

DERMATOLOGY EPONYMS – SIGN – LEXICON – (H)

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Abstract

Eponyms are used almost daily in the clinical practice of dermatology. And yet, information about the person behind the eponyms is difficult to find. Indeed, who is? What is this person's nationality? Is this person alive or dead? How can one find the paper in which this person first described the disease? Eponyms are used to describe not only disease, but also clinical signs, surgical procedures, staining techniques, pharmacological formulations, and even pieces of equipment. In this article we present the symptoms starting with (H). The symptoms and their synonyms, and those who have described this symptom or phenomenon.

Key words: eponyms; skin diseases; sign; phenomenon

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HAIR COLLAR SIGN

Congenital scalp lesions surrounded by a ring of dark hair (Fig. 1, 2). Most of the scalp lesions were single and located at the vertex or parietal areas. They were most commonly composed of heterotopic neural tissue [1]. The hair collar sign may be a marker for cranial dysraphism and spine abnormalities.



Figure 1. Hair collar sign - close up



Figure 2. Hair collar sign - back of head

HAIR EATERS SIGN

Nodular growth of hair due to fungous spore in association with alopecia furfuracea. Also called tinea nodosa [2].

MALCOLM ALEXANDER MORRIS

English dermatologist, 1849-1924 (Fig.3, 4).

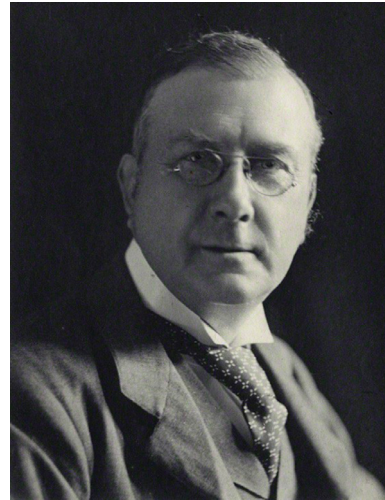


Figure 3. Malcolm Alexander Morris



Figure 4. Book of Malcolm Alexander Morris.

Available online from;

<http://archive.org/details/ringworminlightto00morr>

WALTER BUTLER CHEADLE

1835-1910 (Fig. 5). Walter Butler Cheadle was educated at Gaius College, Cambridge, graduating M.B. in 1861 and then studied medicine at St. George's Hospital, London. He interrupted his studies in 1861 to join Lord Milton on an expedition to explore Western Canada (1862-1864), and to go to China. On returning home, with Milton, he published a book on his adventures, *The North-West Passage by Land*, which gained a lot of attention.

He continued his medical studies and received his doctorate in 1865, became assistant at the St. Mary's Hospital in 1866 and from 1869 he was for 23 years at the Hospital for Sick Children, Great Ormond Street, where he was dean of the medical faculty from 1869 to 1873. He was an ardent advocate of women in the study of medicine.

Cheadle published the first observation on acute rickets after J. O. L. Möller, calling the disease «infantile scurvy». He distinguished scurvy from rickets in 1878.



Figure 5. Walter Butler Cheadle

HAIR IN THE EYE SIGN

Inflamed and thickened eyelids which curl in upon themselves, inverting the eyelashes, which begin to scratch the cornea causing a frosted glass appearance and blindness. An indication of infection by zoonotic *Chlamydia trachomatis* transmitted by the fly known as *Musca sorbens*. Also known as **Frosted Glass sign** [3].

HAIR PULLING SIGN (trichotillomania)

A dopamine or serotonin related abnormality that causes a sufferer to pull out ones hair, including bodily hair and eyelashes [4].

HALSTERN'S SIGN

Endemic syphilis. Endemic syphilis is also known as sibbens (Scotland), radseyege (Scandinavia), siti (Gambia), therlijevo (Croatia), njovera (Southern Rhodesia), frenjak (Balkans), and nonvenereal endemic syphilis (Bejel) [5].

HAND-AND-FOOT SIGN

A trophoneurotic affection characterized by ulceration of the hands and feet [6].

HANTAAN SIGN

Rapid fever, kidney failure, severe back pain, and bleeding rash which progresses to death in 15 percent of victims. Caused by a zoonotic hantaviral infectious process known as hemorrhagic fever which renal syndrome [7].

HANGING GROIN SIGN

Chronic cutaneous onchocerciasis (onchodermatitis) causes pruritus, a papular rash, scarring, and lichenification (Fig. 6). Over time, affected skin may begin to sag, leading to terms such as „hanging groin.” In severe cases is classified as “mild local elephantiasis” [8].

