

CHAPTER III.

THE LOCAL TREATMENT OF SYPHILIS, AND THE ESPECIAL MEANS ADAPTED TO SPECIAL LESIONS.

Local Treatment of Chancre.—Of Syphilitic Phagedena, of Bubo.—Of Lesions of Mucous Membranes.—Of Cutaneous Lesions.—Of Lesions of the Eye, the Ear, of Muscles, Joints, Bones.—Visceral and Nervous Syphilis.

CHANCRE.

THE *infecting chancre* is often so trifling a lesion that it almost escapes notice, but it may possess all shades of severity up to gangrenous phagedena. It is not necessary to burn an infecting chancre. Some of the milder forms seem to heal more promptly after being cauterized, but the patient has syphilis none the less. In point of fact, the patient has already had syphilis for many days before his chancre appeared. Did he not have syphilis, he could have no chancre. Assuredly the chancre does not give him syphilis, but syphilis gives him the chancre, and destroying the latter on its first appearance cannot destroy the disease. This has been clinically proved in many instances (Hill, Diday¹), and incidentally is being constantly demonstrated by those patients whose infecting chan-

¹ Van Buren and Keyes's "Genito-Urinary Diseases, with Syphilis," pp. 509. New York: D. Appleton & Co., 1874.

cre are cauterized on their first appearance under the mistaken idea that they are chancroids. These patients have their syphilitic eruptions in due time, and the cauterization generally fails to do the chancre any good. Mixed chancres should be thoroughly cauterized, as though they were chancroids.

Mild chancres may be dressed with dry lint, or a little vaseline, or some slightly-astringent wash, as—

R. Vini aromatici,	℥ ss.
Aquæ,	℥ jss.
M.	

Or a soothing lotion—

R. Liq. plumbi subacetatis dil.,	q. s.
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These are used by soaking a thin piece of linen in them, and applying it so as to keep the raw surface from contact with the surrounding parts (as in subpreputial chancre). Or powdered oxide of zinc may be dusted over the surface in addition to the use of one of the lotions, or iodoform used alone where the odor is not an objection. Such means as these are advisable so long as there is the least possible doubt of the nature of the sore. When that doubt ceases and internal treatment can be commenced, the chancre heals with charming rapidity under the internal use of mercury without demanding any aid from local measures. But a local mercurial will assist its disappearance even under these circumstances. Among the best to use are—

R. Lotio nigr.,	q. s.
Shake before applying.	

Or, what amounts to the same thing—

R. Hydrarg. oxid. nigr., q. s.
To dust over the sore.

Or—

R. Hydrarg. chlorid. mitis, q. s.
To use in the same manner.

Or any of the mercurial ointments recommended for syphilitic ulcers (page 76). Should *phagedena* attack the chancre, it should be cauterized thoroughly with nitric acid, or the red-hot iron, or both, and then allowed to scab, or be dressed with vaseline, or lead-lotion, or balsam of Peru. Tonics should be given meantime internally, and the "tonic dose" of mercury used—even in *phagedena*, if an accompanying eruption proclaims the chancre to be syphilitic, but not otherwise. Phagedena destroys induration, and masks all the physical characters of the syphilitic chancre. Chancroid is far more subject to phagedena than is chancre, and the proof of syphilis must exist in the form of a characteristic eruption before it is allowable to give mercury for phagedena.

SYPHILITIC BUBO.

The indurated indolent ganglia of syphilis, when of moderate dimensions, do not call for local measures. If they threaten suppuration, as they occasionally do, rest and light poultices, with tonics and good food, afford the best means of combating this complication. Tincture of iodine is of little or no value. I have sometimes thought that I have averted suppuration by keeping a freshly-made belladonna-plaster constantly

over the bubo. Should suppuration occur, the abscess is to be treated on general surgical principles.

