

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.

Examination revealed a hard kernel in the cellular tissue of the prepuce at the point before noted, movable and not sensitive. Lymphatic glands of both inguinal regions distinctly enlarged, some size of a small bean; not tender. Tissues of pharynx and soft palate deeply congested. Glands along the posterior border of the sterno-cleido-mastoid muscle enlarged; not tender.

The points of value in arriving at a diagnosis were as follows:

1st. A history of fracture of the skin or semi-mucous membrane resulting from a suspicious venereal connection.

2d. Subsequent induration at that point.

3d. Recent painless enlargement of the inguinal glands, or those nearest to the suspected point of inoculation.

4th. Similar enlargement of glands at a distance, as the cervical.

5th. Congestion of faucial region.

Careful examination failed to discover any eruption on the skin or mucous membrane. Not the least pain or impairment of general health appreciated by the patient.

Diagnosis.—SYPHILIS in the so-called secondary stage. Allowing twenty-one days as the usual or average interval from inoculation to induration and enlargement of inguinal glands, and forty or fifty days before the subsequent general gland enlargements, it carried the initiation of the disease back at least two months, which, taking into consideration that the induration was quite as large as a small pea when accidentally discovered, warrants the conclusion that the inoculation of syphilis occurred at the date of the abrasion one month previous, or three months from the time of its discovery.

The patient was put on a mild mercurial course and kept under its influence, as indicated by occasional tenderness of the gums (when it was alternated with iodide of potassium), for fully two years. The congestion of the pharynx continued with but slight change for several months, when a sharply cut and painful ulceration occurred in both tonsils. This was treated by occa-

sional applications of the strong nitric acid and solid nitrate of silver subsequently. The throat continued congested for several months longer; no other ulceration or eruptive lesion at any point. The induration occurring on the site of inoculation did not disappear entirely for over a year. At the end of the second year the gland enlargements were scarcely perceptible, and the treatment was discontinued, the patient remaining free from any sign of disease for one year after. Then he married. Subsequently four children were born to him. At this date, September, 1882, twenty-nine years have elapsed. Patient and family all living and well. Eldest son, 28; next, 26; next, 20; daughter, 10: no one of them having in the interval had any recognized manifestation of syphilis; on the contrary, have all been exceptionally healthy and robust.

Remarks.—Evidences of localized cell accumulation progressing gradually in the line of the lymphatic channels, from the point of inoculation, to the glands in the groin, then at a distance, finally involving the tonsils to such a degree as to interfere with the processes of nutrition and production of a sloughy ulceration, show that the case was unquestionably one of syphilis. It is shown, by this case, that syphilis may be characteristic *without ulceration* or recognized general eruption, and it will be found in following the history of other cases that the ulceration of the tonsils, which in this instance was valuable in a diagnostic point of view, is more usually absent, and hence is not an essential but an accident, without which the foregoing case would have been free from all ulcerative lesions. This case forms a link in the chain of evidence which goes to prove that syphilis is curable, that the contagious element of the disease is limited in its duration, and that in this instance the limit did not exceed three years.

Case II. *Initial lesion without characteristic induration, and without loss of tissue.*—Papular eruption. M. L.; 22; printer. Occasional venereal exposures: presented with a well-marked papular eruption on the forehead, also sparsely scattered over the body, arms, and legs; denied ever having any sore. Inguinal glands en-

larged and painless; in cervical region the same. Epi-trochlear gland of left arm as large as a marrowfat pea. A brownish spot, size of half-dime, was observed on the body of the penis, covered with fine bran-like scales. Patient first noticed this about two months previously as "a little spot of scurf" about one half its present dimensions; thought it was of no consequence. Integument occupied by the spot slightly but distinctly stiffened, giving an excellent example of what is termed by authors the *parchment induration*, and characteristic of a somewhat rare form of the initial lesion of syphilis. Patient's general health unimpaired, but had of late suffered with headache in the evenings, chiefly keeping him awake during the early part of the night, and passing off without treatment. Diagnosis syphilis. Initial lesion of parchment variety. Treatment: ℞ pil. duplex (2 grs. mass. hydrarg. and 1 ferri sulph.); one after meals.