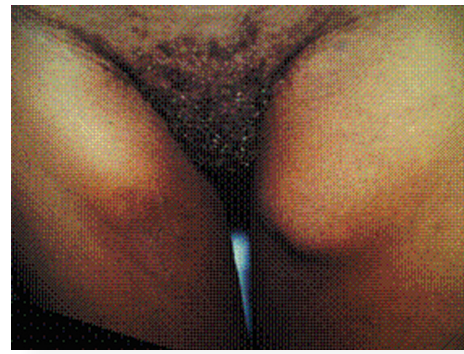


Figure 6. Hanging groin sign

HARLEQUIN FETUS SIGN

Ichthyosis congenita [9] (Fig. 7). The author of „harlequin fetus” was Samuel Wilks. Disease described: François Henri Hallop, Hermann Werner Siemens and Elliott Kaufman [10-12].



Figure 7. Harlequin fetus sign

SAMUEL WILKS

Sir Samuel Wilks, 1st Baronet (1824-1911) was a British physician and biographer (Fig. 8). In 1842 he entered Guy's Hospital to study medicine. After graduating MB in 1848 he was hired as a physician to the Surrey Infirmary (1853). In 1856 he returned to Guy's Hospital, first as assistant physician and curator of its Museum (a post he held for nine years), then as physician and lecturer on Medicine (1857). From 1866 to 1870 he was Examiner in the Practice of Medicine at the University of London and from 1868 to 1875 Examiner in Medicine at the Royal College of Surgeons. Among his major discoveries, Wilks recognised ulcerative colitis in 1859, differentiating it from bacterial dysentery. His work was confirmed later (1931) by Sir Arthur Hirst. Wilks also firstly described trichorrhexis nodosa (the formation of nodes along the hair shaft), in 1852. Wilks described the first case of myasthenia gravis, in 1877. He was a collaborator and biographer of the „Three Great”, contemporary physicians who worked at Guy's Hospital, Dr. Thomas Addison, the discoverer of Addison's disease, Dr. Richard Bright, discoverer of Bright's disease and Dr. Thomas Hodgkin, discoverer of Hodgkin's lymphoma [10].

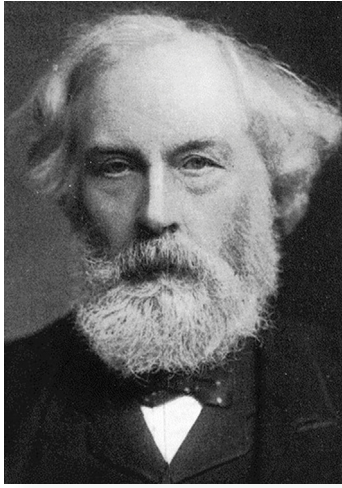


Figure 8. Samuel Wilks

FRANÇOIS HENRI HALLOPEAU

French dermatologist, 1842-1919 (Fig. 9). He became externe des hôpitaux de Paris in 1863, interne in 1866. He received his doctorate in 1871 and became Médecin des Hôpitaux de Paris in 1877, 1878 professor agrégé at the faculty. Hallopeau was chef de service at the Hôpital Tenon from 1880, and from 1881 to 1883 at the Hôpital Saint-Antoine. From 1884 he was physician to the Hôpital St. Louis, where he abandoned neurology to concentrate his efforts on dermatology, giving clinical lectures. From 1893 he was a member of the Académie de Médecine, and secretary general of the Société Française de dermatologie et de syphiligraphie, of which he had been co-founder in 1890 [11].

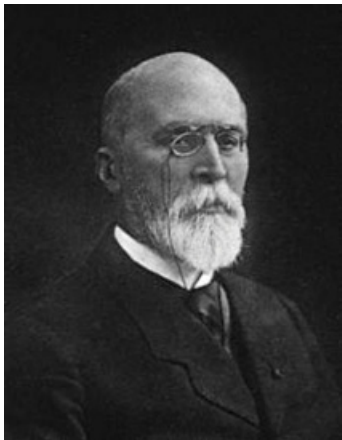


Figure 9. François Henri Hallopeau

HERMANN WERNER SIEMENS

German dermatologist, (1891-1969). Siemens studied at Munich and Berlin, receiving his doctorate from the latter university in 1918. He worked for a brief period of time under Josef Jadassohn (1863-1936) in Breslau (Poland), and in 1921 entered the university dermatological clinic in Munich. Here he was habilitated for dermatology in 1923, becoming ausserordentlicher professor in 1927, and in 1929 was called to Leiden as ordinarius. Besides his main speciality Siemens concerned himself extensively with Vererbungspathologie [12].

HARRISON'S SIGN

A transverse depression located at the xiphisternal junction and mid-axillary lines, over the diaphragm (Fig. 10). A sign

of rickets. Also called Harrison's sulcus [13].