In those uncommon cases where the bubo becomes inordinately large, with no tendency to suppurate, tincture of iodine locally is of some service in promoting resolution. Assistance can be found in a mercurial plaster or oleate of mercury to the skin, rest to the body, and pressure by a bag of shot or sand, or dry compressed sponge (afterward moistened) under a tight bandage. A blister over such a surface will sometimes start absorption, or touching a red-hot iron twenty or thirty times lightly to the skin over the hardened mass, or multiple puncture into the substance of the gland with a needle. It rarely becomes necessary to extirpate these large masses, as they gradually melt away under general treatment if local means fail. I have seen masses as large as the fist perfectly indolent in the groins of both sides, and occasioning enormous cedema of the scrotum and penis. Such lumps sometimes call for active surgery. Interstitial injections of iodine or electrolysis might be tried.

LOCAL TREATMENT OF LESIONS OCCURRING UPON MUCOUS MEMBRANES.

Mouth-lesions of every description require cleanliness in their treatment. The use of tobacco in any form is injurious.

Erythema.—The early sore-throat of syphilis is largely erythematous. The hyperæmia may run high, and the attack resemble a bad sore-throat. It yields

to general (antisyphilitic) treatment; but local remedies give the patient great comfort—such as gargling with hot milk, hot fomentations about the neck—in very bad cases, steaming the throat. The following is useful and soothing:

R. Codeiæ,	gr. ij.
Potass. chlorat.,	℥ ij.
Infus. lini. co.,	℥ iij.
Syr. tolu,	℥ j.
M. S. Tablespoonful every two hours.	

Ulcers, if acute and superficial, require only a continuance of the means just suggested. In addition, they may be touched once a day with a very mild solution of nitrate of silver, five or ten grains to the ounce.

Chronic ulcers, however, with brawny, livid, indurated margins and base, where the bottom is either without granulations, or covered with a dirty, whitish pellicle—ulcers, I mean, which are not gummy, not advancing rapidly, but such ill-looking, sluggish, often painful, chronic ulcers, as are found in intermediary and late syphilis on the back of the fauces, on the tonsils, on the sides, tip, or top of tongue, inside the cheeks, or at the angles of the lips—these varieties of ulcer require active local treatment in combination with internal (preferably mixed) treatment for their relief. Mouth-washes, care of teeth, chlorate of potash, etc. (page 49), are all useful.

The local applications most effective upon these ulcers are, in their order of efficiency, acid nitrate of mercury, nitrate of zinc, and nitrate of silver. Acid

nitrate of mercury is best applied with an old-fashioned wax bougie. A wooden rod holds hardly enough, while a drop is apt to fall from the end of a glass rod should the latter be used; and, if such a drop falls into the fauces, the suffocative paroxysm caused by it is very distressing. Acid nitrate of mercury gives considerable pain, and it is best not apply to it to very extensive surfaces. The ulcerated surface may be touched lightly with it every two or three days until the granulations look healthy.

Nitrate of zinc is next in excellence, and stands next in the amount of pain it produces. The pain varies; some patients complain but little, others are extravagant in their expressions of discomfort. The nitrate of zinc can now be bought in sticks covered in with paper. The sticks I find apt to deliquesce in warm weather, and should be kept in tightly-corked bottles. To make an application, the solid stick is rubbed pretty actively over the whole surface. The size of the latter makes no difference.

Nitrate of silver, in solid stick or solution, may be used instead of the foregoing remedies, but is much less serviceable.

Finally, local mercurial fumigations are of service for ulcerated, mucous, or scaly patches in the mouth or throat where the fumes of calomel can be inhaled without provoking cough. This local fumigation is very easily performed. The tin table and lamp (Fig. 3, p. 45) are used. From a quarter to two grains of calomel, mixed with an equal quantity of powdered chalk,

to prevent too rapid volatilization, are spread upon the tin table, the lamp lighted, and the fumes inhaled with open mouth, or through the apex of a slightly-truncated newspaper cone held over the ascending fumes.

