

LESSON XV.

Clinical case—Hunterian Chancre—Treatment by excision—Mode of operation—Ulcerating papular eruption—Mucous patches and papules—Treatment—Unfavorable influence of tobacco and alcohol—Good effect of Syphilis on habits of patient—Treatment well borne—Length of time required to keep it up—Time when immunity from danger of communicating the disease arrives—Length of probationary period before marriage—Causes and conditions which occasion pustulation and ulceration in the papular eruptions of Syphilis.

Case VIII. *Initial lesion. Papulo-pustular eruption, mucous patches, and papules, etc.*—G. M., aged 18; bartender; presented with a characteristic specimen of the so-called Hunterian chancre on the superior aspect of a redundant prepuce. *The open lesion* was fully three-fourths of an inch in length by one-third of an inch in breadth, imbedded in a cartilaginous matrix about a quarter of an inch broader and longer, and moveable on the inner reflexion of the prepuce. This had been several months in coming to these dimensions—not quite certain as to time; appearing first as a slight *chafe* and gradually increasing in size and density under a variety of local applications—caustic and sedative. No internal treatment had been resorted to. Glands in groin and cervical regions enlarged and hard. No history of previous venereal disease. General health not very good, but no particular pain or trouble except, latterly, occasional headaches, sometimes in the day but chiefly at night. Examination shows a large, deep red papular eruption rather thickly scattered on the back and breast chiefly, but on the thighs *pustules* were present about the size of a split pea, scabbed and surrounded by a slight inflammatory areola, while on the legs, especially near the ankles, were several *superficial ulcerations* covered with brown scabs as large as a dime, looking very angry and sensitive. Also several points of superficial ulceration between the toes, the surrounding surface presenting a whitish sodden appear-

ance, the secretions very offensive (mucous patches). Besides these were several moist papules, quite elevated, and open pustules on the scrotum (mucous papules and tubercles, simple and ulcerated). The throat was deeply congested, but neither this nor the mouth presented any localized lesion.

Diagnosis: *Syphilis*, in the fourth or fifth month.

Treatment: As the initial lesion was easily movable on the underlying cellular tissue, its enucleation was decided upon. After the parts had been thoroughly cleansed and bathed with a one to sixty solution of carbolic acid, the indurated mass was tightly encircled by a small silver wire, and the tissues beneath it transfixed with a sharp pointed bistoury, cutting out first one half and then the other, thus removing the entire mass. Half-a-dozen turns of continuous suture of black thread closed the wound satisfactorily, and a simple wet boric cotton dressing was applied. The mucous patches and tubercles were swept lightly over with the solid *argenti nitras*, and the patient was put on the usual mild mercurial treatment with an extra tonic. Thus, (Mass. Hyd. 2 grs., Ferri Exsic 1 gr., and pil. quin. bisulph. 2 grs.) one of each thrice daily, and in addition at the same time, a teaspoonful of a solution (made up fresh daily) of the sulphide of calcium (2 grs. to 2 $\frac{3}{4}$ of water). Rest in bed or on a lounge until healing of the wound of operation; simple but nutritious diet. On the third day, when the stitches were removed, healing was found to be complete. Under the local and internal treatment above indicated, touching the mucous patches and papular daily with the arg. nit., this, with the abstinence from tobacco to which the patient was addicted in all forms, resulted in prompt improvement, and in a short time the open lesions had entirely healed and returned to their original papular condition, and the sulphide of calcium was dropped. Through the indifference and want of sense in the patient the continuation of the mercurial and tonic treatment was very irregular, and its effect was, moreover, much depreciated by occasional excesses in alcoholic stimulants and tobacco. While there was no return of ulceration in the papules, an

ulceration involving both tonsils occurred, requiring local treatment (application of acid nit. fort. at first, then solid argent. nit.) for several weeks, and finally healing, leaving the whole pharynx congested, and at times quite sensitive. A saturated watery solution of the chlorate of potassa had been in daily use as a gargle and mouth-wash from the commencement of the mercurial course (as is usual in such cases), and was continued with occasional applications of a strong solution of tannin and glycerine, when the sensitiveness of the gums became manifest. The mercurial treatment was kept up more or less regularly, as originally commenced, for about a year, only twice or thrice resulting in any perceptible effect on the gums. The papular eruption passed off the body, quite losing the salience within two or three months; but on the thighs, wherever a pustulation had occurred, a faint coppery stain was discernible at the year's end, and on the legs, where the ulceration was most marked, the stain was at that time of a deep coppery hue. The throat was no longer habitually congested, but still it was more easily affected by changes of weather than formerly, and the occasional necessity for his gargle was recognized. The general health of patient had not suffered during this long period of medication. He had become steadier in his ways, and had been for some time perfectly regular in his treatment. The gland enlargements at all points were greatly decreased, but still readily discernible. Of the initial lesion there was not a trace. Even the line of union of the cut surfaces was scarcely to be distinguished from the natural creases or wrinkles in this locality, and there was absolutely no more evidence of loss of tissue than if a simple foreign body had been removed. The patient now wishing to change his residence to a distant part of the country, desired specific instructions as to the length of time he still required to continue treatment, and what changes, if any, were to be made.