Figure 10. Harrison's sign

EDWARD HARRISON

English physician, 1766-1838. Edward Harrison studied in Edinburgh, and then in London under the Hunter brothers – John Hunter (1728-1793) and William Hunter (1718-1783). He obtained his doctorate at Edinburgh in 1784, visited Paris, and subsequently practiced for thirty years in Horncastle in Lincolnshire, where he founded, among other things, a dispensary and the Lincolnshire Benevolent Society. He was also in charge of an infirmary for crooked spines, and was a member of the Royal Society. He died while on the way to Marlborough.

HATA SIGN

Increase in severity of an infectious disease when a small dose of a chemotherapeutic remedy is given [14].



Figure 11. Sahachiro Hata

SAHACHIRO HATA

Japanese bacteriologist, 1873-1938 (Fig. 11). Developed the Arsphenamine drug in 1909 in the laboratory of Paul Ehrlich. completed his medical education in Kyoto. He studied epidemic diseases under the famous Dr. Kitasato Shibasaburō at Kitasato's Institute for the Study of Infectious Diseases in Tokyo, and later studied immunology at the Robert Koch Institute in Berlin. While in Germany, he took the opportunity to learn about chemotherapy at the German National Institute for Experimental Therapeutics in Frankfurt, where he assisted Paul Ehrlich in the discovery of arsphenamine, which proved effective in curing syphilis.

It was called Salvarsan 606 because it was the 606th drug that Ehrlich tried. After his return to Japan, he helped found the Institute now Kitasato University, of which he became a director. He also lectured at Keio University [15].

HAVERHILL SIGN

Rat bite fever with peripheral rash from the zoonotic bacterium *Sterptobacillus moniliformis* (Fig. 12, 13). Also called epidemic arthritis erythema [16].



Figure 12. Haverhill sign. Lesiones polimorfas, purpúricas y necróticas, con elementos pustulosos en zonas acras



Figure 13. Haverhill sign. Mínimas lesiones purpúricas en las piernas, sugestivas de vasculitis séptica.

a) Tinción de Gram. Se observa un bacilo gramnegativo pleomorfo

HEADLIGHT SIGN (Perinasal pallor)

Lateral extension of intraepidermal component Infantile atopic dermatitis: involvement of the cheeks. The nose is spared [17].

HECKER'S SIGN

Speechless from palsy on the tongue, an early indication of the Black Death, due to infection with the Bubonic plague bacterium *Yersinia pestis* [18].

JUSTUS FRIEDRICH CARL HECKER

German phatologist and medical writer, 1795-1850 (Fig. 14).

He particularly studied disease in relation to human history, including plague, smallpox, infant mortality, dancing mania and the sweating sickness, and is often said to have founded the study of the history of disease. Justus studied medicine at the University of Berlin, graduating in 1817 and becoming a Privatdozent and then (in 1822) Extraordinary Professor. In 1834, he became the university's „ordinary professor” for the History of Medicine.



Figure 14. Justus Friedrich Carl Hecker

HECHT SIGN

Rumpel-Leede phenomenon [19] (Fig. 15).

ADOLF FRANZ HECHT

Austrian paediatrician, 1876-1938 (Fig. 16). He was a lecturer and tit. a.o. Univ. pediatrics at the Medical School of the University of Vienna. He had already completed his medical studies in Vienna and graduated as MD on 05/19/1899 univ, then assisted at the Heidelberg Children's Hospital and at the General Policlinic in Vienna. In 1915 he qualified as a professor of Pediatrics and was a lecturer at the Children's Hospital at the Medical Faculty of the University of Vienna.

He was persecuted in Nazi racial discrimination, 1938, his *Venia legendi* revoked and he on 22 April 1938 deprived of his office and expelled from the University of Vienna [20].



Figure 16.
Adolf Franz Hecht

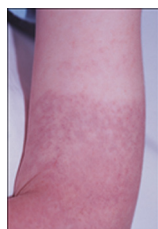


Figure 15. Hecht sign

HECTIC TONGUE SIGN

A smooth red tongue seen in cases of prolonged suppuration [21].

HEKTOEN'S SIGN

When antigens are introduced into the animal body in allergic states, there may exist an increased rate of new antibody production which may include production of antibodies concerned in previous infections and immunizations.

LUDVIG HEKTOEN



Figure 17.
Ludvig Hektoen

American pathologist, 1863-1951 (Fig. 17). Hektoen published widely and served as editor of a number of medical journals. In 1942, Hektoen received the American Medical Association's Distinguished Service Medal for his life's work. He attended the Monona Academy in Madison, Wisconsin and graduated with a B.A. degree in 1883 from Luther College in Decorah, Iowa. He entered the College of Physicians and Surgeons in Chicago, receiving his M.D. degree in 1888. Between 1890 and 1895, he studied abroad in Upsala, Prague and Berlin. In 1898, Hektoen became professor of Pathology at Rush Medical College and in 1901,

professor and head of the Department of Pathology at the University of Illinois, Chicago. From 1904 until 1941, he was editor of *The Journal of Infectious Diseases*. In 1926 he became editor of the *Archives of Pathology*, serving until 1950 [22].

