

These have caused much temporary improvement but such nodules, follow by elevations are formed in the same area which also slowly extends.

X-ray exposures from Sept. 04 to Oct. 05 with no improvement more permanent than 4th week.


Lupus V & 92 Check for 18 years.

A serpiginous area affecting Right cheek. Some few nodules. Several very superficial ulcers.

Much central scaling. Some crusts.

The area is spreading.

Improved with salicylic acid & crease plaster but declined further such treatment on account of the pain caused.

X-rays from July 04 to Oct. 05 with definite improvement. New scars formed but no new nodules or ulcers. The type has almost returned to the Scaly variety under this treatment.

5. Mrs. F. (Bradford) age 13 yrs. Healthy.

Lupus V, upper thigh which has nearly completely.
completely destroyed the latter. Duration 4 years.

Much healing from previous Curetage.

Scattered over face are many ulcers with

thick crusts many raised firm nodules.

X-rays from Dec. 03 to Dec. 05 without

improvement.

b. Mr. J. T. (Steth. 9) and 9. Beaver. Healthy.

Scars of old ? tubercular abscess in cheek.

Supra V. of left cheek 10 years.

An exudate patch 2 x 3 inches in front of left

ear, showing some ulceration with crusts

and nodules.

X-ray exposure. Dyed last three months

with distinct improvement.

The success of treatment in these ulcerative cases

seems largely to depend on the extent of the

disease - the completeness of small patches, and

cases, no 4 x 5 down to those which

are extensive with much thickening for

prolonged duration or previous treatment are very

unsatisfactory. In those the area is too large

so it is to be feared that the disease will do any

good and the ulcers, even if they heal, are

chronic. Too reduction in the crusts and the healing

gross ulcers, do not ultimately give a complete

case. Scar is often known. Some improvement

the patient themselves, probably in accord of

the coming of the crusts, are encouraged.

This little has saved the most frequent
of the case, presented for treatment.

A third type, although not so common as it can be readily established. In this case, which, when all is considered, there is ulceration with a papillomatous complex of the growth which is usually covered by thick crusts. chiefly affecting the nose, lip or antrum. this type shows much thickening of the part to a more or less confluent variety of ulceration, but the leading characteristic are papillomatous ulceration with thick crusts.

The nose, which is especially the site, becomes red and often swollen, and is covered with crusts which conceal singular papillated ulcers. The whole nose or more commonly the tip may be affected. A fact widely ignored, this type is found in cases without crusts but with much thickening. infiltration of the bone and with ulceration occurring especially in the haemorrhage of the alae expanding to the mucous membrane. This type may be confounded with lues, specific ulceration or cutaneous carcinomata, more especially with the former. A term of diagnosis cannot be safely made until placed under rigid treatment, when a rapid case could indicate syphilis. In syphilis the patient is generally older, the ulceration more extensive, deeper, more rapid in progress and the discharge is thicker, more offensive. A few such cases of late syphilis have been found for treatment.
as cases of lupus vulgaris and it has been
held in them that iodide of mercury can
accelerated a cure to this action by the local
application of the X-rays.
A epithelioma the patient is older, the elevation
are seen, the edge raised, the pale look, layer
+ there are probably bence skin glands.
This condition is hardly likely to be caused
thus as in tertiary syphilitic ulceration of the
nose, but the following case sent for treatment
to the X-ray Department of the Infirmary in a case
lupus illustrate the error and also draw attention to the fact that a pro long ulcerative
lupus may eventually become epitheliomatous.

Healthy otherwise. Not affected at 13 yrs.
Some reddish tabular growth of the gum at first felt
painless superficial. This condition remained +
slowly spread till deeper leading to a general
ulceration of the lip of gum. It can cutette on
these occasions various ointments were used
but failed, never became quite cure.
About 3 yrs ago, that is 10 years after lupus
first appeared, the lesion became more active +
the some ulceration. This was then thoroughly
cutte and carried under ellipson.
Following this the area largely healed but a year
after (i.e. 2 yrs esp) patient began to complain of
acute pain + the condition then was thin: some
part of the base destroyed, the lesion exposed but
intact.
intact & a crater-like ulcer occupying the bone destroyed + extending into upper lip. The edges were raised, rolled + hard. There were no granulations but the bone was indurated + covered with crusts. The upper lip was for the first part pain + indurated. No gland palpable.
The case can evidently one of tooth abscess.
The affected area was exposed to the x-ray for 1½ months with the result that the edges softened + healed and the ulcer healed. Four months after the patient returned with a minute ulcer on each side of septum which after a few x-ray exposures healed up. Six months after this again returned with a hard superficial circular ulcer (½ x ½in) of Right side of nose which healed after 3 weeks x-ray treatment. The case has remained well since.

