

CHAPTER VIII.

INFLUENCE OF SYPHILIS UPON THE CONSTITUTION.

THE division of syphilis into two distinct varieties, mild (*faible*) and severe (*forte*), as suggested by prominent French syphilographers, is too sharply drawn, and is not now generally accepted. In all countries where syphilis has existed for many years, its course is much less severe than it was originally, and the disease of to-day is really mild in comparison with what it was when first observed in Europe. It is well established that syphilis is especially malignant when appearing for the first time in a community. Numerous instances are recorded of the frightful ravages produced by it under such circumstances. The initial lesions are said to have been phagedenic, and to have been followed by severe secondary symptoms, while necroses and visceral lesions were almost invariable and precocious. This malignancy gradually diminishes in successive generations until a comparatively mild form of the disease is established. It seems that a certain protective influence is secured to progeny by the occurrence of syphilis in their ancestors, which, although not conferring absolute immunity decidedly modifies the course of the disease. Thus our ideas of the nature of syphilis are free from that fear with which our forefathers were accustomed to regard it, and we no longer look upon it as an incurable disease.

Various circumstances have contributed to this change. Undoubtedly the progress of civilization has been of signal influence in establishing improved hygienic and sanitary conditions. Thus the standard of nutrition has been raised and the ability to resist disease increased. In our own country the people of the poorer classes are in general better nourished and better cared for than in many European communities. It thus happens that among us scrofula, rickets, and other adynamic conditions are much less frequent than abroad.

Another potent influence in lessening the severity of syphilis is found in our improved knowledge of its treatment. Within the past ten years great advances have been made in the therapeutics of this disease. Many errors have been eliminated, and new principles have been established on a more correct basis.

The severity of syphilis is largely modified by the constitution and temperament of the patient. As a rule, in persons of good health and habits, its course is mild, and, provided treatment be followed, it becomes extinct in a few years. It is likely to be more severe in persons of light complexion and reddish hair, and who have a nervous temperament, than in those of dark complexion.

Syphilis affects persons variously at different ages. The hereditary

disease is often very malignant, but acquired syphilis in children is usually not remarkably severe. About the age of puberty the lesions of syphilis are apt to be very extensive, and the consequent impairment of nutrition very great. In females, its course is generally severe, especially at puberty. After maturity the constitution is less affected, and fortunately the disease is most often contracted at this period, when the vital processes are most active and the powers of resistance most energetic. When contracted in old age, syphilis is frequently a very serious disease. The secondary stage is then remarkable for the number, severity, and malignancy of its lesions. The tertiary lesions are prone to appear early, and visceral complications and nervous affections are frequent.

It is obviously difficult to determine positively whether the severity of syphilis depends or not on the intensity of the infecting poison. It would certainly seem very natural that virus from a recent and active syphilis is likely to produce an intense form of the disease, and *vice versa*, but we have no facts to confirm the opinion. On the other hand, we often see two patients, who derive their disease from the same source, presenting one a mild and the other a severe form of syphilis. We are therefore warranted in believing that the constitution of the patient has much more influence in shaping the character of his disease than the quality of the virus absorbed. With rare exceptions the severity of the disease is in proportion to the general health of the patient. Persons of lymphatic temperament or of scrofulous habit are particularly liable to active and prolonged attacks of syphilis. They exhibit an especial tendency to ulceration and destruction of tissue. The debility and impaired nutrition left by the continued fevers, diphtheria, and other exhausting diseases, have a very unfavorable influence on the course of syphilis. Alcoholism seems to increase the gravity of the cachexia and the destructive tendencies of the lesions. It is in alcoholic cases that we meet with many of the instances of malignant syphilis, called by the French "*galloping*" (*syphilis gallopanse*).