HENNEBERT'S SIGN

In the labyrinthitis of congenital syphilis, compression of the air external auditory canal produces a rotatory nystagmus to the diseased side; rarefaction of the air in the canal produces a nystagmus to the opposite side. Also known as Pneumatic sign or test [23].

CAMILLE HENNEBERT

Belgian otologist, 1867-1954. His year of death is also given as 1958. Camille Hennebert was affiliated with the *Université Libre de Bruxelles*. He published extensively. His name is associated with: Hennebert's fistula syndrome, Hennebert's syndrome.

HENOCH'S SIGN

Henoch's purpura [24].

EDOUARD HEINRICH HENOCH

German paediatrician, 1820-1910 (Fig. 18). After graduating in doctor of medicine in 1843 with the dissertation *De atrophie cerebri*, Henoch went for an educational journey to Italy and Switzerland. In 1844 he became assistant at the Berlin University Polyclinic, an outpatient clinic headed by his uncle, Moritz Heinrich Romberg (1795-1873). In addition to his duties at the Poliklinik, Henoch worked as an *Armenarzt*, a doctor for underprivileged persons. This position gave young doctors the chance to gain practical experience. In December 1849 he completed his postgraduate training in internal medicine, qualifying him for a lecturing license. He was habilitated as *Privatdozent* in 1850. In the first edition of his main work, *Vorlesungen über Kinderkrankheiten*, he argued against modern bacteriology, calling it *Bakterienswindel* (Swindle of Bacteria). He later changed his opinion. In his text he also mentioned social factors as influential in childhood diseases. In 1889, Henoch received a medal of high distinction, the *Rothe Adlerorden*. For his 70th birthday in 1890, he was presented a *Festschrift* (commemorative volume) with 24 articles written by colleagues and edited by Adolf Baginsky (1843-1918). The same year, Henoch wrote an article for the *Klinisches Jahrbuch* (Clinical Yearbook), in which he placed his scientific statement. He demanded separation of internal medicine and paediatrics, establishment of hospitals for children at the universities, and obligatory examinations for students in paediatrics. Henoch's name is perpetuated in medical history chiefly through his description of the connection between purpura and abdominal pains - Henoch's purpura.

Henoch was also the first to describe purpura fulminans, which is sometimes called Henoch's Purpura II (misnomer) [25].



Figure 18.
Edouard Heinrich Henoch

HERTOGH'S SIGN

Lateral thinning of eyebrow hair; atopic dermatitis, hypothyroidism [26,27].

HERTOGHE EUGÈNE LOUIS CHRÉTIEN

Belgian physician, (1860—1928). Became vice-president of the Belgian Medical Society and one the world's foremost thyroid experts. Hertoghe taught of the importance of diagnosing and treating the milder forms of low thyroid. He gave remarkably detailed descriptions of the many problems that could be caused by low thyroid function. Before any thyroid tests became available, Hertoghe taught doctors how to diagnose and treat all forms of this condition. He explained what to look for and what listen for in order to identify this illness. Eugene Hertoghe also offered remarkable examples of how patients could improve with treatment. He reported that problems as diverse as hair loss, mental illness, dry skin, and digestive problems could all be caused by hypothyroidism and could be reversed with proper treatment. Hertoghe also noted that low temperature was the most consistent finding of hypothyroidism [28].

HEUBNER'S SIGN

Syphilitic endarteritis of the cerebral vessels [29].

JOHANN OTTO LEONHARD HEUBNER



Figure 19. **Johann Otto Leonhard Heubner**

German paediatrician, 1843-1926 (Fig. 19). He was a student of Karl Reinhold August Wunderlich (1815-1877), to whom he was assistant at the clinic for several years in Leipzig even before he obtained his doctorate in 1867. After graduation he continued his studies in Vienna, and was

habilitated for internal medicine at Leipzig in the autumn of 1868. He became professor extraordinary at the University of Leipzig in 1873, and in 1876 was made director of the district policlinic, a position he held until 1891. From this time Heubner turned his attention to paediatrics, and began investigating children's diseases in order to publish his findings, particularly on important infectious diseases of childhood. He built a children's ambulatory connected to the policlinic, and later a private children's hospital. In 1894, he went to Berlin as director of the university children's clinic and policlinic at the Charité, succeeding Eduard Heinrich Hensch (1820-1910). Here, the same year, he became ordentlicher etatsmässiger professor of paediatrics at the Friedrich Wilhelm Universität. In 1898, with Max Rubner (1854-1932), he made the initial investigation on food requirements for normal and ill-nourished children which formed the foundation of later investigations in this area. He warned against too prolonged sterilisation of milk and whilst in Leipzig recognised Behring's discovery of diphtheria antitoxin and was one of the first to use it in treatment. By means of lumbar puncture, in 1896 he succeeded in discovering the agent of cerebral meningitis, as he isolated meningococci from the cerebrospinal fluid [30].