This perforation type of raging abscess has proved fairly successful under x-ray treatment, but the cases of cases below indicate that the best results are obtained by careful and thorough curettage + removal all crusts + composites beneath the floor one of the Punctum + casting + always made a forceful concentric. This operation is done followed in 40-50 days by x-ray exposures, for the trap been throughout the food done by the curette.

Case 1: Miss A.D. (Prelate) aged 44. Swine.
Lupus V affecting lip. Grew + ulcer for 9 months.
Thick crusts + papillomatous ulceration. Under chloroform, thoroughly corrected and cauteryed and 4 days after X-ray treatment began. Case in 6 months has remained since.

2. Miss A. L. (Bradford) aged 15. Healthy. Lacerus V. gumae tender lip for 2 yrs. Both alae show papillomatous ulceration with thick crusts in some areas. Base clean. Whole base is ulcerated. A similar patch sized 1/4 in. R side of upper lip. 4 years ago had an abscess opened on R side which ran into mouth. Healing left an area of tubular skin, raised, red, and craggy around the scar. 1 year after this abscess was opened the abscess was the base started. The abscess has attacked the basal duct for tonsil in accypenia.

This case was corrected + cauteryed + then 5 days after treated by X-rays. The case is well except for the lesion of the mucous membrane. A small cutaneous patch on upper lip.

and parts around ulceration are thickened thin. Some nodules scattered on brow.

Some offensive discharge. The condition at first required syphilis but nearly 2 months. Cordicid mercury treatment reduced the obvious improvement. X-rays for last 3 months have caused a definite positive result although the case is yet far from cured.

4. Mr. H.T. (Thrumbury) aged 13. Healthy boy. Lupus venereum right leg - 4 yrs. A tender ulcer on leg, affecting the, outer ventral part of the leg in a continuous patch. Much crusty, and some papillomatous projections from base of ulcer.

Spreading. Done a x-ray treatments for 5 months critical progress then cessation & curettage followed by x-ray treatment. There is marked improvement but a few hard nodules have formed since 4 months after operation still requires injections.

5. Miss E.J. (Bradford) aged 20, healthy girl. Lupus venereum 7 yrs. Both eves gradually destroyed, leaving defects, which is intact.

There is now an ulcer on the tip covered by a thick crust & a similar patch on upper lip below.

Plan: Aside for 5 yrs. for a further 6 months, the rays with marked improvement; the medicine discontinued for last 2 months.

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The cases in this type are mostly in young people. The duration of the disease relatively short. The great majority have done well with the drug, especially when in previous curative. A some Dr. Iodide has been advocated for some little time to exclude syphilis.

To a youth blotch type of case is rather more common than the papillomatous (or tracked by the occurrence of large, raised, thickened) formation. Single patches, affecting especially the face, neck, or forehead. These cases are rough, dumpy, from obvious ulceration. The large number of the case line closely packed together. the margin of the patch being usually well defined. The rate of resolution is fairly rapid. There place from the superficial being cutinized with the parent patch. The patches in some of the cases are somewhat raised.

There cases number 12 out of the total of 50, some have shown excellent results under x-ray treatment, but others of the same type are poor in unsatisfactory. When the patch is slight, small or comparatively in upon the cheek or forehead in good form with the rule may be anticipated, but when the case is very extensive and affecting perhaps the whole face then the
profuse is correspondingly unfavourable.


Lupus V. of left cheek 11 years. Hard, thick, scaly, dry, raised, single, 4 cm x 4 cm occupying almost entire whole cheek. No ulceration or crusts.

Since X-ray Jan. to July (1925) with very marked improvement. A small area at inferior third of patch remained unaltered but a further 5 months treatment resulted in a complete cure of the whole. No recurrence since.

An interesting fact in this case is that a cure resulted without any apparent reaction being produced by the rays.

2. Mr. L. (Bradford) aged 37 yrs. Healthy Ottawa.

Lupus V. of left cheek 20 years.

A single large, thickened, scaly patch on left cheek extending from margin of same jaw to within 2 inches of same eyelid.