As we have already observed, the course of syphilis is in a great measure governed by the treatment. If the use of medicine be begun early, and carefully continued, even in those whose constitution is not very good, the disease may be cured, if we may be allowed to assume a person cured who for years presents no manifestations of the disease, and who propagates healthy children. The majority of authorities now hold the opinion that syphilis is a curable disease. In this we concur, and we believe it right to promise any patient, whose health is not seriously undermined by some other disease, that he may expect complete recovery by undergoing treatment for the first two years of his disease, and by paying ordinary attention to hygiene. The importance of the early use of mercury after the development of secondary lesions cannot be overestimated. A far better effect is secured than if its use is postponed. In our experience tertiary lesions have been almost unknown where the disease

has been gradually and carefully treated from the outset. In the vast majority of cases of tertiary syphilis under our care for many years, the histories showed neglect or inadequacy of treatment, and, in many of them, the iodide of potassium had been relied upon during the first year, when mercury should always be given.

Dr. Lockwood¹ reports a number of cases which he thinks go to prove that the rheumatic diathesis may influence the course of the initial lesion to such an extent as to cause it to become ulcerative and even phagedenic. His cases show an antecedent rheumatic condition in persons having phagedenic syphilitic chancres. But the question arises, Was there an etiological relation, or was it a coincidence?

INFLUENCE OF SYPHILIS UPON DISEASES IN GENERAL.

Syphilis may exert an influence upon various intercurrent diseases, first on those of an acute course, second on chronic diseases, and third on those of traumatic origin.

Influence on Acute Diseases.—Very little is known, beyond a few isolated facts, as to its influence on acute diseases. Bamberger and Fronmüller speak of the transformation of variola pustules into syphilitic ulcers and tubercles in infected subjects, and Lancereaux thinks that in an epidemic of small-pox observed by him there were more cases of the hæmorrhagic variety in syphilitic patients than in those not infected with syphilis. In an epidemic of scarlet fever, Woakes observed a fatal result particularly in infants afflicted with hereditary syphilis. Acute rheumatism, occurring in the early months of the syphilitic diathesis, has been observed to run an exceptionally severe course and to be prone to relapse. Pneumonia, bronchitis, and pleurisy, during the course of syphilis, are liable to be more or less modified. Pneumonia, complicating a severe cachexia in the early months of syphilis, is a most serious accident, and often leads to a fatal result. In later stages, though less malignant, these diseases are often rendered much more severe and protracted. Little can be said of the influence of syphilis upon the specific fevers. It is safe to assume that the severity of the fever will be proportionate to the gravity of the syphilitic cachexia.

Influence on Chronic Diseases.—The difficulty of obtaining facts on this subject leaves our knowledge with regard to it sadly deficient. The opinion has long been held that syphilis has an unfavorable influence on scrofula and tuberculosis, and that indeed it may produce them. It is now known that the so-called scrofulous lesions have a distinct morbid origin, and are pathologically different from those of syphilis. Like any depressing disease, syphilis may increase the severity of scrofula and of tuberculosis. Tubercles are not a syphilitic product, and their occurrence in a syphilitic subject is a mere

¹ British Medical Journal, May 27, 1882.

coincidence. It is not worth while to consider the different speculations on this subject. In the section on affections of the lungs we shall refer to the various changes which are etiologicaly related to syphilis. As regards the relation between syphilis in parents and tuberculosis in children, the observations of Thoresen are worthy of attention. This author followed the family history of three hundred and eighteen cases, and was unable to trace phthisis in the child to syphilis in the parents, while in every case of a tuberculous child there was evidence of tuberculosis in the parents.

In nine tuberculous individuals who became syphilitic, the course of the disease was very disastrous, and in twelve syphilitic persons who belonged to a tuberculous race, though the syphilitic lesions were severe, no evidences of tuberculosis or of chest affections ever existed.