Under this treatment the cephalalgia disappeared in the course of a couple of weeks. The eruption on the body gradually lost its papular character, leaving a coffee stain, which at the end of six months was just visible; glands less in size, but still prominent. Initial lesion free from induration and scales, but still of tawny color distinctly marking its site. Very slight redness at border of gums. On several occasions there had been slight sponginess and tenderness, then pills by direction, had been suspended for a few days and again resumed as the tenderness disappeared; otherwise the medicine had not produced any sensible disturbing effect. Bowels regular; appetite good; general health perfect.

Remarks.—Baumler, in speaking of this variety of the initial lesion of syphilis, says, "From these cartilaginous indurations" (associated with and characteristic of the ordinary initial lesion of syphilis) "to the flat paper-like thickening of the mucous membrane, where increased resistance is perceptible only in feeling of it sideways, all imaginable intermediate stages occur; the one thing common to them all, being a dense cellular infiltration of the tissue of the cutis or mucous membrane." *

* Ziemssen, Am. Ed., vol. iii. p. 112.

Case III. *Saucer-shaped, non-suppurating initial lesion, with indurated base and edge.*—H. G. A.; commercial traveller; aged 31. Nov. 15, 1867. Suspicious connection about two months previously; none before for several months; none subsequently. Thinks that it was about four weeks after when he accidentally discovered a little "chafe" on the left side of the penis just behind the glans. This he treated with simple water dressings for a few days, when he saw a physician who pronounced it syphilitic. Cauterized it; gave him a lotion to apply on a little lint, and ordered pills to be taken for several weeks.

Under this treatment the "chafe" had gradually increased in size, and presented the following conditions: An ulcer-like lesion about the size of a half-dime; edges slightly elevated, rounded, sloping, forming a saucer-shaped concavity; the floor slightly granular; very red and clean, and exuding a little transparent secretion, which under the microscope was found to contain only large epithelial scales. To the touch the edge and base of lesion was hard and elastic, and movable on the underlying cellular tissue. It represented the typical unirritated initial lesion of syphilis often known as the *Hunterian chancre*. The lymphatic glands in either groin were enlarged, painless on pressure; several the size of a small bean; no gland enlargements in the cervical region; no trace of any eruption on the body; throat not congested; general health good.

Diagnosis.—Syphilis in the primary or *initiative* stage.

Treatment.—Pil. duplex thrice daily; local application of lotio nig.

Subsequent History.—During the following month the patient had a well-marked roseolous eruption, which passed off within a few days without in any way affecting his general health. A group of lymphatic glands became enlarged on each side of the neck; the mucous membrane of the throat became deeply congested and somewhat sensitive.

Under the treatment above noted, the local lesion gradually healed and the induration slowly diminished, but did not disappear entirely for nearly six months,

and then left a slightly juicy-looking swelling in its place, which could be distinguished for fully as much longer.

The mercurial treatment as above noted was continued steadily for a full year, the only omission being during a few days on three or four occasions, when increasing to four pills per day the gums became tender; otherwise there was no trouble of any sort referable to the medicine or the disease. Glands still distinctly enlarged. During the second year a combination of mercury with the iodide of potassium was given (hyd. biniodid. $\frac{1}{16}$ gr.; potass. iodid. grs. viii.; *Mistura biniodid. hydrarg.*), a teaspoonful three times daily after meals. At the end of this year, during which the patient's health had been excellent, the gland enlargements in the inguinal and cervical regions had entirely disappeared; there was not the slightest trace of syphilitic trouble at any point, and the patient was discharged cured. Married two years subsequently; two children, fourteen and seven years. August, 1882; no trouble to which any syphilitic suspicion could attach during this interval of nearly fifteen years.

