

the hospitals of this city. All of these cases were followed by constitutional evidences of syphilis. It is scarcely necessary to say that the early recognition and local treatment of mucous papules, patches, or tubercles, is one of the important duties attaching to the management of acute syphilis. Another characteristic lesion of the disease consists in the presence of scabs in the hair, as seen in this patient. The discovery of scabs, in this locality, sometimes enables us to make a positive diagnosis, when otherwise we would be in doubt. Alopecia, or falling of the hair, is one of the common, though not constant, concomitants of this stage of the disease. It is readily accounted for on the same principle that explains the exfoliation of the epidermis in the syphilitic papules. The crowding of newly formed cells in the vicinity of the hair-bulbs interferes with their nutrition. It is not at all unusual for a patient to lose his hair completely, including his eyebrows and whiskers; but this baldness is not permanent, since on proper treatment, directed to the removal of this superfluous cell material, the hair is renewed. We find that any or all of the foregoing lesions of syphilis may be absent, and the patient yet go through a disease which shall be recognized as syphilis. In other words, this disease varies in its intensity as much as any other, and, except the enlargement of the lymphatic glands, none of the conditions which you see in this patient are necessarily essential to the progress of syphilis. This is a very marked case, one in which we find present more than the usual number of characteristic lesions or manifestations.

LESSON X.

The Treatment of Syphilis in the Acute Stage—Not Addressed to a Vague and Conventional Diathesis, but to the Removal of the Material shown to be Creating Disturbance—All Lesions of Active Syphilis the Result of Local Crowding of Cells at Various Affected Points—The Difficulty to be Remedied a Mechanical One—Inquiries as to the Best Method of Removing the Superfluous Cell Material—Fatty Metamorphosis Alone Capable of Effecting this—Different Methods of Producing Fatty Degeneration and Elimination—Mercury Proven to be the most Potent Agent—Reasons for Using it in Small Doses Long Continued—Directions in Regard to the Use of Mercury in its Various Forms—Internal Administration—External Use—Diet in Syphilis—Effects of Rum and Tobacco in Retarding the Cure of Syphilis—Prof. Willard Parker's Advice.

The treatment of this, as well as all cases of syphilis during the acute stage, will be addressed to the removal of the material which is causing the trouble. That is, to the superfluous cell growth or accumulation. The same material that we find in the initial lesion, and the same as that which we find embarrassing and enlarging the gland structure. The same as in the papule. The same as in the mucous patch. The same as in the papules which form the scabs which occur in the hair. These lesions are all brought about and kept up by one and a single condition, namely, that resulting from an abnormal local proliferation and accumulation of germinal cells. This fact has been substantiated by repeated microscopical examinations of all lesions of acute syphilis. Consequently, the cause of all the several conditions or lesions of active syphilis being the same,—that is to say, an accumulation of this embarrassing cell material,—the treatment is simple, and the same for all, having simply for its object the removal of such material.

The question as to how this shall best be effected leads us to consider first, the nature of the material we desire to be rid of. This has been proven beyond a question to consist of human germinal cells, in no known respect different from normal germinal cells, except that

they are the product of a proliferation more rapid than that process under normal conditions. Microscopically they cannot be distinguished from the cells which are proliferated and accumulated to repair loss of normal tissue brought about by ordinary causes. Secondly, What are the means and processes by which healthy cell-material, exuded in excess of the necessities of growth and repair, is removed? The answer is simply that, the necessary process, is a *fatty metamorphosis*. Through this, alone, any living material, normal or abnormal, must pass before it can be eliminated from the living organism. The means by which it may be effected are various: 1st, pressure; 2d, innutrition; 3d, various external agents and internal remedies, which by experiment have been found efficient in producing or hastening fatty degeneration or metamorphosis of tissue.

First, in regard to pressure: The effect of pressure in producing this result, is recognized in its known influence, as a surgical measure, in reducing and dispersing abnormal growths. This is also recognized in its tendency to spontaneous disappearance, after a time, without treatment, of the cell-accumulations of syphilis. The tendency of all syphilitic lesions is toward recovery. The necessary pressure exerted upon any local cell accumulation in the tissues would tend toward its removal by fatty degeneration.