Among other important chronic diseases gout and rheumatism are no doubt largely affected by syphilis, particularly in its late period of cachexia. It may be safely predicted, that, when a person subject to chronic inflammation becomes infected with syphilis, he will suffer in after years from a combination of the two diseases, unless treatment be most thoroughly followed. It is useless to speculate concerning the reason of this fact, but as to its being a fact we have positive evidence. Such a patient is especially liable to recurrent attacks of muscular pains, more severe at night. They come on at varying intervals, often seemingly influenced by damp and cold weather, and are seldom accompanied by febrile movement. Chronic inflammation of the fibrous tissues of the joints is especially common and persistently recurrent. Perostitis, particularly of the long bones, is common in these cases, and the development of a marked form of cachexia is especially noticeable. This cachexia is attended by all the symptoms of profound systemic depression; it may become rapidly fatal, or health may be established after a tedious convalescence, recurrences, however, being not uncommon. Some of these cases are seriously complicated by visceral affections, especially of the liver.

The relation between syphilis and gout, although supported by so reliable an observer as Sir James Paget, is not generally accepted. A gouty subject, in whom syphilis, after running a chronic course, settles into a state of cachexia, presents a condition characterized by inflammation of fibrous tissues and of joint structures, recurring at intervals, or, in other words, a modified form of gout. Moreover, cerebral symptoms, not often congestive but still quite formidable, are frequently present, while disturbances of respiration, of the heart, and of the stomach, referable to gout, may be manifested. The etiology of cases of this kind should be carefully studied, the subject being one of the most important in syphilography.

The absence of etiological relation between lupus and syphilis is now fully recognized. There is not the least evidence to support the opinion that lupus of the child is due to syphilis in the parents.

Lupus is a distinct form of skin disease, whose histological features somewhat resemble those of syphilis, but it is in no way related to the latter disease, and it decidedly resists anti-syphilitic remedies.

In patients suffering from scorbutus and the hæmorrhagic diathesis, syphilis has been known to be very severe. Its lesions are likely to be complicated by hæmorrhage and ulceration, and a severe cachexia is not infrequent. Effusion into serous cavities often occurs, and joint affections are peculiarly distressing.

In cases of Bright's disease syphilis usually takes a very rapid course, and has an especially adynamic influence.

Patients with an hereditary or an acquired predisposition to nervous diseases are, after infection, especially liable to syphilitic affections of the brain and nerves.

THE INFLUENCE OF SYPHILIS UPON TRAUMATISM.

The importance of this subject is very great in respect to surgical operations. To the labors of Verneuil we owe the clearest statement of this influence, which is given in the following conclusions, taken from the thesis of J. L. Petit, a student of the accomplished French surgeon.

1. In cases of severe syphilis or of ordinary syphilis, which have been untreated or indifferently treated, traumatic lesions may present a peculiar aspect or take an abnormal course.

2. These characters may be observed either immediately, or a few days or weeks or even several months after the receipt of the injury.

3. Sometimes the wound becomes a true syphilde; again it ulcerates without assuming specific features; or, finally, it does not cicatrize, or does so very slowly.

4. When syphilitic lesions exist at the time of its infliction, the wound assumes an appearance similar to that of syphilitic ulcerations in process of evolution.

5. Traumatism supervening in syphilitics of whom the diathesis is latent (the period of infection being somewhat remote) may induce syphilitic manifestations in the wounded region (local manifestations), or at a point more or less distant (manifestations at a distant point), or upon a surface more or less general (general manifestations).

6. These manifestations or lesions are induced as readily in the tertiary as in the secondary period.

7. Syphilis may localize itself at the seat of a traumatic lesion in a region previously free from any of its manifestations.

8. The syphilitic affection may then be either an ulceration destroying the cicatrix, or a tumor which follows the usual course of a gumma.

9. Traumatic lesions of syphilis generally have the characters dis-

tinctive of its natural manifestations, and are cured by similar treatment.

10. In certain cases, syphilis seems to be the determining cause of the complications of wounds.

11. These complications are also capable of inducing syphilitic manifestations.

12. At first the specific nature of traumatic affections and the complications of wounds may be difficult of recognition, sufficient information being almost always unobtainable. When a wound assumes an ulcerating character, and shows no reparative tendency, no other morbid cause being discovered, it is well to bear in mind this possibility, and to employ remedies appropriate to syphilis.