Gummy ulcers, those resulting from an ulcerated gumma, or the serpiginous, gummy ulcer of the fauces, which is visibly spreading from day to day, with a yellowish, pultaceous base and border, and a brightly livid red line between this border and the healthy parts—these ulcers require no local treatment. All energy and attention bestowed upon them locally is wasted. Cauterization cannot be relied upon to arrest them, and whatever tissue is destroyed by cauterization is so much more loss to the patient. Chlorate of potash, cleanliness, steam, and local fumigation, may do some good; but the one and only thing to do in an emergency like this—for a destructive ulcer of the fauces in an emergency—is to push and crowd a suitable iodide vigorously, and to bestow all care and attention upon the stomach, that the patient may assimilate his drug in a kindly manner. The reward is visible, and the charm of seeing such an ulcer flush with healthy granulations, and of daily watching the epithelium almost skim before the eyes over the surface, is rarely surpassed in medical experience.

Mucous and Scaly Patches.—These are the bugbear of the patient and the torment of his adviser. They come early in syphilis, and stay late, cropping out long after all other symptoms seem to have been subdued. The hygiene of the mouth and care of the teeth are

most important in this connection. A rough angle of a projecting tooth, or a persistence in chewing or smoking tobacco may baffle the best-directed and most intelligent efforts, local and general, for the removal of these pests. This the patient should be made distinctly to understand, and his complainings should be turned against himself if he fails to do his part toward keeping his mouth in order.

The special local means adapted to the treatment of mucous and scaly patches are the same as those for chronic ulcers, less vigorously applied. It is not often necessary, however, to resort to painful topical applications like the acid nitrate of mercury, or nitrate of zinc; and a large crystal of pure sulphate of copper is cleaner and less disagreeable than nitrate of silver, and found to answer about as well in ordinary cases as its more powerful rivals. The patient may be instructed to touch his mucous or scaly spots lightly once or even twice a day with a smoothed lump of sulphate of copper, and under the stimulation the patches will generally disappear.

Lesions of the mucous membrane of the nose are treated on the same general principles as those of the mouth and throat, by fumigations and topical applications. In babies with inherited disease, who have the snuffles, the nose may become so blocked up with scabs and mucus that nursing is interfered with. Syringing with warm soap-suds and anointing the nostrils thoroughly with vaseline, will be of great assistance in these conditions. In late syphilis, where the bones of the

nasal cavities have been diseased, portions of dead bone, not yet separated, or inclosed partially in healthy involucre, keep up offensive discharges and maintain ulceration. The removal of the offending bone can alone effect a cure in these cases; douching and syringing with carbolic acid and permanganate of potash solutions are only palliative.

LESIONS OF THE VAGINAL AND ANAL MUCOUS MEMBRANES AND THEIR VICINITY.

Mucous patches and ulcers of the vagina are managed on the same general principles as those of the mouth. When these lesions, however, are situated about the orifice of the genital passages in the female, or about the anus, scrotum, and under the prepuce, in the male,¹ they are always bathed in an offensive moisture, and apt to vegetate, to be surrounded by groups of flat condylomata, and clusters of vegetations—so-called venereal warts.

In the treatment of such patches of complex disease, the first requisite is disinfection. The parts must be washed with Labarraque solution diluted with five or six parts of water, or with water deeply tinted with permanganate of potash. Then they should be thickly dusted with pure calomel, or calomel and iodoform in equal parts, and some old linen, or Von Bruns's cotton, or oakum tucked in between the overlying portions of skin, so that the affected surfaces may be shielded from

¹ And to a certain extent when mucous patches occur between the toes.

all adjoining parts. The dressings should be renewed two or three times a day or more, according to the severity of the case, and prompt improvement is pretty certain to follow. In addition to these measures, applications of nitrate of zinc, nitrate of silver, etc., may be made with advantage.

