

CHAPTER IV.

THE CHANCROID COMPLICATED WITH SYPHILIS.—"MIXED CHANCRE."

SYPHILITIC infection of the system presents no barrier to the existence of a chancroid, and *vice versa*. Universal experience confirms the statement that a person presenting syphilitic symptoms, whether primary, secondary, or tertiary, may contract a chancroid, which will run the same course as in a person free from syphilis. Moreover two inoculations, one with the chancroidal and the other with the syphilitic virus, may occur side by side, and the resultant chancroid and chancre will each pursue its normal course uninfluenced by the neighborhood of the other; and, finally, two such inoculations may take place at one and the same point and produce a sore possessing all the properties of the chancroid and the primary syphilitic ulcer, viz., on the one hand, ready autoinoculability and the power of producing a suppurating bubo secreting inoculable pus; and on the other, an indurated base, induration of the neighboring ganglia, and a secretion capable of communicating syphilis to a person free from previous syphilitic taint.

I have denominated such a sore a "chancroid complicated with syphilis." It would clearly be just as appropriate to call it "primary syphilis complicated with the chancroid." The French have named it the "mixed chancre," and it has been the subject of much discussion, as noticed in the Introduction to the present work, in connection with the doctrines of the Lyons school. It is hardly deserving of a distinct name, since

A "mixed chancre" is nothing more nor less than a sore resulting from the inoculation, at the same spot, of the syphilitic virus and of the chancroidal poison, the product of simple inflammation. The implantation of the two kinds of virus may take place synchronously, as, for instance, in the same act of coitus when a man has connection with a woman affected with a chancroid and also with syphilitic manifestations; or the inoculation of either virus may occur upon a previously existing ulcer of the opposite species. In either case, when fully developed, the mixed chancre may be perpetuated in its kinds by successive inoculation from one individual to another.

Prior to its full development—supposing the inoculations of the two kinds of virus to have taken place at the same time—the chancroid, having no period of incubation, will first appear, and can only by contagion give rise to a chancroid; while, again, towards the close of the ulceration, whichever virus persists in the sore the longer will ultimately transmit itself alone in its species.

The following instance in which a mixed chancre was developed by the inoculation of a primary syphilitic ulcer with the chancroidal poison, is reported by Fournier:

Alphonse N., aged 17, contracted a chancre in the latter part of Sept., 1857. He became an out-patient of the Hôpital du Midi, Oct. 3, when a chancre, surrounded with cartilaginous induration, was found in the fossa behind the corona glandis, and the glands in both groins were enlarged, hard, and indolent. A dressing with aromatic wine was ordered for the sore, and mercury internally.

Oct. 14. The chancre has entered upon the period of repair; it is less excavated, and its edges less prominent.

Oct. 24. There has been a change for the worse. The original chancre has increased in surface and in depth; its base is still very much indurated. Moreover, upon the skin of the penis is found another large ulcer; its base œdematous, but without true induration. There are also several small ulcers with soft bases upon the external surface of the prepuce. The patient declares most positively that he has had no sexual connection since he contracted his first chancre. Are the recent sores to be attributed to accidental inoculation from the first? N. is this day admitted as an in-patient.

In the early part of November one of the lymphatic ganglia in the left groin became acutely inflamed, and presented all the characters of a bubo dependent upon a chancroid. It suppurated, and *its pus was inoculated with success*. In the right groin, the enlargement and induration of the ganglia characteristic of a chancre remained as before.

In December secondary symptoms appeared; roseola and multiple mucous patches.

In spite of the patient's denial, Ricord attributed the more recent ulcers to a second exposure and fresh contagion; and a few days after his entrance into the hospital, the patient privately confessed to M. Fournier, the interne, that on Oct. 15th he had connection with a woman whose name and address he gave. He also stated that on the following day his first ulcer began to enlarge, and the others appeared two days after.

Fournier immediately visited the woman indicated by N., and found that she had three large chancroids with perfectly soft bases, situated upon the internal surface of the left labium, on the fourchette and upon the folds at the entrance of the vagina, and of about three weeks' duration. The inguinal ganglia were in a normal condition.

This woman also confessed to M. Fournier that she had infected her lover, Charles V., who, by a singular coincidence, was at that moment a patient in the Hôpital du Midi, and who likewise had several chancroids with soft bases upon the prepuce and an acute bubo in the left groin.