Case IV. *Initial lesion of the meatus urinarius.*—H. R. Inflamed or suppurating chancre. After a series of impure connections a smarting on urination was observed, and on examination by a physician slight oozing of mucus from the urethral orifice. Was treated by injections under the belief that he had contracted a gonorrhœa. Matters continued about the same for a few days, when the discharge became tinged with blood. This led to an examination, which revealed a small point of ulceration just within the meatus urinarius. On the supposition that the trouble was chancroid, the ulcer was touched repeatedly with nitric acid and subsequently treated by introduction of iodoform. After a persistent trial of this plan for about three weeks, the difficulty not only did not improve, but the part became very tender and swollen and the discharge profuse and purulent, and urination very difficult. Several small ulcers at length appeared on the inner surface of the elongated prepuce. This was the condition of things

when the patient presented himself for change of treatment.

Attention was at once attracted to the dense induration of the tissues about the meatus, also to the presence of well-marked enlargement of inguinal glands on both sides.

The glands and prepuce were swollen and intensely red. An ulceration of ragged character occupied fully two thirds of the meatus inferiorly, and extended about one third of an inch, as determined by the introduction of a small meatoscope (Otis's). Three small sharply cut ulcers, the largest size of a split pea, occupied the preputial opening—apparently chancroids. These had occurred over a month from the date of any venereal exposure, and more than three weeks from the discovery of the urethral trouble. This was opposed to the supposition that the original lesion was a chancroid. When, however, the well-established fact that the initial lesion of syphilis, under prolonged irritation, becomes suppurative, and the resulting pus has the contagious and destructive qualities of pus from a true chancroid, the explanation of the occurrence of apparent chancroids, a month after exposure was easy. This was also a suggestion as to the true character of the original lesion, and was confirmed by the *recent painless* gland enlargements in each groin, as well as by the characteristic induration associated with the urethral ulcer. The patient was required to keep the recumbent position for a few days, and apply a lead and opium lotion to aid in reducing the inflammatory complication. Iodoform applied to the pseudo-chancroids and to the initial lesion, and the patient was promptly put upon a mercurial course (pil. duplex, one thrice daily). Under this treatment the ulcerations external to the urethral orifice healed within a few days, but the urethral obstruction, causing by the swelling and induration was so increased, that sloughing of the urethra threatened, when the meatus was freely divided through the densely indurated tissues. Immediate amelioration of pain and inflammation resulted. From this time the recovery from the local troubles progressed rapidly, and

gave but little further annoyance, although the induration remained. In another fortnight the patient called to say that his gums were a little tender, and also that he had had some diarrhoea for a few days. Evidently the mercurial was in excess, and he was directed to discontinue until these troubles had passed away. Examination of his body at this time revealed a well-marked roseola, the spots of which, from the size of a half-dime to one third that size, were distinct on the breast, back, and arms. Several also on the soles of the feet, and also on the palms, but none on the face, or back of hands. This was a complete surprise to the patient, although he had been instructed to look out for it, and he was confident that it had not been present more than twenty-four hours, and, except for the diarrhoea, expressed himself as having felt perfectly well. Enlargement of glands in the cervical and epitrochlean regions was now distinct.

Nothing further of moment occurred for the following weeks, and the patient was in fair condition, taking three pil. duplex daily; when at about the middle of the third month (from the discovery of his trouble) he began to complain of headache at night, keeping him awake until nearly morning, then passing off and returning on the following night, and he complained of a general *malaise*, and this without any recognized excess or error in diet. A small superficial ulceration was discovered on the right side of the tongue, and another about the size of a three-cent piece on the right anterior pillar of the fauces. Some few scabs were also discovered on the scalp. On again examining his body the faint coppery stains of the roseola were seen here and there over the body, and in addition to this a few red elevated papules, not more than a dozen in number, were discovered scattered over the body; none on the face, hands, or feet.