Since Aug. to Nov. 1923 without improvement.

X-rays Dec. 04 to Aug. 25 with a distinctly favorable result. Here is still a large patch but it is contracting & getting thinner & appears likely to be cured.

3. Mr. F.E. (Bradford) aged 40. Grocer.

Dephaeites & Ottawa healthy.

Lupus V. on forehead 20 years. A quadrilateral patch of lupus in centre of forehead extending
from scalp of hair to the temples.

X-rays, thickened, sharply defined, nodular, bulky area near front. No calcifying nodules.

X-rays in last 3 months showing slight improvement. Especially in the area inferior.

4. Mr. R. (Hicardge) age 37. Healthy.

 Lupus V of left cheek. 28 years.

Affects whole of left side of face to hand and neck. Scaly.

X-rays for 14 years have worked in a ears.

Healthy ear occupying center of cheek, but at periphery the disease is much same.

Although inferior not so scaly. The ear area by contraction has caused little scarring.

5. Mrs. D. (Hicardge) age 45. Schotamata.

Lupus V of forehead. 20 years. Single, raised patch occupying left temporal region extending onto forehead down as far as the zygoma.

So thickened, the surface is rough especially at periphery, often in much scaling.

On various occasions has been fired, repeatedly.

Since for 12 months, without much benefit.

X-rays at irregular intervals, for a year with positive result. Core except some scaling in inferior area post of hair.

These cases have for the most part been found in middle age adults who appear otherwise
perfectly healthy. All are of long standing or slow growth. Many have distinctly benefited by treatment and now are perfectly well.

The X-rays are certainly to be recommended for this type but perhaps an antecedent linear irradiation will accelerate a cure. Onischak endoscopes acting on coelenterotic are usually quite effective.

Cancer of the Skin.

During the last few years cancer of the skin has come much under the treatment of electric light. Especially these using the X-ray or Bunsen lamp. This is perhaps accounted for by the fact that there being no known certain cure for cancer a very small number of new therapeutic agents are given a chance of showing their value.

Success in isolated examples of all varieties of skin of cancer have been claimed for the X-rays, but with the exception of epithelium of the skin some lesions remain. The claim of cancer has not been recognized as sufficiently reliable to be regarded as of importance.

In cases of cancer of nasal parts or of similar tissue at second or of improvement, and which require operative or radium affairs, the X-rays are probably justifiable especially as they may relieve the pain. At all events satisfy the patient that something is being done and possibly mitigate the mental depression.


Lenticular carcinoma of the skin over the chest, according to Paiman, of the breast, and the malignant lesions produced by the breaking down of this growth, have been especially treated with x-rays. Some successful cases have been reported but often treated by the Winter's method, only have been permanently cured.

Five cases of lenticular carcinoma of the chest wall weeks following amputation of the breast for primary have been treated. Three cases had the breast + axillary glands widely removed after thorough method of Holsted; the other two had the mamma + glands excised in one without division of the chest wall.

In three cases, small, scattered, painless, pinkish nodules developed in the skin of the chest, especially around the site of the operation. X-ray treatment in these cases caused these to disappear altogether but have nodules were observed a few weeks after treatment ceased. It is usual for the x-rays to cause temporary disappearance of these nodules but they quickly reappear. These cases have since died of secondary internal deposits. The remaining two have been lost sight of.

When only a few cutaneous nodules are present, the diagnosis is perhaps the commonest type of case, they are usually seen near the operation scar. Excision of these is the best treatment + further sessions if other form. If these be a
large number of thin walled dilated, the vein is cut off at the junction & the X-rays may then be tried. It is known by no means certain that such forceps do not lead to, or at any rate accelerate internal hemorrhage of the growth. The following two cases may be taken as examples:

1. W.M. (Bradford) act. 4-5. Halsted's operation for carcinoma bladder in Dec. 1902. 9 months after (Nov. 1907) seven recurrent cutaneous nodules has formed along the shear about site of first one known being a large one about size of half a pint. X-rays Nov. 4. 1902. After 2 exposures of 10 minutes the large nodule was soft & in Nov. 22 after 8 exposures all the nodules were observed to be shrinking. On Dec. 12 after a second ketamine cavity formed in which the tumour of the skin, the growth had all disappeared. In Jan. 1903 ten (2 months after X-rays began) carcinoma appeared in the other tract in the lungs but no more nodules at primary site. The patient died shortly after.

