

CHAPTER X.

IRRITABILITY OF THE SKIN AND MUCOUS MEMBRANES, CHANGES IN THE SENSIBILITY OF THE SKIN.

IN the early stages of syphilis the skin and mucous membranes are peculiarly susceptible to inflammation; the tendency becomes less marked as the diathesis grows older. It is greater in some subjects than in others, those having a delicate white skin possessing it more decidedly. The integument of those who have had pustular and ulcerating syphilides is more liable to become inflamed from a slight cause than of those who have had erythematous and papular rashes. This altered condition of the skin and mucous membranes is seen in its most simple form in the extreme inflammation attending slight cuts and abrasions, and in a greater degree in the excessive ulceration and suppuration during the course of certain non-specific skin diseases, such as acne, eczema, impetigo, and pemphigus. Not infrequently herpetic vesicles, in recently infected syphilitic patients, become very much inflamed and present the features of chancroids with their peculiar destructive tendency. (See p. 30.) Doubtless owing to this condition of the tissues, blennorrhagia sometimes becomes especially virulent. Examples of auto-inoculation with blennorrhagic pus are not uncommon. Brought in contact with an abrasion or herpetic vesicles about the genitals, or becoming lodged in the follicles, it causes violent reaction and ulcers resembling chancroids.

Our knowledge of the influence of various irritants upon the integument has been much extended by numerous experiments in inoculation with pus from venereal lesions, and by the observation of cases of syphilis treated by syphilization. The results have confirmed what is sometimes seen clinically. It is proved that the integument of some persons is more susceptible than that of others, and that certain kinds of pus are more active than others. The secretion from chancroids and from ulcerating syphilitic lesions are much more active than those from wounds or from simple skin lesions. The experiments of Wigglesworth, already referred to, and of Morgan, who produced, with vulvo-vaginal pus, ulcers which resembled, and which were essentially chancroids, illustrate this abnormal irritability of the skin. Repeated inoculation is known to lessen this tendency to ulceration, until finally scarcely any effect is produced. Moreover, dilution of the pus diminishes its action.

Irritation of the skin of syphilitics may also cause infiltration with or without ulceration. A splinter of wood, imbedded in the skin, has been known to give rise to a tubercle, having all the appearance and character of a specific lesion. In many cases of artificially pro-

duced ulceration infiltration coexists, and remains long after cessation of the destructive process. Wounds, bruises, and ulcers are liable to become complicated by this nodular infiltration. This tendency to infiltration ceases with the extinction of the syphilitic diathesis, whereas the tendency to ulceration persists long after the completion of cure. This fact is exemplified in the ulcerations and fissures occurring in the mouths of smokers, when syphilitic manifestations have long since disappeared.

This peculiar condition of the skin is worthy of special consideration in connection with the serpiginous syphilides. These creeping ulcers undoubtedly originate in true syphilitic lesions, but the decided absence of characteristic features in their future course warrants the suspicion that they become simple chronic ulcers developed upon a favorable soil.

The fact that during syphilis slight abrasions and herpetic vesicles may give rise to ulcers resembling chancroids is of great practical importance, and its thorough recognition will enable the physician to avoid doing injustice to innocent persons.

CHANGES IN THE SENSIBILITY OF THE SKIN.

As first noticed by M. A. Fournier, syphilis very commonly gives rise to various disorders of the general sensibility, especially in women. The most frequent of these is a loss of the perception of pain, or analgesia, with which is sometimes combined the absence of the sense of touch and of temperature. In such cases, for instance, a pin may be thrust deeply into the flesh without the patient's suffering any pain, or she may be also insensible to the touch of the fingers, or cannot distinguish between hot and cold substances.

Syphilitic analgesia varies in degree in different cases, and also in the extent of the surface affected. In some instances it extends from head to foot, in others it is confined to particular regions, when the extremities of the limbs, as the hands, the lower half of the forearms, the feet and ankles, are almost invariably involved. The back of the hand, over the dorsal surface of the metacarpus, is a favorite site, where it is likely to be found, if anywhere. This disorder occurs during the early secondary period, and most commonly lasts for several months. Fournier says that he has observed over a hundred cases within two years.

Cases of this affection have frequently come under our observation both in the male and the female sex. It would probably be found oftener if looked for, but its presence is of no special value either in the way of prognosis or treatment, and is hence for the most part neglected.