HIDE BOUND SIGN

Diffuse symmetric scleroderma in which the whole skin is so hard as to suggest a frozen corpse, the face when involved is ghastly and gorgonized [31].

...Diffuse symmetric scleroderma, or hide-bound disease, is quite rare, and presents itself in two phases: that of infiltration (more properly called hypertrophy) and atrophy, caused by shrinkage. The whole body may be involved, and each joint may be fixed as the skin over it becomes rigid. The muscles may be implicated independently of the skin, or simultaneously, and they give the resemblance of rigor mortis. The whole skin is so hard as to suggest the idea of a frozen corpse, without the coldness, the temperature being only slightly subnormal. The skin can neither be pitted nor pinched. As Crocker has well put it, when the face is affected it is gorgonized, so to speak, both to the eye and to the touch. The mouth cannot be opened; the lids usually escape, but if involved they are half closed, and in either case immovable. The effect of the disease on the chest-walls is to seriously interfere with the respiration and to flatten and almost obliterate the breasts; as to the limbs, from the shortening of the distended skin the joints are fixed in a more or less rigid position..." [32].

HENRY RADCLIFFE CROCKER

English dermatologist, 1845-1909 (Fig. 20). Crocker started his working life as an apprentice to a general practitioner, before going to London to attend the University College Hospital medical school. Working as a resident medical officer with William Tilbury Fox, Crocker began a lifelong career in dermatology. With his 1888 book *Diseases of the Skin: their Description, Pathology, Diagnosis and Treatment*, he became known as a leading figure of dermatology. In 1870 he became a student at University College Hospital medical school in London. He worked part time as a drug dispenser in Sloane Street. As an undergraduate student, Crocker won gold medals in materia medica, clinical medicine and forensic medicine, as well as a university scholarship.

After receiving his Membership of the Royal College of Surgeons (MRCS) qualification, Bachelor of Science degree and then in 1875 his MD, Crocker obtained a position as resident obstetric physician and physician's assistant at University College Hospital. He then held posts at the Brompton Hospital for Consumption and Diseases of the Chest and Charing Cross Hospital before returning to University College Hospital as resident medical officer. He worked under dermatologist William Tilbury Fox, and began to develop his own dermatological career as assistant medical officer in the hospital's dermatology department. At this time, the practice of specialising in medicine was somewhat frowned upon in the United Kingdom (although more popular in continental Europe), but Tilbury Fox and Crocker were credited with bringing some structure to the field of dermatology. Although a specialist, in his clinical work, he emphasised the value of treating the whole patient. [1][2] His research concentrated on the epidemiology of skin diseases and histology, noting the importance of microscopic inspection of skin cells. During his career, he was the first to describe or name diseases such as granuloma annulare and erythema elevatum diutinum. In 1888, Crocker published *Diseases of the Skin: their Description, Pathology, Diagnosis and Treatment*, a textbook that helped to establish him as a leading figure in dermatology [33].



Figure 20.
Henry Radcliffe Crocker

HIGOUMÉNAKI'S SIGN

A tumefaction at the inner third of the right clavicle (Fig. 21); seen in congenital syphilis. It's an end result of neonatal periostitis. Also known as Higoumenaki's sign. Sign has been described by Georgios Higoumenakis in 1927 on the pages of the Greek journal *Πρακτικά Ιατρικής Εταιρείας Αθηνών* (Reports of the Medical Society of Athens) [34].

GEORGE HIGOUMENAKIS

(1895–1983) was a Greek dermatologist born in Iraklion of Crete (Greece) (Fig. 22). He studied medicine at the Medical School of the National University of Athens. He then chose to become a dermatologist and went to France to fulfil his desire. He was a student of Gaston Milian,

a famous syphilologist, at the Hospital St. Louis. He returned to Greece in 1924, became a member of the Medical Society of Athens and began practicing medicine privately. He became a director of the Department of Dermatology at the hospital „Evangelismos” and practiced medicine successfully until the 1940s [34].

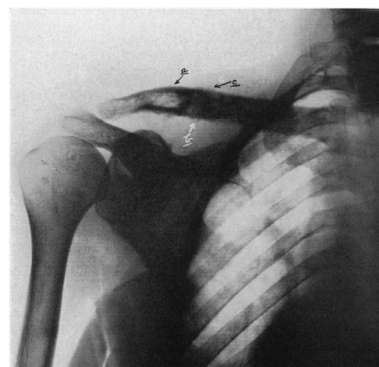


Figure 21. Higouménaki's sign



Figure 22.
George Higoumenakis

HIVP SIGN

(Painful acute necrotizing ulcerative gingivitis) (Fig. 23), also known as ulceromembranous gingivitis, Vincent's infection, Vincent's War sign, Trench Mouth sign, and ANUG sign, LGE sign, NUP sign [18].