2. W.R.M. (Hammersmith) act. 6-4.
Halsted's operation for removal of left breast found for Sinzheimer 4 months ago. Mar. (March 1907) then excessive cutaneous recurrent nodules (metastatic cancer) around head dotted up down the left axilla contain infected gland. Patient in a sickly unhealthy looking woman with no abnormal chief signs.
She had B.D. Tripped after a month's X-rays treated during March 1907 lost a final weight later others appeare
appeared elsewhere in further treatment has also occurred. A few months later (in June 1902) some more nodules were observed. This time, patient seemed ill and had lost flesh. The cancer treatment then Death from Internal Haemorrhage was reported 2 months after.

A few cases of retinal ulcers produced by the breaking down of epithelial growths especially on the breast, have been treated with no success in female cases.

The pain was relieved in all tumours leaving a small, and the ulcers became dry. The discharge was also reduced, but all the cases have since died.

Death was accelerated by asphyxia from internal secondary deposits. In most cases, this complication seemed rapid, in fact much more rapid than appeared likely from the condition of the patient at the time of beginning treatment. It is conceivable that the X-rays by producing reaction cause a dissemination or absorption of the growth by blood and lymph, resulting especially in a more rapid involvement of the glands.

The following case is of interest:

Mrs. S.D. (Myke) aged 52. Recurred disease of breast. 12 yrs ago left breast amputated for malignant disease. Subsequently in 16 different occasions recurrent skin nodules were removed, the breast being Dec 1902. In Dec 1903 patient came with a depressed firm, fixed malignant ulcer (2 1/2 X 3 1/2 inch).
Situated on the lower end of the sternum to beginning at the bone above above of the left ear. Noticeed over the left subclavian in thin air then is some offensive discharge. No large glands. Treat local pain. No abnormal chest physical signs. Patient says she is in good health weight has not been lost.

X-ray treatment of the atheroma for 6 months from Dec. 1902 to Dec. 1903. Within a fortnight of commencement of treatment pain had all gone & did not recur. The atheroma became more shallow & very slightly less in area & the discharge practically disappeared. In April & May past generally did not seem well & at end of May was obliged to cease attendance & for work. Subsequently, she died from internal hemmorrhage.

Epitheliomata of the Skin.

A relation to cancer has been, the X-rays & dermabrasion have been used more frequently concerned in the liberation produced by the breaking down of epitheliomata of the skin.

A number of marvellous results have been obtained by many radio-therapists but access in my opinion the best case is it safe to premise a case by their methods.

Treatment of epitheliomata of all types affecting the skin has, until recently, been under the care of the operating surgeon or skin specialist. The former has treated them widely & the latter has
potentially used for palpebral cauteries or in the cataract.
In the last few years radiotherapy has been used as the sole treatment in a large number of cases.

In considering these forms of treatment, viz: excision, cautery or radiotherapy, there is no doubt according to our present views or carcinomas that excision where possible offers the best chance of cure. These views are expressed by the belief that the treatment of cancer of the parts in surgical when at all compatible with life, and that this surgical treatment is the surgery that will only offer local effective but of the glands and their lymphatics which drain the area of lesion.

Epithelium of the skin where possible should be healthy by excision under a general anesthetic, the line of excision being outside the join line of the growth and within 2 or 3 inch from it. The edges of the wound when at all practicable are to be brought together by suturing.

Coincident with the removal there should be the excision of any related or pain glands from all the draining lymphatic areas. In lesions of the face it is important, where necessary to deal especially with the submaxillary, submandibular and submental glands of the triangles of the neck.

The use of cautery, the cautery and of radium energy does not deal with the lymphatic glands and these methods are therefore generally inefficient.
Cauterization aims at total local destruction of the lesion, but they are, at the best, clumsy measures and would in a sloughing, predisposing some form similar to a pseudoplastic growth.

The Roentgen Rays, Rontgen lamps, although in many cases successful, are often uncertain. In many cases, for example, in the local growth, substituting an expanded but painful granulation scar. In a considerable number of cases, however, recurrence takes place in or near the scar.

The X-rays do not deal with affected or suspicious glands for their therapeutic action. In some cases, X-rays benefit in practically all. In some cases, suspicion has been aroused that the rays are responsible for glandular infiltration, for in some instances, a local case of epithelioma has been quickly followed by glandular affection where previously none was evident. This point as to cause and effect is difficult of proof but the condition, probably existed in at least two of the writer's cases.

