

treatment of syphilis" is now so generally recognized to have been founded on error, that we need not dilate farther on the subject.

But if destructive cauterization is inefficacious as a means of preventing constitutional infection, it is equally unnecessary in most cases for the purpose of hastening the cicatrization of the chancre, which rarely tends to spread, and which is commonly sufficiently under the control of mercury. I would, therefore, limit its application to those few chancres which are complicated with phagedæna, and to those cases in which conjugal relations and the necessity of secrecy render it desirable to effect cicatrization of the sore as speedily as possible in order that coitus may be indulged in with comparative safety. Even then, it is a question whether much time will be gained by its use. When employed, induration usually reappears in the wound, and general lesions are developed within the normal period. The mode of its application has already been described.

Excision of Chancres.—Excision of chancres with the view of aborting syphilis was practiced in earlier years, but was afterwards abandoned on account of its failure to accomplish the object. The method has of late years been again revived and advocated, especially by Auspitz, Kölliker, and Otis. During the past ten years I have myself carefully tested this form of treatment in fifteen cases. Those who rely upon it as a means of aborting syphilis regard the disease in its primary stage as merely local, a position which I am not yet willing to assume. I shall, however, give the details of the treatment and its most important results.

The observations of Auspitz were made upon thirty-three cases, from which his conclusions are drawn with such care that we shall give them here in brief. It is his custom to seize the tissues with an anatomical pincette, with toothed forceps, or with a serre-fine, and elevating the parts, to cut with scissors well beneath the indurated mass. The surface of the wound generally bleeds but little, and should be carefully examined to avoid leaving any indurated tissue. In some cases the wound is closed with a few sutures, or a carbolized compress is applied.

In several of my own operations, in case of extensive and deep induration, I passed several threads, for the purpose of traction, under the mass and transfixed the parts beneath the threads, cutting outwards in one direction and then in the other. In some cases of long prepuce, where the chancre was seated at its free margin, the excision was performed by a single cut of the knife or scissors. Previous to the operation, the parts should be thoroughly cleansed, and the nodule should be cauterized with equal parts of water and carbolic acid. In two of my cases induration recurred in the cicatrix.

Auspitz says that phagedæna and a diphtheritic condition were observed by him in a few instances, and in most cases the inguinal ganglia were indurated. The latter feature was present in all of my cases. The induration is regarded by Auspitz not as an indication

of infection, but as an ordinary result of the local inflammatory process on the penis. In fourteen of his thirty-three cases no syphilis followed. This experience is decidedly at variance with my own; I have never succeeded in aborting syphilis by this procedure. Auspitz recommends excision in cases of recent induration, even though accompanied by indolent enlargement of the inguinal ganglia. Chancres on the external surface of the limbs and on the prepuce are selected as most favorable for operation, while those in the sulcus coronarius are considered unfavorable.

The results of Kölliker with this operation are of interest. In seven out of eight cases he excised a chancre on the seventh, the ninth, the tenth, the fourteenth, the twenty-first, and the forty-ninth day after its appearance, while in one case the date is not given. In six the wound healed by first intention, and in two by granulation. In three cases induration appeared in the cicatrix, and in two of these syphilis followed, while in two other cases induration appeared later and was the forerunner of syphilis. Kölliker says that in but three of his cases was syphilis *probably aborted or prevented by excision*. He concludes that in certain cases, excision may prevent, retard, or modify constitutional infection. He does not regard lymphatic induration as a contraindication, and, like Auspitz, thinks "that the chancre is not to be considered an expression of constitutional infection."

Since the publication of the last edition of this work much has been written by many authors upon excision of chancre as a prophylactic to syphilis, a résumé of which is given in the very able paper by my friend Dr. P. A. Morrow,¹ which I here append:

First.—That the facts of clinical experience as well as the deductions from analogy and experiment were opposed to the local nature of chancre, upon which the practice of excision was based.

Second.—The practice of excision of chancre as a means of aborting syphilis is condemned by clinical results.

Third.—The sources of error are comprehended under doubtful diagnosis, insufficient observations, and *post-hoc* conclusions.

Fourth.—In cases where secondary accidents fail to appear after excision, there is no positive evidence that this immunity is due to the operation.

Fifth.—But there is no evidence that excision of chancre attenuates the syphilitic virus, or modifies the general symptoms.

Sixth.—That it cannot be recommended as a local adjuvant, since it is opposed to the practice of sound conservative surgery.