Old, indurated, indolent ulcers require active cauterization or excision.

LOCAL TREATMENT OF CUTANEOUS LESIONS.

The earlier eruptions due to syphilis are, for the most part, scattered over the whole body. Local treatment is unnecessary; when portions of these eruptions or groups of lesions later in the disease appear upon the face or hands, patients become urgent in their demands for some local application to remove the sign which, they seem often to believe, heralds their malady to the world.

Local applications are of very positive value in cutaneous lesions of all sorts—the congestive and the hyperplastic as well as the scaly and the ulcerative. It is needless to detail each lesion and the local application especially suited to it; suffice it to say, the more chronic the lesion, the more tissue-change there has been, the stronger, the more stimulating may be the local application—so long as the skin remains unbroken. With ulcers the strength of the ointment must be modified according to the sensations of the patient. These remarks apply also to the cutaneous lesions of inherited disease.

The following ointments will be found of service where the skin is unbroken:

	R. Hydrarg. oleat.,	5 per cent.
Or—	R. Hydrarg. ammoniat., Vaseline, ¹	3 j to 3 ij. 3 j.
Or—	R. Hydrarg. oxid. rub., Vaseline,	3 ss to 3 ij. 3 j.
Or—	R. Ungt. hydrarg. nitratis, To be used pure, or diluted one-half.	q. s.
Or—	R. Hydrarg. iodidi, Vaseline,	gr. xx to xl. 3 j.
Or—	R. Hydrarg. oxid. flav., Vaseline,	gr. xx to 3 j. 3 j.

I have used all these preparations largely. The oleate and white precipitate I use most upon erythematous lesions and the papular syphilide—the citrine and yellow oxide on scaly and tuberculated patches, the red precipitate and green iodide where the others do not seem to act promptly.

For ulcers and patches of rupia deprived of their scabs, the local remedies are the same as above. Their application should not produce pain, although several of them do so in many cases if they are put on at full strength, so that they may require dilution at first for special cases. Among the above ointments I find the nitrate of mercury (half strength) and the iodide of

¹ Simple benzoated cerate, lard, cold cream, or other substance, may replace the vaseline. The latter never becomes rancid.

mercury (full strength as given) to be most serviceable in cases of ulceration.

An excellent local effect upon ulcers may be produced often by sprinkling them with iodoform or black oxide of mercury, or calomel, alone or combined with oxide of zinc, and perhaps containing a little camphor.

Syphilitic ulcers must receive surgical attention also. If sloughs adhere upon their surface, they may be removed with the yeast-poultice. Balsam of Peru, with strapping and tight bandaging, will greatly assist the cicatrization of ulcers on the leg when the circulation is defective, varicose veins exist, etc.

When the edges of a chronic syphilitic ulcer are livid and indurated with irregular granulations (or perhaps with none at all), the whole aspect of the sore may be changed by freely incising the hardened edges and poulticing for a few days, or by encircling the ulcer with a deep incision at about half an inch from its edge, the incision to reach well down to the deep fascia all around. Such an incision may be then packed with lint or oakum and the whole part bound up under pretty firm pressure until suppuration sets in.

When an ulcer is peculiarly indolent, indurated, and chronic, new activity may be excited in it by packing it full of crystals of acetate of soda. The application produces considerable pain, lasting often several hours. It makes a superficial, filmy slough, but has a charming effect in freshening up a sluggish surface. A somewhat similar stimulating influence is exercised

by solutions of chloral upon unhealthy and sluggish ulcers, as—

R. Chloral hydrate,	gr. v-xx.
Aquæ,	℥ j.
M.	

Lint, soaked in this solution, is packed into the ulcer. If the solution is stronger than five grains to the ounce, it causes considerable pain; but the pain does not usually last long, and the applications, as a rule, need not be continued more than two or three days before the bottom of the ulcer clears off and assumes a fresh, bright appearance, showing itself ready to advance toward cicatrization alone, or by the help of some ordinary local measures.