Selection as to treatment depends upon the type, situation, cause of the epithelioma. From all the above, the rule should be the rule. It is important, therefore, to indicate the variety, met with the following types, generally recognized as complete, are those observed in the writer's cases, which number 24.
The types of epithelium of the skin which have been dealt with especially about the face are
clinically four:

I. Bull, flat, superficial, single ulcerating, gelatinous growth.
II. Bull, rounded, nodular, superficial, cutis-like ulcers.
III. Excavating, deep ulcers of nodular character.

IV. Ulcers with much overgrowth (i.e., nodulca, papillata).

I. The flat Sulfurphic variety is the most frequent type and especially occurs in the face of old people.
In this the ulceration is flat, very Sulfurphic, generally globular shape, gelatinous growth and
common on the cheek near the lower or outer canthus of the eye. The ulceration does not go
beyond the skin level - in fact being superficial and covered by crusts, it looks somewhat raised
above the skin surface. It may begin as a papule or pimple or pustule upon some simple
lesion, pimple or long-lasting of the skin. The advance of the ulceration is very slow and it may
remain in much the same condition for many months or even second year. No infiltrated lymphatic
scler'd are usually felt but in all cases with
precysticular regions should be carefully examined
because the gland found here is affected more frequently than is generally acknowledged.
Treatment is secured by a sharp scalpel taking care
to go about 1/4 inchvide of the edge of the ulcer to
form through the whole thickness of the skin.
The sides are brought together accurately by
Natures. If there be any tenderness or slight
swelling in the region of the tumour it should
be excised at the same time by a
longitudinal incision in front of the ear of the
affected side. If this is done a general anaesthetic
is necessary, but if local cocaine in 1% solution is
used more than the pain may be subcutaneously
injected under and around the ulcer to give the
necessary anaesthesia.
These cases do very well, recurrence is extremely
rare. The scar resulting is only slight. The ultimate
history of the case will carry no anxiety.

Although this is so, there are the cases which
perhaps are subjected most frequently to the action
guanine or the X-rays.
The former need not be seriously considered for
their cure is an effort at luminary surgery.
The X-rays however, in a lower degree, the X-rays
themselves have generally proved very successful in
these cases - the majority being temporary if not
permanently cured. It is a method useful in those
who will not submit to an operation. It gives a
good although expanded scar which has been found
more liable to break down than to recurrence than
that formed after excision. This is also the
probable greater continence of subsequent funnel
involvement. Nevertheless the small scar in
R.T. (Saltire) act. 68. Superficial cutaneous ulceration, $\frac{3}{4}$ in. x 1 in., firm, but movable on touch, situated just below left knee joint. Does not seem to involve whole thickness of the skin; there are no signs of definite borders. Begins as a simple ulcer for 3 years. This no pain, is generally dry & of very slow growth. If a crust comes off in removed, another one forms. No local or systemic is perfectly healthy.

X-ray treatment during March 1904 resulted in complete cure twice 10 times.

A section was produced which made the surrounding tissue red + the ulcer raw. This healed rapidly without new crust forming. The scar is flat & pliable.

II. The second type occurs in some cases, only a further stage of the, but it shows the typical characteristics of an epidermal.

The lesion is roundish, 1.5 in. wide, with a diameter greater than 1 in. It forms a definite ulcer, which is generally shallower when first observed, with thickened, elevated, roll-like edges, giving the whole a crater-like appearance. The ulcer is usually partly movable with the bone, which is pain-free, covered by a crust. Under the crust a little vivid serous discharge collects; if often stained with blood or mixed with pus in which case a septic element has been introduced.

The treatment for this is similar to I, above.
with all the more emphasis on free surgical excision and examination of the glands.

The X-rays have also proved very successful in removing the lesion, but in this type under this treatment there is a still greater tendency to recurrence and to glandular infection. The following cases lend support to these points:—

1. Mr. H. H. (Bradford) aged 94 but appears younger.

Area of R. cheek, Sore for 3 years, now with hard rounded indurated edge—about 3/8 inch deep.

Granuloma appearances, watery blood stained discharge.—For 7 years was a touch about size of a pea but during the last year has increased in area and has become ulcerated.

No glands.

X-ray treatment from Dec. 15th May inclusive 1923 became completely healed. The patient was the last sight of until the beginning of Sept. (i.e. for 3 months) when she returned with a huge mass of hard glands in the neck on the R. side, submaxillary in the anterior triangle.