In the discussion upon Dr. Morrow's paper, which was read before the New York Academy of Medicine, and was participated in by almost every surgeon in New York who had made venereal diseases a study, the opinion was unanimous that this method of aborting syphilis is a failure. If I needed any further proof of its in-

¹ On excision of chancre as a means of aborting syphilis. *Journal of Cutaneous and Venereal Diseases*, Dec., 1882.

utility, more than I possessed when I wrote the section on this subject for the last edition, it is, I think, conveyed in the bearing of the following case, which I detailed at the time of the discussion upon Dr. Morrow's paper: A patient came to me with a minute slightly elevated excoriated papule, not larger than the heads of four pins. The patient, a young man, was of a nervous temperament and very anxious about his sore, which he had just discovered that day. Twenty days previously he had had connection with a woman, whom I examined the same day and found a chancre on her fourchette and a typical erythematous syphilide on the body. I informed the gentleman that his sore was in all probability of syphilitic origin. At his request I excised it, taking the following stringent precaution to do the operation thoroughly: Previous to the performance of the operation the penis was carefully washed in a watery solution of carbolic acid. The sore was then touched with the pure acid in order to destroy its virus and prevent its exudation upon the adjacent healthy tissues. It was then dusted with calomel, its base transixed and cut away, together with a liberal margin of healthy tissue. In ten days the wound healed by granulation. In spite of this, induration in the inguinal ganglia appeared about thirty days after the operation, and in a fortnight after general manifestations of syphilis were found over the body. In my opinion, then, excision of chancre as a means of aborting syphilis is a failure, but as a means of treating some cases of excessive induration on parts susceptible of ablation, it may often prove very useful.

In the local treatment of chancres, cleanliness and the interposition of some absorbing medium, as dry lint, are of the same importance as in the treatment of the chancreoid. The same rules should also govern us in the selection of any medicated applications, except that, on theoretical grounds at least, mercurials may be used with some show of reason, and "black wash" may not be entirely lost to memory. Fatty preparations of mercury are not to be recommended when the chancre is seated within the balano-preputial fold, but, when seated on the external integument, the unguentum hydrargyri, the mercurial plaster, or the emplastrum de vigo cum mercurio will usually be found to be good applications. In the superficial variety of chancre, which is the most frequent, the degree of ulceration and the amount of the secretion are so slight, that the simple interposition between the glans and prepuce of a piece of dry lint, or lint soaked in some mild astringent, is all that is necessary, and the dressing need not be changed oftener than once or twice in the twenty-four hours.

General Treatment.—The chancre is decidedly under the influence of mercury, and presents in this respect a marked contrast to the chancreoid. Under the use of this mineral reparative action is speedily induced, and unless the ulcer be deep and extensive or the system much depressed, complete cicatrization may be promised the patient in the course of from one to three weeks.

I do not propose at present to enter fully into the subject of the treatment of syphilis, which of course includes the treatment of its initial lesion. A few remarks, however, may be better made here than elsewhere. And, in the first place, let me say that no course of mercury administered for a chancre, however thorough or prolonged, is *likely* to prevent the subsequent evolution of general manifestations. Some eminent authorities maintain the contrary, but their opinion has not been confirmed by my own experience. In the very many attempts that I have made to subdue the disease during the existence of the initial lesion and prior to the appearance of general manifestations, I have always failed. Moreover, although the use of mercury retards the appearance and probably ameliorates the severity of secondary symptoms, *yet it is a fact attested by many observers, myself included, that those cases ultimately do best in which specific treatment is deferred until the secondary stage.*

The exceptional cases of chancre in which it is advisable to administer mercury before secondary symptoms appear may be summed up as follows:

1. Chancres which, from their size, depth, and progress, occasion pain and inconvenience, or which threaten to destroy important parts.
2. Chancres occurring in married persons who cannot long avoid sexual intercourse without exciting suspicion.
3. Chancres in persons who are either too anxious or too unreasonable to be willing to submit to delay.

In other cases, especially when the sore is superficial and attended with little or no inconvenience, I prefer to delay the use of mercury until secondary symptoms appear, meanwhile resorting to tonics, as one of the preparations of iron, iodide of potassium, or cod liver oil.

In using mercurials during this period of syphilis, I commonly employ either the blue mass or gray powder; giving one or two grains of the former, or from three to five grains of the latter, twice a day for a week; increasing the dose at the end of that time if, as rarely is the case, there is no perceptible effect upon the ulcer; always avoiding action upon the gums and bowels, and suspending treatment as soon as reparative action is established. After cicatrization of the sore it is desirable to resort to iodide of potassium and iron, in order to combat the chloro-anæmia which exists in the early stage of syphilis, and thus diminish the severity of the premonitory symptoms which usually usher in secondary manifestations, when mercurials should at once be resumed.