Second, in regard to innutrition. Withholding of necessary food produces fatty degeneration of the tissues. The starvation cure was at one time, especially in Germany, in great repute as a cure for syphilis. The sweating cure. The long popular and much vaunted cure by cathartics, diuretics, etc., through profuse drinking of decoctions of sarsaparilla, senna, and different woods, can now be recognized as influential through their capacity to hasten fatty metamorphosis. But the remedy of greatest acknowledged value, in the treatment and cure of syphilis, for the past two hundred years, and up to the present day, is *mercury*, and this, it is well known, is also the most efficient agent in producing fatty metamorphosis of living material. Healthy persons quickly emaciate, all kinds of tissues break

down, under its continuous excessive use. In the salivation it then produces, the characteristic foetid odor has been found due to the decomposed fat which results from the fatty degeneration it causes. In point of fact, every remedy which has ever had a substantial reputation, as of value in the treatment of syphilis, will be recognized, *à priori*, as one of greater or less power in inducing fatty metamorphosis. If then we find in syphilis, as the characteristic and essential factor of every lesion, an accumulation of superfluous cell material, sufficient in degree to embarrass the functions of the vessels or tissues implicated, we have good reason to introduce the remedy which, *par excellence*, is known to be potent in removing it, namely, *mercury*. And if we consider that this remedy is also in highest repute from a clinical standpoint, we are warranted to proceed in its administration with the expectation of the best possible results. The manner of its use, the size of the dose, its frequency, and time of continuance only remain to be settled. Clinical experience in the administration of mercury has taught the fact, now accepted by all recent recognized authorities in matters syphilitic, that small doses of mercury continued for a very long period, say from one to three years, constitute the best treatment for the most efficient and permanent eradication of syphilis from the system of a person afflicted with that disease. This applies to any and every form and manifestation of it during the acute stage, which stage may be said to cover a period varying in different cases from one to three, possibly four, years. The hastily generated cell material which has been described as the essential element in the production of the different manifestations of syphilis, lacks the healthful vitality to enter effectively into the composition of normal tissues. It is present only as obstructive material, and from its presence as such is already subject to the mechanical influences, which tend toward its dissolution. It may then be accepted as more readily affected by remedial measures calculated to induce fatty metamorphosis of living material, than such material generated and developed under normal conditions. Hence a smaller amount of mercury,

for instance, would be necessary to effect its removal from the affected organism than would be required to produce a like effect on healthy tissues. Such an amount then as would cause the speediest removal of the imperfect or syphilitic material, without damaging the healthy constituents of the body, would constitute the highest ideal of an antisyphilitic treatment. Hence we can accept from an intelligent and philosophical standpoint the position which has heretofore been only taken from a clinical or empirical view of the matter, viz., *That small doses of mercury, long continued, constitute the most effective and judicious mode of treatment of syphilis during its active stage.*

Beginning then with small doses, of whatever preparation of mercury we decide to administer, in a given case, we increase the amount until we find the constitution of the patient being affected, evidenced by the presence of softness of the gums, or a little red line about them. When that occurs, we know we are getting to a point of affecting the healthy structures of the body, and then the dose is reduced until just that point is reached at which the patient can be carried through without any disturbance of the alimentary canal or of the salivary apparatus. In the case of this patient, then, we should commence by giving small doses of mercury, gradually increasing the quantity until the point of tolerance is reached, and keep it there. Any of the preparations of mercury may be given. We will begin, say, with the protoiodide, a quarter of a grain, three times a day for two or three days; or lest the patient should, as is the case with some, be peculiarly sensitive to the influence of mercury, we may begin by giving only two pills a day for two or three days, and then add a pill at a time as long as he shows no evidence of disturbance from it, and, when the highest point of tolerance is reached, continue the dose. Sometimes blue mass with iron is used, pills containing two grains of the mass. hydrarg. with one grain of the exsiccated sulphate of iron—two to four daily until the desired impression is produced, and continuing usually about three per day throughout the desired period. In all these cases I may remark

that iron is indicated because the health is usually more or less below par. Therefore, when giving the protoiodide of mercury, I am also in the habit of giving the dialyzed iron, in doses of ten or fifteen drops, three times a day. The biniodide of mercury may be given in doses of a sixteenth of a grain, or any other of the preparations of mercury may be administered in suitable doses, the object being simply to get the gradual and positive effects of the drug. It may be administered by external means, using a small quantity of mild mercurial ointment, say the size of a filbert, rubbing it in under one knee one night, under the other knee the next morning, under the axilla the next night, and so on, using it night and morning. There have been those advocating the hypodermic use of a solution of the bichloride of mercury, but this is a method of administering it which, while I have used it, I do so no longer, and do not recommend it, finding other quite as efficient and more agreeable ways of introducing mercury into the system. Mercurial baths or fumigations may also be used for the same purpose.