This had gradually developed after ceasing X-ray treatment thus are breaking down in two places. The infiltration of the gland has unusually rapid absorption with no evidence of glandular infection. The patient presented herself less than 6 months later.

bone near inner canthus. A flap is frontal in this situation nearly all her life since injured
through laterally by some plan in a window
accident 20 yrs ago. For 11 years has had a
slight ulceration. Now there is a crust-like
bloom over an eddy with purulent discharge.

X-rays from Aug. - Oct. 1903 healing in a
cure with a depressed scar.
In Jan. 1906 (14 months after) returned with
a similar ulceration in the same place which
had rapidly formed in the last few weeks.
This after 2 months x-ray treatment became
well again and the resulting scar is not
so depressed as previously.

III. Rodent Ulcer.
In this type the ulceration is usually near
extensive, excavated, deeper & in its superficial
localization lacks the distinctive characteristics
of the. This ulcer steadily & profusely
spreads inward as a line in raised or level
haired borders, having more a punched out
appearance. It affects principally the
upper part of the face. After attack, the bone
eyelid tissues, muscle face creeping into the area
involves the eyelids & bone.
In ulcer disease parts necrosis of tissue & spread deeply laterally by continuity
in the lymphatic channels are not unusual or
at any rate at first, affected.
The ulceration presents an irregular shape with a raw, open base, covered with a few necroses. Discharge often mixed with pus consequent upon septic infection which leads to further breaking down.

Treatment by incision is not satisfactory usually, especially if the ulcer be large and extensive, in which case, the production of a wide bed wound is often impracticable.

The effects of the X-rays in some cases can be really marvellesome, some getting complete cure although the fear is dead, but usually break down again. Often ulcer appearing of similar characteristics except shows no improvement but rather gets worse. The X-ray should be tried for a prolonged period in all cases without a grade extent.

It is important, while the cure is impending this treatment, that the ulcer be kept as anti-septic as possible as a septic element only leads to more rapid further complication.

Case 1. Mr H. (Bradford) aged 64.

Extensive ulceration of posterior tibia affecting upper 3/4 extent extending into interval between the malleoli. Of 8½ yrs duration. Is excrated that fairly sharply defined border with slowly spreading both laterally and depth. There is a tree-branch discharge.

X-rays in 14 applications for 5 to 15 minutes from July 1934 caused healing. Well since.
2. Mr E.A. (Radiologist) said by:

A white alemb (2in x 2in) with some matching left side. Her spread looked for which syphillus has been removed. A typical alemb with a thick discharge.

X-ray treatment from April 1902 to May 1904. For the first 6 months the effect was variable - it looked better & seemed to be healed for a few weeks & then became as bad as ever. In the second year of treatment the disease gradually progressed - ulceration (discharge increased) & pain became more severe. Beneficial but evidently rapid going down hill. On this account he was obliged to cease attendance & is now dead.

IV In this type in which there is much overgrowth, both varieties of epitheloma may be observed viz. 1. peduncle & 2. papillomata. They are both lesions being very indefinite & generally their relationship to the lymphatic glands. Both occur most frequently in the face, the latter especially in the lip or in other parts where there is a junction of skin & mucous membrane.

The peduncle growth may begin as one of the other types or small from a cutaneous or subcutaneous peduncle which spreads from & may reach a considerable size without displacement.

The growth spreads deeply as well as.
extremely on breaking down form a large crater-like ulcer having deep undermined edges, inflammatory exudation, and much infiltration and a pea rath the Prickles Discharge. The base of the ulcer may be irregular + papillated.

The Papillomatous form may begin in any of the above forms, gradually assume its own characteristic of considerable roughness of the base in the form of papillary projections which star in ulcerating Discharging Surface.

The glands are usually involved.

Treatment for these varieties should be always operative where possible - free removal of the local disease of the neighboring glands. The modus from should be raised before it break down should how be exposed to the X-rays before in this early stage. The ray may be useful when ulceration has occurred. Some successful cases have been reported.

In all cases of Epidermosis of the cancer is impracticable, the ulcer should be carefully treated + Dome antiseptically on this lesion the breaking down of the growth produce the discharge. Pyogenic organisms seem to act on acids to integration in all superficial cancerous growth.

References: Diseases of the Skin (Stibberson)