

AFFECTIONS OF THE OVARIES, FALLOPIAN TUBES, UTERUS, AND VAGINA.

Syphilitic affections of the ovaries are rarely met with. According to Lancereaux, they present a close analogy to syphilitic affections of the testicle, and are either diffuse or circumscribed. This author has only met with the diffuse form after it has arrived at the stage of atrophy; the ovaries were of the usual size, or smaller than natural, fibrous in their structure, with scattered cicatrices and destitute of Graafian vesicles, although the patients had not yet arrived at the usual age for the cessation of the menses. Lancereaux gives a representation of a case furnished by Dr. Richet, in which there was a circumscribed deposit of gummy material, similar to that found in syphilitic orchitis. The symptoms of these affections are said to be a slight, dull pain in the region of the ovaries, possibly at the outset some increase in the size of these organs, perceptible on abdominal and vaginal palpation, a loss of sexual passion, and sterility. It is evident that these signs, taken in connection with the history of the case, can only furnish a probability of the nature of the disease, which may be further increased by the success of anti-syphilitic treatment.

No instance is known in which the Fallopian tubes have been affected with syphilis.

Certain cases in which uterine tumors in syphilitic subjects have yielded to the internal administration of iodide of potassium and mercurials, render it probable that this organ is not exempt from the late manifestations of syphilis, but nothing more definite is known upon the subject, since post-mortem investigation has been wanting.

Ulcerative Hypertrophy of the Neck of the Uterus.

Our limited knowledge of this affection is derived chiefly from the writings of Henry, Aimé Martin, and De Fourcauld. It consists in a total or partial enlargement and hardening of the os, which appears congested and is more or less superficially ulcerated; its surface is granular or often presents a varnished aspect. The hypertrophy is greatest in the transverse diameter and is but slight in the antero-posterior. The parts are indurated and resistant, or sometimes doughy, and generally are not sensitive to manipulation. In most of the cases there were no symptoms referable to the utero-ovarian system; in others the patients complained merely of certain unpleasant sensations, such as pain in the loins, back and thighs, and a bearing-down feeling. The secretion from the ulcer is scanty, and mucopurulent, and is contagious like the secretion from other secondary lesions. The affection may be accompanied by various displacements of the womb.

According to A. Martin this lesion occurs in 48 per cent. of syphilitic women, beginning on an average in fifty-eight days after infection, while in the three cases reported by Henry it was developed

in the second, eighth, and ninth years of syphilis. According to the former observer it is frequently preceded by fever, and in thirty-one cases out of forty-seven it coexisted with hypertrophy of the tonsils. It runs a chronic course but yields readily to internal treatment alone. Martin, who observed its cure in from four to five weeks, considers local treatment of merely secondary importance.

We know nothing positive of the pathology of this affection. Its usual occurrence in the early months of syphilis, and the frequent co-existence of hypertrophy of the tonsils, suggest the idea of hyperæmia, with perhaps slight cell infiltration. Its curability also favors this opinion, while all the facts oppose the view of its being gummy infiltration.

This affection is important not only in the matter of diagnosis but also as explaining certain cases of syphilitic infection in men, after connection with women who are found to be free from vulvar lesions.

There is probably no reason why the vagina should not, like other mucous canals, be affected by the deposit of syphilitic tubercle in the submucous cellular tissue, and undergo subsequent contraction, but no instance of the kind has been recorded.

AFFECTIONS OF THE KIDNEYS.

M. Rayer was the first to trace a connection between the form of Bright's disease known as waxy degeneration, and syphilis, and this subject has since been investigated by several observers, especially by Frerichs, Virchow, and Lancereaux.

I have myself met with a number of instances of albuminuria in persons suffering with syphilitic cachexia, but have had no opportunity for post-mortem examination. In one case, complicated with ascites, I was obliged to tap the patient on three occasions; the symptoms yielded for a time under full doses of iodide of potassium and mercurial inunction, but death ensued a short time after the patient had passed from under my observation.

Virchow attributes the albuminuria of syphilitic subjects to amyloid or waxy degeneration of the kidneys, presenting nothing specific in its character, but common to all forms of cachexia.

Lancereaux recognizes the same forms as are met with in other organs; the interstitial inflammatory form, the gummy form, and cicatrices the result of the preceding forms. Of twenty cases of visceral syphilis observed by him, there were four of interstitial nephritis (twice with waxy degeneration); one of small gummy tumors; several of cicatrices upon the surface with atrophy.