Whatever be the form of mercurial you decide upon employing, your treatment should be conducted according to the principles I have mentioned for all the lesions or manifestations of the acute stage of the disease. Whether it be of the skin, of the mucous membrane, or whether it be a syphilitic iritis, an inflammation of the iris (which is caused really by a papule occurring at that point, that is, an accumulation or aggregation of cells). All these conditions or manifestations of syphilis, I repeat, respond to this systematic method of mercurial treatment better than to any other. The open lesions during the acute stage of syphilis, chiefly on mucous membrane, the mucous papules, patches, and tubercles, before alluded to, in addition to constitutional measures, require prompt local treatment, especially on account of the contagious property of their secretion. Daily applications of a strong solution of nitrate of silver—forty to sixty grains to the ounce of water—or a light brushing over with the solid arg. nit. will be found most efficacious in hastening their

disappearance. This also applies to ulcerations of the tonsils, which sometimes occur during this stage.

When papules are so situated as to cause annoyance by their unsightliness, as on the face or hands, ung. hyd. nit. or ung. hyd. præcip. alb. with an equal quantity of cosmoline, or a ten per cent solution of oleate of mercury with equal part of cosmoline may be used as a daily local application with advantage. In the latter case a few drops of one of the essential oils will render it more agreeable. The diet of the patient should be simple, excluding acids, spices, and highly spiced food. Tobacco is particularly injurious during the course of this disease, from the fact that both smoking and chewing are liable to produce irritation of the mucous membrane, and when a mucous patch occurs in the mouth it is a very difficult thing to heal while its contact with tobacco is kept up. It is certainly a very great hardship for persons who are addicted to the use of tobacco to give it up; but it is very important that they should do so for the proper and effectual treatment of this disease. In a very interesting note, received not long since from the venerable Professor Willard Parker, in which he spoke of syphilis, I remember he very quaintly said in regard to it, "Some people believe that syphilis is incurable; that is not my belief. When a patient comes to me with syphilis I say to him, Do you use tobacco or alcoholic spirits? If he says yes, I say to him, You are possessed of three devils—syphilis, rum, and tobacco; if you will exorcise two of them, R. and T., I will take care of and cure the other; but if you will not agree with me to give assistance in this way, I will not undertake your case." I would advise you all to make a note of this and remember Dr. Parker's advice. I can assure you it fully coincides with my own opinion, particularly in regard to the "rum;" and in regard to the "tobacco" also, when the mucous membrane of the mouth and throat is affected or predisposed to trouble.

LESSON XI.

- Case I. Clinical Case Illustrative of the Initial Lesion Occurring without Ulceration—Points of Value in Diagnosis of the same—Treatment. Subsequent History—Demonstration of Cure through Birth of Healthy Children—No Evidence of Syphilis in Twenty-nine Years.
- Case II. *Initial Lesion of Syphilis without Induration*, and without Loss of Tissue "Parchment" Variety—Any Degree of Induration may Present—Baumler's Views.
- Case III. *Saucer-shaped, Non-Suppurating Initial Lesion, with Indurated Base and Edge*—Description—Concomitants—Treatment—Subsequent History—Marriage—No Subsequent Trouble in Fifteen Years.
- Case IV. Initial Lesion of Meatus Urinarius Symptoms—Complicated with Apparent Chancroids—Their Occurrence found due to Inflamed Initial Lesion—Diagnostic Points—Treatment—Secondary Lesions—Initial Lesions Aggravated by Local Irritants—Sexual Indulgence—Alcoholic Stimuli.

CLINICAL CASES FROM MY NOTE-BOOKS, ILLUSTRATIVE OF THE VARIOUS FORMS WHICH THE INITIAL LESION MAY PRESENT IN CONSTITUTIONAL SYPHILIS, AND OF THE VARIOUS LESIONS ASSOCIATED WITH AND FOLLOWING THE SAME:

Case I. *Induration without ulceration*.—M. W.; æt. 29; merchant. June, 1854. History: Never had any previous venereal trouble. Illicit connections with various females, at intervals of a week or two, for many years; no suspicion of disease especially attaching to any. Noticed a little abrasion or chafe on the loose tissue of the prepuce, near the fossæ glandis, in the median line, which healed in a day or two under the application of a little Goulard lotion. Some three months after, during which he had no renewed exposure or any suspicion of trouble, he noticed a small hard painless swelling on the site of the former abrasion, and some sense of fulness in the groins, which attracted his attention, when he recognized several little bunches, not before observed. Was under the impression that these might be due to strain from over exercise, and called to inquire if they needed any attention.