To sum up this history: a man with a primary syphilitic ulcer in the period of repair and an indolent indurated bubo has connection with a woman affected with chancroid. He contracts fresh ulcers,

which prove to be chancroids, and one of which is seated upon the surface of the original chancre. An inflammatory bubo appears, which suppurates and furnishes inoculable pus. Finally, symptoms of general syphilis are developed.¹

Rollet relates a similar case:

G. Francois, aged 20, entered the Antiquaille Hospital, at Lyons, with a sore situated upon the meatus, which was slightly indurated and presented the usual aspect of a chancre. The fossa at the base of the glans was also studded with several ulcers which were as soft as possible. The ganglia in the groin were indurated. In six weeks after exposure, the patient was attacked with headache, syphilitic roseola, and rheumatic pains.

In order to confirm the diagnosis as to the nature of the sores, Rollet inoculated matter from the one which was indurated upon the left thigh, and the secretion of the others upon the right. The result was positive in both. It was then thought that pus from the simple sores might have been deposited upon the indurated one, and thence taken up upon the lancet. Rollet therefore waited until the chancroids in the fossa behind the corona had completely healed, and then, after repeatedly cauterizing the indurated sore with solid nitrate of silver, inoculated its secretion a second time. This inoculation produced the characteristic pustule of a chancroid as before; thereby showing that the success of the first inoculation was not owing to the presence of matter which had been simply deposited and again taken up, but to the inherent properties in the secretion of the sore itself.²

M. Rollet and his interne, M. Laroyenne, were led by this case to try the effect of inoculating chancres with matter from a chancroid. Their experiments are briefly related as follows:

CASE 1. Pieri M.; indurated chancre of the meatus; duration three weeks; indurated ganglia; inoculation of the secretion of the chancre, negative. Sept. 14, the pus of a chancroid was deposited upon the sore. Sept. 15, application of the solid nitrate of silver; lotions; dressing with aromatic wine. Sept. 19, second inoculation; chancroidal pustule.

CASE 2. John L.; indurated ulcer almost healed; indurated ganglia; general treatment and local application of aromatic wine; inoculation negative. Nov. 18, pus from a chancroid is applied to the ulcer; treatment continued. Nov. 23, second inoculation; this time positive.

CASE 3. Robert M.; parchment variety of chancre upon the skin of the penis; duration five days. Dec. 11, inoculation without result; dress with opiated cerate and calomel. Dec. 16, application of the virus of a chancroid. Dec. 17, same dressing. Dec. 22, inoculation positive.

CASE 4. Peter M.; chancre of six weeks' duration, occupying

¹ Leçons sur le chancre, p. 119.

² Laroyenne, *Études expérimentales sur le chancre*, *Annuaire de la syph. et d. mal. de la peau*, Paris, Année 1858, p. 248.

three-fourths of the circumference of the fossa glandis. Dec. 11, inoculation unsuccessful. Dec. 16, application of the virus of a chancroid. Dec. 17, dress with opiated cerate with addition of calomel. Dec. 22, inoculation successful.

According to Rollet, two or three days after the application of the virus of a chancroid to a chancre, the sore assumes a grayish aspect like an ordinary chancroid, but is less excavated; its edges become jagged and its purulent secretion more copious and sanious; it may give rise to successive chancroids in the neighborhood or to a virulent bubo. It preserves, however, the essential characters of a chancre, and, among others, induration of its base, which is always pathognomonic; the ganglia of both groins are indurated as usual, unless a virulent bubo supervenes, when those of the opposite side may still indicate the nature of the disease. The general symptoms following the chancre are not modified by this inoculation, and secondary symptoms appear at the same time and in the same manner as under ordinary circumstances. The more copious secretion of the chancroid renders this species more liable to be ingrafted upon a chancre than the latter upon the former.

Thus far we have supposed the inoculation of one species of virus to succeed that of the other, but both sometimes, though rarely, occur during the same act of coitus. In this case the chancroid, which has no period of incubation, is first developed in its usual form, with abrupt edges, grayish floor, and soft base; subsequently the chancre appears, when the base of the sore and the neighboring lymphatic ganglia become indurated.

The union of the two species of virus in this variety is analogous to the mixture which takes place when gonorrhœa is complicated with urethral chancre, constituting the only true "gonorrhœa virulenta;" and also to the union of either the chancroidal or syphilitic virus with that of vaccinia, of which a number of examples are recorded.

The mixed chancre requires the local treatment of the chancroid and the general treatment of syphilis.