Figure 23. HIVP sign

HENRI VINCENT

French physician, 1862-1950. His name is associated with Vincent's Disease or Vincent's Angina. It is also widely known as Trench Mouth, due to an outbreak in soldiers in trenches during World War One. *Borrelia vincentii* used to be spread out worldwide, but is now mainly in countries that are not very developed.

HODARA'S SIGN

A kind of trichorrhexis nodosa seen in women in Constantinople [35].

MENAHM HODARA

Jewish Turkish dermatologist, 1869-1926 (Fig. 24, 25). Histopathology of the skin doctor who is an expert Ottoman Turkey. Defines a skin disease known by his name. Came from a Jewish family. In 1890, the military medical school (School of Medical School-i scrumptious i) was sent to

Hamburg for specialized training after graduating. Worked for a while in Vienna, and in 1906 he returned to Istanbul. Kasımpaşa Navy Central Hospital (today Naval Hospital) Emraz-i dermatology (skin), and zühreviye (Sexually transmitted diseases) was appointed physician. During this task both medicine and scientific research and experiments, then the palace getirildiği continued intensively. Trichorrhexis nodosa is a kind of the „Hodara Disease” of the international medical literature describing the input. Salicylic acid, krizarobin and iodine, in conjunction with



Figure 24. Dr. Menahem Hodara 1895 in Istanbul with his wife Estrella Ner and three of their eight children Betty, Elise and Victor. Al. IJEF.
To: Enrico Isacco's Sephardic photographic library.
Collection Estelle Dora

student Hulusi Behçet süblimenin explored the effects on the skin. Several moles, freezing and melting of infants hip histopatolojisiyle, „piedra” he described the first known disease. Bacteriology expert Fuad Omar Bey and skin mikozlarını examining the skin and skin fungal disease aspergillosis led to the detection of cases. The results of his research were published in French and German in Europe. Celebrity look-a dermatology specialist in Unna, Hodara'yı „The German and French medical literature enriches people publications as” definitions [35].



Figure 25. Menahem Hodara
To: Enrico Isacco's Sephardic photographic library.
Collection Estelle Dora

HOOF AND MOUTH SIGN

Fever, vomiting, and painful oral lesions similar to the herpetic type. Caused by contact exposure to cattle and pigs that are infected with the zoonotic Foot-and-Mouth disease aphthovirus. There is high morality in young animals which can have devastating consequences as it spreads through foot supply animals. Humans may be carrier hosts and quarantine recommended [36].

(article about Foot-and-Mouth disease: “Outbreak of Hand, Foot and Mouth disease in northeastern part of Romania in 2012” will be published in issue 2.2012 (April) in Our Dermatology Online)

HOMAN'S SIGN

Dorsiflexion of foot leads to pain in the calf. Ss a sign of deep vein thrombosis (DVT) [37].

JOHN HOMANS

American surgeon, 1877-1954 (Fig. 26). John Homans worked on experimental hypophysectomy with Harvey Williams Cushing (1869-1939) at Johns Hopkins. Homans, Cushing and Samuel James Crowe (1883-1955) in 1910 presented the first evidence of the relationship between the pituitary and the reproductive system. Homans later became interested in peripheral vascular disease. Homans worked on peripheral vascular disease, helping to popularise the ligation

of the saphenofemoral junction for treatment of varicose veins, and advocating ligation of the superficial femoral vein to stop migrating clots causing pulmonary embolus. He described the sign which bears his name in 1944 and reported the first instance of deep venous thrombosis occurring in flight in 1954 in a doctor who had flown between Boston and Caracas. He was also interested in lymphoedema, developing the Homans operation for this condition. [38].



Figure 26. John Homans

HUNTERIAN ULCER SIGN

Primary syphilitic chancre, an ulcer with sloping edges which differs from the punched out ulcer in tertiary syphilis (Fig. 27) [39].