When dead bone not yet separated exists at the bottom of an ulcer, it may be touched daily (if it is in plain sight) with sulphuric acid. Where it exists partly covered with granulations, or at the bottom of a sinus, or in a cavity, injections of one part of acid to six, or even three, of water may be used without doing violence to the granulations, or causing appreciable pain, while at the same time the solution is strong enough gradually to dissolve away small portions of bone.

LOCAL TREATMENT OF LESIONS OF THE EYE.

When any inflammatory lesions occur upon the conjunctiva, besides the general treatment, it is rarely necessary to do more than bathe the eye frequently in warm water, shield it from the light, and instill into it,

several times a day, a few drops of the following, for the soothing influence which it exercises:

R. Atropiæ sulph.,	gr. ij.
Aquæ destill.,	℥ j.
M.	

When the cornea is involved, the same local means may be called for if the eye becomes red or painful.

Iritis.—This requires pretty active mercurialization for its prompt relief—preferably by the bath. Gummy exudation in this region is also generally very favorably influenced by mercury. The atropine solution should be used with the utmost freedom in all cases where the iris is involved. A mixture of twenty per cent. oleate of mercury in belladonna-ointment, two drachms to the ounce, may be rubbed over the brow of the affected side. Morphine locally or internally may be required for pain.

The deeper lesions of the eye require no local treatment. If there be pain about the eye, the instillation of atropine may be soothing, but internal treatment, mainly mercurial, can alone be relied upon to effect any positive improvement.

LOCAL TREATMENT OF LESIONS OF THE EAR.

Syphilis of the ear does not call for any local measures except such ordinary surgical means as naturally suggest themselves. The subject is only mentioned to call attention to those rare cases of sudden deafness occurring in acquired syphilis, evidently due to nerve-lesion and not attended by any local symptoms what-

soever. The general treatment I have found of service in such cases is the daily mercurial bath and large doses of the iodide rapidly pushed to the limit of tolerance. A very satisfactory result was reached in an extreme case of this sort which I recently saw in connection with Prof. Roosa.¹

LOCAL TREATMENT OF SUBCUTANEOUS LESIONS, MUSCULAR AND JOINT AFFECTIONS, NODES.

Lesions coming under these heads are either purely gummy, or partake more or less of a gummatous nature. Their general treatment is the iodides, pure, or the mixed treatment with the iodides in excess. There is no doubt but that sometimes decided advantage may be derived in these lesions by combining local inunction of one of the oleates of mercury with the internal treatment.

VISCERAL SYPHILIS.

Lesions of the viscera rarely require any local treatment, being for the most part too deeply seated to be influenced by it. They generally call for mixed treatment with the iodides in excess, especially if the lesions give rise to active functional disorders. After the latter have subsided the quantity of iodide may be reduced, and the whole treatment terminated by a prolonged mild mercurial course. Even in orchitis I do not find local inunction of any appreciable service.

When the testicle is the seat of a distinct gumma, the iodide alone will control it, but the more the lesion

¹ *New York Medical Record*, November 18, 1876, p. 748.

approaches the diffuse parenchymatous type (that form giving the smooth, hard, woody, insensitive enlargement of the testicle), the more is mercury needed and the less will iodine accomplish. The less the lesion partakes of the nature of gummy tumor, the more chronic is its course apt to be. The same remark holds good of all other visceral lesions. If from the rapidity of the onset of the symptoms, or by physical signs or otherwise, a diagnosis of visceral gumma can be established, an unsparing use of the iodides is called for—otherwise the mixed treatment, with iodide in excess, and finally a pure mercurial tonic course. The visceral lesions of children, when they yield, do so to mercury.

Of nervous symptoms the same remarks hold good: a lavish use of iodides is called for by acute symptoms, mixed treatment for the more chronic forms, gradually tapering down to a pure mercurial tonic course.