

LESSON VIII.

Treatment of the Initial Lesion of Syphilis by Excision—Description of Operation and Subsequent Care—Constitutional Treatment also Essential—Local Measures where Excision is not Applicable—Relief from Accumulated Cell Material causing the Chancre occurs only through Fatty Metamorphosis—Mercury the most Efficient Agent both Locally and Internally—Forms, Doses, and Modes of Administrations—Treatment by Inunction—General Care—Treatment of Modifications—1. Mucoid Form—2. Inflamed or Suppurating—3. Gangrenous—Treatment of Concealed Initial Lesions—Treatment to be Continued after the Cure of the Initial Lesion—Increase or Diminution of the Induration a Barometer for Treatment—Enlargement and Induration of Lymphatic Glands nearest to Initial Lesion the First Positive Evidence of Progress of the Infection.

TREATMENT OF THE INITIAL LESION OF SYPHILIS.

First, by *Excision*. Whenever a well-determined initial lesion is situated in loose tissue (integument or folds of prepuce in males, or of the vulva in females) the earlier removal by excision is accomplished the better. Not with the expectation of preventing constitutional infection (which, as a rule, is inevitable before the local lesion is discovered), but as far as possible to remove a focus of dissemination for diseased elements, and to diminish the danger of conveying disease to others.

The infective neoplasm, whether under sound skin or appearing in any one of the forms or modifications previously described (except the inflamed or suppurating), should be removed *entire*. The resulting wound heals, as a rule, by first intention. Even when the induration is large, little if any deformity remains after cicatrization. Practically the indurated tissue is a foreign body, and its thorough removal requires the sacrifice of but little of the surrounding healthy structure. Favorably situated open initial lesions of long standing may be promptly cured in this way.

For the performance of this operation first cleanse the parts thoroughly by gentle bathing in warm water.

In all open lesions apply a solution of carbolic acid of a strength of one part of the acid to forty parts of water, after which raise the mass of induration between the forefinger and thumb, and encircle it firmly at the base with a bit of fine silver or malleable iron wire. The indurated part may be separated from the normal tissue in the same way by compression between the arms of a bent probe, being careful to include the entire induration.

Now with a narrow, sharp-pointed bistoury pierce the tissues at the centre beneath the compressing wire probe, and cut well under and out, including all the indurated and a little of the sound tissue of that side. This effected, from the place of beginning, cut out in the same way on the opposite side. Be assured by careful examination that every portion of the neoplasm is removed, then introduce interrupted sutures of silk or silver wire at intervals of a quarter of an inch or less.

The patient should be kept in the recumbent position, the parts constantly wet with carbolated water, until the third day, when on removal of the sutures union by first intention will, as a rule, be found to have taken place.

The resulting cicatrix may indurate, to a greater or less degree, but rarely, if ever, to the extent of inducing a solution of continuity.

In no case does this procedure lessen the necessity for *Constitutional Treatment*. The indurated papule, when so located that excision is unadvisable (as on the *glans penis*, or involving the tissues of the *corpora*), may be subjected to applications of the oleate of mercury (six per cent solution), or any correspondingly mild mercurial ointment. When the mucous membrane or cuticle covering the induration is abraded, or at any stage of simple *necrobiosis*, dusting the surface with dry calomel and protecting it with a thin layer of dry lint is then serviceable. Calomel, in combination with lime-water, in the proportion of a drachm to the pint (*lotio nigra*), or bichloride of mercury, half a drachm to the pint of lime-water (*lotio flava*), are both much esteemed as applications to the open initial lesion. The tissue

metamorphosis and absorption, which are requisite for the removal of the syphilitic neoplasm, are most readily induced by the internal administration of some one of the various mercurial preparations. In all forms of the initial lesion the chief obstacle to resolution or healing is the *mechanical* interference to nutrition occasioned by accumulated cell-growth. Its removal must occur through the process known as *fatty degeneration*. The most active and reliable agent in effecting this and in promoting the necessary subsequent absorption and elimination, is mercury; hence the internal administration of some mercurial preparation is *essential* in all well-determined initial lesions. The proto-iodide (so-called *green iodide*) of mercury, in pill, one quarter grain to one grain, three times a day. The biniodide in one thirtieth to one twelfth. The bichloride in doses of from one thirtieth to one twelfth of a grain. The mass. hydrargyrum, from two to four grains, and may be judiciously combined with iron. A favorite formula, and one which I usually prescribe, consists of two grains mass. hydrarg. with one of the exsiccated sulphate of iron. This may be made into a pill, and if intestinal irritation ensue one fourth grain of the watery extract of opium may be added. This pill was first suggested to me by the late Dr. Bumstead, and is sometimes known as *pil. Duo* or *Duplex*. Any of these forms of mercury may be administered (in suitable vehicles), in the dose deemed judicious for the presenting case, three times a day (increasing the dose if necessary to the limit as above indicated), until the constitutional influence of the drug is manifested by a spongy and sensitive condition of the gums or a slight mercurial odor in the breath.