Figure 27. Hunterian ulcer sign. Primary syphilitic chancre

JOHN HUNTER

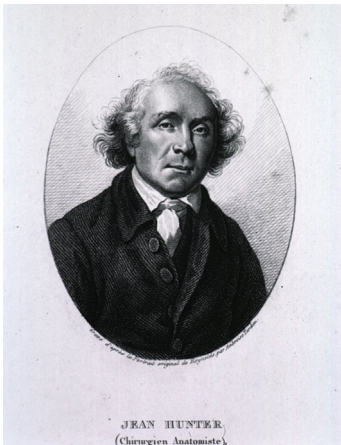


Figure 28. John Hunter

Scottish surgeon, 1728-1793 (Fig. 28). He was an early advocate of careful observation and scientific method in medicine. He was commissioned as an Army surgeon in 1760 and was staff surgeon on expedition to the French island of Belle Île in 1761, then served in 1762 with the British Army in the expedition to Portugal.[12] Contrary to prevailing medical opinion at the time, Hunter was against the practice of 'dilation' of gunshot wounds. This practice, which involved the surgeon deliberately expanding a wound with the aim of making the gunpowder easier to remove. Hunter left the Army in 1763. Hunter was elected as Fellow of the Royal Society in 1767. At this time he was considered the authority on venereal diseases. In May 1767, he believed that gonorrhea and syphilis were caused by a single pathogen. Living in an age when physicians frequently experimented on themselves, he inoculated himself with gonorrhea, using a needle that was unknowingly contaminated with syphilis. When he contracted both syphilis and gonorrhea, he claimed it proved his erroneous theory that they were the same underlying venereal disease. He championed its treatment with mercury and cauterization. He included his findings in his *Treatise on the Venereal Disease*, first issued in 1786. In 1776 he was appointed surgeon to King George III [40].

HUTCHINSON'S SIGN

Interstitial keratitis and a dull red discoloration of the cornea. A sign of inherited syphilis.

Sir JONATHAN HUTCHINSON

English surgeon and pathologist, 1828-1913 (Fig. 29). In 1851 he studied ophthalmology at Moorfields and was an ophthalmologist to the London Ophthalmic Hospital. He was also venereologist to the Lock Hospital, physician to the City of London Chest Hospital, and general surgeon to the London and Metropolitan Hospitals. From 1859 to 1883 he was surgeon to the London Hospital, and he also worked at the Blackfriars Hospital for Diseases of the Skin, being elected to the staff in 1867 and becoming senior surgeon. Hutchinson developed a special interest in congenital syphilis, which was common in London in his time, and he was responsible for delineating the natural history of the disorder. It is said that he saw more than one million patients with syphilis in his lifetime. Hutchinson had a vast clinical experience and he published his observations in more than 1,200 medical articles. Despite his busy practice he produced the quarterly *Archives of Surgery*. For a brief period of time he was the editor of the *British Medical Journal*.

In England the term morbus Hutchinson-Boeck has been used for benign lymphogranulomatosis, now commonly known as Boeck's sarcoid.

In January 1869, a 58 year-old coal-wharf worker, John W, attended Jonathan Hutchinson at the Blackfriars Hospital complaining of purple skin plaques, which had gradually developed over the preceding two years, somewhat symmetrically on his legs and hands. They were neither tender nor painful and did not ulcerate. Hutchinson considered that the skin lesions were in some way related to the patient's gout.

His name is associated with: Bernard-Horner syndrome (Claude Bernard), Hutchinson's angina, Hutchinson's dehidrosis, Hutchinson's disease, Hutchinson's facies, Hutchinson's freckle, Hutchinson's mask, Hutchinson's melanotic disease, Hutchinson's patch, Hutchinson's prurigo, Hutchinson's pupil, Hutchinson's sign 2 (Sir Jonathan Hutchinson), Hutchinson's teeth, Hutchinson's triad, Hutchinson-Gilford disease [41].

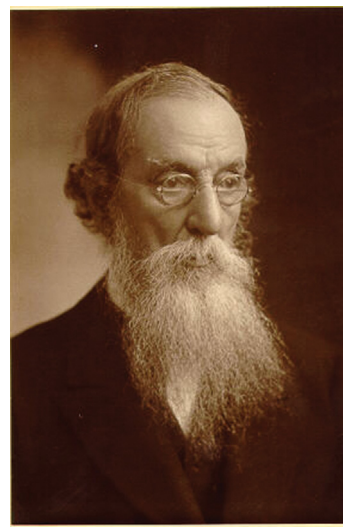


Figure 29.
Sir Jonathan Hutchinson

HUTCHINSON'S INCISORS SIGN

There are depressions or notching of the incisal edges of the labial surfaces of the permanent incisors. A sign of congenital syphilis (Fig. 30-32) [42]. Also called **Hutchinson's teeth sign** and **Screwdriver sign**.