Pills continued. The superficial ulcerations (mucous patches) in the mouth were daily touched with a forty-gr. sol. of nit. arg. In a week the patient was in his usual condition; the papules passed off in about a month, leaving some slight yellowish stains. No recur-

rence of mucous patches. Continued the pills up to date of departure from town, July 1, 1882, at which date he had been under treatment for twelve full months, and at the time had no trace of induration about the site of the initial lesion, no trace of the eruptions, nothing left to indicate his syphilitic trouble, except the still easily recognized, though greatly decreased gland enlargements in the groin, in the cervical and right epitrochlean regions. That in the left epitrochlean space at time of discovery about the size of a pea had quite disappeared. Ordered mist. biniodid. for at least six months, and then to report for further orders.

Remarks.—The result of persistent irritation of a simple initial lesion of syphilis is well shown in the foregoing case. Also the fact that sores simulating true chancroids may arise simply from contact with the pus from an initial lesion of syphilis, the normal secretion from the latter being only composed of serum and the debris of epithelial material.

It will be observed that, in this case, the appearance of the roseola was not preceded by any peculiar sensation on the part of the patient, while that of the later papular eruption was associated with characteristic preliminary disturbance. This, however, is in all probability due to the gradual obstruction of lymphatic glands throughout the system, and not to any special influence of the papular eruption; for it will be observed that here, as in similar cases, the appearance of the eruption did not relieve the malaise of the patient, as is the case under similar circumstances in the eruptive fevers. It will be observed that this case varies from the preceding ones in that the characteristic eruptions of the active stage were present. As we proceed it will appear that no two cases are quite similar in regard to the variety or degree of concomitant manifestations; but it will also be found that in all cases the lymphatic gland enlargements play a prominent part, and that, as their presence is the most important and significant evidence of the presence of syphilis, their gradual and finally, their complete disappearance, is the surest evi-

dence of the complete disappearance and virtual cure of syphilis. Finally, it may be stated in regard to the inflammatory complication, present in the foregoing case, that this is likely to occur in any initial lesion of syphilis from the persistent application of irritants, such as nitrate of silver, sulph. copper, etc., or from friction by the clothing. Its occurrence is favored by the scrofulous diathesis, by sexual excitement, and by irregular living and alcoholic stimuli.

LESSON XII.

Clinical case—Phagedenic form of the Initial Lesion and its physical peculiarities—Treatment by mercurials—Rapid healing under their influence—Phagedena of Chancroid influenced unfavorably by mercurials—Subsequent history, showing results of insufficient treatment in early stage—Early, steady and prolonged treatment the only trustworthy means of preventing later lesions of the disease—Inability to bear the mercurial treatment very rare—Cures, in properly treated cases, estimated at 95 per cent.

Case V. *Gangrenous initial lesion, or so-called phagedenic chancre, followed by mucous patches; death by cerebral softening.*—L. K., drug clerk, aged 21; of scrofulous diathesis and dissipated habit; presented with an inflamed ulcer about as large as a three-cent piece, shaped somewhat like the figure 8, partly on the glans penis (left side), and encroaching upon the fossæ glandis, and situated upon a densely indurated base. The floor of the ulcer, which was apparently about a line in depth, was of a yellowish gray color, of a shreddy appearance, exhaling the peculiar sickening odor of gangrenous tissue. Glands of either groin enlarged and hard; no other signs of disease. He gave a history of great sexual and alcoholic excess prolonged over several weeks; the discovery of a sore on his glans penis about a fortnight previous, and daily touchings with blue stone, on his own responsibility. He fancied he was getting better when he went off on a spree of several days' duration, having occasional sexual connections in the time. For the last two days there had been considerable pain, and he had been applying iodoform in powder. The induration, which was very dense, extended about two or three lines from the edge of the ulcer, where it met quite abruptly the swollen tissue surrounding it. Diagnosis: gangrenous initial lesion of syphilis. The fact that simple sores and also chancroids become indurated by applications of caustics, and even of simple astringents in some cases, was borne in mind; but the