"*Diffuse Form, Interstitial Nephritis.*—This change in the kidneys is characterized by a new formation of the constituent elements of the stroma. At the outset, the appearance of nuclei of connective tissue, and multiplication of the cellular element; in some cases fatty degeneration of the new products. The kidneys, of average consis-

tency, present a smooth, pale surface, scattered with fine striæ and slightly yellowish spots. Later, they are firmer than natural; their capsule is thickened and their surface mammillated; their size is at first normal or exaggerated, but they gradually become atrophied, in virtue of the tendency of the tissue of new formation to contract, and, according to the greater or less extent of the nephritis, this atrophy will be general or partial. In one case, the cortical substance was only two millimetres in thickness, the columns of Bertin were small and atrophied, and the whole medullary substance was of a yellowish and lardaceous appearance. Consecutive to the changes in the stroma, an alteration occurs in the active elements of the kidneys. The Malpighian corpuscles, compressed by the connective tissue, are soon atrophied, and several of our observations make mention of this atrophy together with adhesion of the capsule to the renal parenchyma. The epithelium gradually undergoes fatty degeneration. In addition to this form of degeneration, we sometimes find amyloid, lardaceous, or waxy degeneration, which partially obstructs the diminution in volume; but the latter is always an indirect alteration similar to that occurring in cirrhosis of the liver due to syphilis."

With regard to the diagnosis of this form, and that produced by the abuse of alcoholic stimulants, Lancereaux says: "Interstitial parenchymatous inflammation due to the immoderate use of spirituous liquors is more general; it leads to more complete atrophy, and does not usually occasion upon the surface of the organ the deep and cicatricial depressions of syphilitic inflammation."

Circumscribed Form, Gummy Tumors.—Gummy tumors, though rare, still exist in the kidneys as in other organs. In one of Lancereaux's cases, upon the surface of the kidneys, and in the thickness of the cortical substance, were found small tumors of the size of a pea, of firm consistency, of a yellowish color, and presenting, under the microscope, the usual cellular and nucleolar elements of gummy deposit.

Cicatrices upon the surface of the kidneys are the result of the advanced stage of the preceding forms, and are due to the absorption of the normal elements of these organs. "They present a strong resemblance to the depressions and cicatrices which succeed hæmorrhagic deposits, but the latter may be recognized by the ordinary integrity of the fibrous capsule, and the presence of the coloring matter of the blood. They stand in some relation to the blood-vessels, and are constantly associated with disease of the heart."

Syphilitic affections of the kidneys may be attended or not with albuminuria. In the latter case, the prognosis is not necessarily serious; in the former the contrary holds good, the usual symptoms produced by uræmia may ensue, and, although the affection is usually of long duration, the termination is commonly fatal, and death often takes place suddenly from coma.

CHAPTER XX.

AFFECTIONS OF THE NERVOUS SYSTEM.

No department of syphilography has been studied so extensively and so thoroughly, within the past ten years, as that relating to the effects of syphilis upon the cerebro-spinal axis. Syphilitic nervous affections are very numerous, and are now generally conceded to be of frequent occurrence. Our knowledge of them has been extended, and facility and certainty in their diagnosis increased by numerous monographs and reports of cases which have been published, especially during the last five years.

My limited space compels me to describe these affections briefly, and I shall be unable to refer in detail to the writings of various authors.

Syphilitic nervous affections may be developed as early as the sixth month and as late as the twentieth year after infection.

They are seen more frequently in men than in women, and are most common between the ages of twenty and thirty, simply because syphilis is most likely to be contracted at this period of life. It seems to be an established fact that nervous phenomena are likely to follow a course of syphilis in which the external manifestations have been insignificant, or so slight as to have been entirely overlooked.

Syphilis does not primarily attack nervous tissue, but begins in surrounding or investing structures. For instance, lesions of the meninges, or of the bones, induce softening or induration of the brain. These lesions are peculiar in their distribution; they rarely involve an entire hemisphere, or all parts of any particular region; they are limited in extent and unsymmetrically arranged. Thus, one hemisphere may be involved in two places, and there may also be a lesion of the cord, or the surface of the brain may be attacked at the same time with one or more of the large cerebral arteries, and, as a result, irregular and incongruous nervous symptoms are exhibited. Associated with hemiplegia, there may be optic neuritis, mydriasis, or paralysis of one of the cranial nerves, or even paraplegia.

The brain is more frequently attacked than the spinal cord. Our knowledge of the effect of syphilis upon the cerebellum is very limited.

The prominence and constancy of some of the nervous phenomena of syphilis enable us to recognize them as distinct affections, namely, subacute meningitis, hemiplegia, epilepsy, paraplegia, and aphasia, and certain others of minor importance.