13. Previous to the performance of an operation, which is not urgent, in particular autoplasty (and indeed any operation attended by solution of continuity), upon a patient who recently presented syphilitic symptoms, it would be prudent to prescribe mercury or the iodide of potassium.

14. In case of failure of this operation, the patient should be again placed under treatment, and the operation should not be repeated until at least six months after the disappearance of syphilitic symptoms.

Instances are on record of fractures occurring during the active stage of syphilis, which have failed to unite until treatment had been followed for a long time. Under similar conditions the callus of fractures has been known to be destroyed, leaving the fragments ununited.

The influence of syphilis upon wounds has been carefully studied by Dusterhoff,¹ in a thorough review of its literature and from experience derived from the late wars. The following are the more important conclusions:

1. Superficial continuous or continuous irritation of wounds can, during the contagious period of syphilis, cause the appearance of syphilitic efflorescences at these points, without, however, influencing the healing of the wounds.

2. Wounds received close to or touching the initial lesion may yet heal by first intention.

3. Latency of syphilis is favored by the increased activity of tissue metamorphoses during the healing of severe wounds, but as cicatrization becomes complete the syphilis may appear at the point of injury or elsewhere.

4. Inveterate syphilis, if latent, does not interfere with union by first intention after surgical operations; if recent, however, it acts unfavorably.

5. Inveterate syphilis, with diseased bone and general exhaustion,

¹ Kritik des bisherigen ansichten über den Einfluss der Syphilis auf der Verlauf der Kriegsverletzungen. Arch. für Klin. Chir., 22 Band, pp. 637-901.

may cause wounds to assume a definite form of gangrene, which yields, however, to specific treatment.

6. Constitutional syphilis has no connection with pyæmia, nor is it proved to predispose to wounds.

My own experience leads me to think that to the cachexia accompanying syphilis is largely to be attributed the malign influence of the disease upon wounds. Certain it is that syphilitics not broken down may receive severe wounds which often heal as in virgin subjects. Again, I think that proper antiseptic dressings of wounds in these subjects will very often prevent the syphilitic impress.

CHAPTER IX.

PROGNOSIS OF SYPHILIS.

THE opinion very generally prevails, that syphilis is a disease which, if left to itself, will always go on from bad to worse, attack in its progress the deeper and more important organs, and probably terminate in death. The correctness of this opinion, at least so far as concerns its invariability, may well be called in question, since syphilitic patients are rarely allowed to go without treatment, and consequently little opportunity is afforded for observing the natural progress of the disease; and we cannot logically infer, because certain cases, in spite of remedies, pursue a disastrous course, that the same would have been true of others, which have terminated favorably, if the treatment had been less thorough, or had been altogether omitted. It would be more reasonable, though less flattering to ourselves, to conclude that, as art has been comparatively impotent in the former, it can claim for itself but a portion of the credit in the latter; in fact, that very much depends upon the severity of the disease, which varies greatly in different cases.

There is reason to believe that, in many instances, under favorable circumstances, this disease tends to self-limitation. I have been struck with the fact that some patients, who either through neglect or ignorance fail to pursue any continued course of treatment, still live in comparative comfort, and, after several attacks of general symptoms, extended through a number of years, are finally free from further annoyance; the disease probably remaining dormant in the system, but ceasing to betray itself by any external manifestation. I have seen, as probably nearly every surgeon has who has had much to do with venereal, patients now perfectly well, but bearing evident marks of former syphilis, and who are yet totally ignorant that they ever had the disease, and who certainly have never been treated for it. Two cases, out of a number that might be related, will suffice to illustrate this point.

A young man, aged 21, was brought to my office in consultation for so-called morbid sensibility of the retina. On examining his eyes, I find posterior synechia, indicating an attack of iritis at some previous time. After considerable trouble in unravelling his case, I ascertain the following facts: At the age of 16 he contracted an ulcer upon the penis from impure intercourse; three months after he had sore throat, scabs in the hair, alopecia, and an eruption upon the skin; six months after he had an inflamed eye, attended with considerable intolerance of light, and pain. He was at the time young and ignorant of any such disease as syphilis; was told by his attend-