In introduction of mercury into the system through inunction of the mild ointment of mercury, where this drug is not well borne by the digestive apparatus—a dram rubbed in morning and evening—changing locality each application—thus, in right axilla in morning, left at night; then under left knee, then right; then right axilla again, and so on, until the desired effect on gums is

produced; then reduce amount so as to keep just below this point.

The mercurial impression should be maintained as nearly as possible at this point *until complete absorption of the local neoplasm has been effected*. Its further employment will be considered in the Lessons on Treatment of General or Constitutional Syphilis.

Cleanliness, freedom from friction and irritation from all other causes, simple diet, and abstinence from alcoholic stimuli, are necessary to the most favorable results in treatment of the INITIAL LESION as well as all other forms of syphilis.

In regard to the modifications of the initial lesion of syphilis: The mucoid form requires, in addition to the constitutional treatment previously described, the application of the solid *argentum nitratis* (or some other caustic), sufficient *only* to destroy and subsequently to repress the exuberant granulations. The inflamed or suppurating initial lesion, requires rest and opiate or sedative dressing, as the *lotio plumbi et opii*, in the proportion of five grains each to the ounce of water; or the powdered *iodoform*, simple, or with an equal part of *tannic acid*, which seems to deodorize in some degree, and possibly increases the efficiency of the *iodoform*. In the gangrenous form the powdered *iodoform* is efficient as an antiseptic.

Poultices of powdered charcoal are also of value, but the internal administration of mercury must not be neglected *while the gangrenous action is limited to the induration*. Passing beyond this point, prompt and thorough cauterization under ether, with the fuming nitric acid or the galvano or the gas cautery, should be done so as completely to destroy the tissues involved in the destructive action. Opium is of great value in subduing pain in these cases, as well as on account of its bracing effect on the nervous system. Occurring in debilitated or highly scrofulous subjects, as is usually the case, attention should be given to general support, by generous diet, quinine, and iron. The *potassio-tartrate of iron*, in fifteen- to twenty-grain doses every three or

four hours (as recommended by Ricord), seems to exert a specific influence over gangrenous conditions.

It must not be forgotten that healing and apparent cure of the initial lesion does not mean *cure* of *syphilis*. After disappearance, more or less complete, the induration may return. Not unfrequently it may be observed to increase or diminish in apparent sympathy with the progress or abatement of the constitutional disease. From this fact the local induration has come to be considered by some as a reliable barometer, by which the effect of general treatment may be appreciated. The duration of the initial lesion varies greatly in different cases, sometimes disappearing within a few weeks, and with it every trace of induration; at others it continues as an induration, more or less distinctly marked, throughout the active stage of the constitutional infection. Enlargement and induration of the lymphatic glands, nearest in connection with the initial lesion, constitute the first positive evidence of the progress of constitutional infection.

Concealed initial lesions (as within the meatus urinarius or the anus) may be treated with bougies or suppositories medicated with opium, salicylic acid, or iodoform.

LESSON IX.

On the Early Manifestations of Syphilis—The Organism not Infected at once, but by a Gradual Process, through Normal Physiological Channels—No Constitutional Evidence of the Disease at any Point until at least Thirty or Forty Days after Inoculation—Roseola of Syphilis—Clinical Case—Roseola of Syphilis shown to be the Result of Sympathetic Nerve Disturbance like Simple Roseolas, and not Caused by the Local Accumulation of Syphilitic Material—Pigmentation Due to Exudation of the Coloring Matter of the Blood and not to a Specific Material—Clinical Case Illustrating the Papular Eruption of Syphilis and its Comcomitants—Supernumerary Epitrochlear Gland—Mucous Patches Simulating Diphtheria—The Secretions of all Lesions of this Stage of Syphilis Inoculable—Note in Regard to the Contagion of Syphilis—Importance of Care to Prevent the Same—The Necessity of an Artificial Port of Entry a Great Security against the Acquirement of the Disease—Illustrative Cases.

EARLY CONSTITUTIONAL FORMS OF SYPHILIS.

The cases to which your attention is now invited are in illustration of the acute stages of syphilis, and these include all the manifestations of the disease during which a contagious element pertains to it. The first manifestation, the "*initial lesion*" in its varied forms, has already been considered. The adjacent gland enlargements, resulting from the same processes of cell proliferation and localized accumulation, have been seen to be an inseparable adjunct in every case, but they have been present without the least evidence of constitutional disturbance. No sensation of the patient, nor any recognized physical sign, suggests anything more than a local disease. Notwithstanding the claim of certain authorities that syphilis is a constitutional disease at the moment of inoculation, and that, as Billroth puts it, the "*organism is infected at once*,"* all the scientific research yet made, goes to prove that the disease progresses by individual infection of germinal cells, from

* Billroth's Surgical Pathology. Am. ed., p. 386.