HUTCHINSON'S TEETH SIGN

see Hutchinson's Incisors sign



Figure 30. Hutchinson's teeth sign



Figure 31. Hutchinson's teeth sign. Enamel hypoplasia of maxillary central incisors [42]

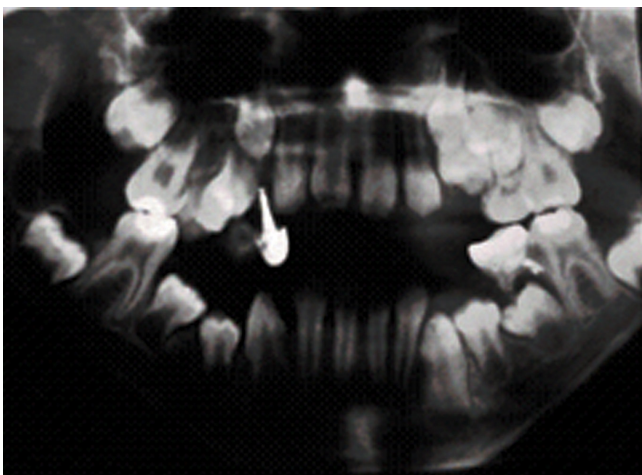


Figure 32. Hutchinson's teeth sign. Panoramic radiograph: presence of restorations in posterior teeth and absence of some deciduous teeth that it is not common to see in this patient's age [42]

HUTCHINSON'S TRIO SIGN

The presence of interstitial keratitis, notched teeth, and otitis occurring together. A sign of inherited syphilis [43]. The Triad is characterized by three signs: 1) deformation of teeth as a result of direct influence of the spirochete on tooth rudiments of a fruit or on the bodies regulating growth of teeth. Changes concern the top central cutters, is more rare — lateral and central bottom (a barrel-like form, semi-lunar defects of cutting edge); 2) parenchymatous keratitis; 3) the progressing relative deafness arising owing to a degeneration of a predegenerative nerve, lying in a stony part of a temporal bone (syphilitic labyrinthitis). The triad belongs to symptoms of late congenital syphilis. At one patient two can be observed only or one of signs, meet all three less often. The triad is described for the first time by J. Hutchinson in 1858.

HUTCHINSON'S SIGN 2

Sign that refers to „the tip of the nose” lesion that occurs in some cases of herpes zoster involving the nasociliary nerve (Fig. 33, 34). Hutchinson Sign in herpes zoster will at times presage the development of serious ocular involvement [44].



Figure 33. Hutchinson's sign 2



Figure 34. Hutchinson's sign 2

HUTCHINSON'S NAIL SIGN

Hutchinson's nail sign is an important clinical clue to subungual melanoma and is characterized by extension of

brown or black pigment from the nail bed, matrix, and nail plate to the adjacent cuticle and proximal or lateral nail folds (Fig. 35) [45].



Figure 35. Hutchinson's nail sign

HUXHAM'S SIGN

Green saliva (Huxham – in 1773). Change of colour of the saliva in jaundice.

"...There are some early notices of a change of colour of the saliva in jaundice,^ and one of the best of these we owe to so excellent an observer as John Huxham. A gentleman 40 years old, jaundiced, took overnight, with some other medicines, gr. viii. of calomel. The next day a very green saliva poured out of the man's mouth, exactly like green bile, but' thinner. This flow of green saliva lasted 40 hours, and very nearly equalled two quarts in amount. The green colour of the saliva passed into yellow, which lasted another 40 hours and then the salivation disappeared as suddenly as it came on. Huxham does not think it due to the mercury, on account of the smallness of the dose; the patient had before been salivated, apparently without mercury..." [46–48].

JOHN HUXHAM

English surgeon, 1672–1768 (Fig. 36). A provincial doctor notable for his study of fevers. In 1750 Huxham published his Essay on Fevers and in 1755 received the Copley Medal for his contribution to medicine. In 1723, James Jurin, one of the secretaries of the Royal Society, asked for volunteers

to keep daily records of their observations of the weather including readings of the barometric pressure, temperature, rainfall, and direction and strength of the wind. Their observations were to be submitted annually to the secretaries of the society for collation and analysis. In 1724 Huxham began to keep such records and, from 1728 on until 1748, he noted monthly the prevalence of epidemic diseases. These records he published in two volumes. He was elected Fellow of the Royal Society in 1739.

Huxham was perhaps the first in England to classify the disease Influenza. He is also associated with diagnosis of scurvy and for a recommended cure of drinking cider [49].

HYDROCHLORIC SIGN

Burning pains in outh and throat with vomit containing while lumps of mucous and altered brown or black blood. Stain on skin and mucous membranes appear grayish-white and clothing is stained bright red. A sign of poisoning with hdrochloric acid [50].

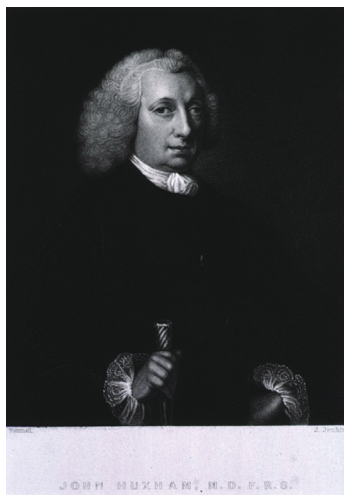


Figure 36. John Huxham

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