He was informed that the present treatment, or its equivalent, should be pursued for still another year, always in such degree as not to affect the general health

unfavorably. Alternating it from time to time with the iodide of potassium (5 or 6 grs., three times a day), or taking that drug in combination with it—(Mist. Biniodid. Hydrarg.) He desired still further to inquire as to whether or not he was still capable of communicating the disease through ordinary contact, or otherwise, and, if so, when he would probably be free from such danger.

In response to this he was informed that, although he had no open lesion, the contagious element of the disease was doubtless still in his system, and that the complete disappearance of the material evidences of the disease, which included gland enlargements, at all points, would be necessary before the incapacity to communicate the disease could be reasonably claimed. That this, in a case like his, where early treatment had been neglected, and he had suffered from some of the severer lesions of the disease, *immunity from danger of communicating syphilis could not confidently be expected in less than from two to three years from the date of its acquirement.*

That while lesions of syphilis certainly recognized as containing a contagious element, such as the true mucous patch, papule, or tubercle, were rarely, if ever seen, after the first year, but if the contagious element was still in the system, it might escape through an ordinary abrasion, or wound, or sore, of any description, and, if brought in contact with a fracture of skin or mucous membrane on a healthy person, it would communicate syphilis. Thus sexual contact was not without danger of communicating syphilis in such cases, even when no recognized syphilitic lesion was present at any point.

Again, lastly, he desired to be informed as to whether or not he would, as a conscientious and upright man, be justified in looking forward to marriage within the next five years.

This question, virtually identical with the previous one, yet embracing the assumption of a responsibility which, if assumed prematurely or in error, might inflict irreparable evil on a future wife and offspring, could only be fully answered *after the probationary period of a year subsequent to the cessation of the treatment.*

Provisionally, it might be stated that, after the pursuance of a judicious, thorough, and well-borne mercurial course for at least one and a half to two years, and as long after (up to three years) as necessary to secure the complete disappearance of *all gland enlargements due to syphilis and all other evidences of the activity of the disease* then if, for the full period of one more year, on careful scrutiny no evidence of the disease was manifest, consent to marriage would be justifiable as far as the question of *communication* of syphilis was concerned. But every person who has once suffered from syphilis, no matter in how light or how transient a form, is liable to suffer from trouble in various forms, known as the *Sequelæ of Syphilis*. *The earlier and more thorough the treatment the less the liability to these troubles*. They might be very slight and pass off without recognition even, or be so grave as to threaten life. Such troubles, usually spoken of as Tertiary Syphilitic lesions, constituted a purely personal matter in every case, wholly lacking the contagious element. They are not a necessary part of syphilis, and, when occurring and recognized early, they are eminently amenable to treatment. As before stated, those cases of syphilis early, thoroughly, and wisely treated, during the active period of the disease, escape as the rule. Yet every one once the subject of syphilis should never forget the possibility of such accident, and, whenever suffering from any serious or unusual difficulty, should always communicate the fact to the medical attendant in charge of the case.

Remarks.—The foregoing case presents a good example of the causes and conditions which determine pustulation and ulceration in the papular eruptions of syphilis.

1. The debilitated condition of the patient favoring the suppurative process.
2. The character of his business requiring many hours daily in a standing position, producing additional tendency to congestion in the papules of the lower extremities, and this increasing the suppurative action, resulting in the ulcers about the legs and ankles; papules also becoming mucous patches and ulcers in moist places.

Consideration of the causes which may affect any presenting eruption of syphilis from condition, locality, and business, etc., will suggest judicious modifications in the hygienic as well as the medicinal treatment, and make us hesitate in classifying eruptions of identical origin in a manner tending to obscure the real causes of difference in appearance and amenability to treatment.

LESSON XVI.

Length of time required for complete cure of Syphilis variable: gentle, steady influence of mercury from one and a half to three years—Popular prejudice against mercury not well grounded—Testimony of all authorities in its favor—Destructive lesions of Syphilis belong to the late stage—Treatment not addressed chiefly to the accidents of the active stage, but to the prevention of so-called Tertiary accidents—The Sequelæ of Syphilis—Unwarranted responsibility taken by those who claim safety after a brief period of treatment—Light form of early Syphilis no guarantee against grave late lesions—M. Fournier's views—Prolonged and judicious administration of mercury essential in every case of Syphilis—Exceptions where treatment is not well borne very few—Security against late troubles to be effected in *no other way*.

General remarks.—The length of time usually required for the complete cure of syphilis will vary in different individuals from one and a half to three years, and during all this time the steady, gentle influence of the mercurial in form, dose, and mode of administration as previously stated (page 119) is required until all abnormal cell-accumulations dependent upon the syphilitic influence have disappeared. When after a year and a half to two years *all external evidences of the disease have passed away, and the lymphatic glands can no longer be felt*, or have returned to the condition in which they were found previous to the constitutional stage of the disease, the treatment may be discontinued, but not before, *unless there is some idiosyncrasy in the patient which contra-indicates its use*. If the patients are faithful, sensible, and obedient, in by far the largest majority of cases, they will pass through the trouble easily and happily to a complete cure. A great weight of experience in the plan of treatment which I have indicated (including that of the most distinguished authorities in Europe and America), assures us of the truth of this, and the patients do not suffer from the long-continued treatment in any appreciable way, and that in consequence of it they have the greatest and the *only* security of escape from the so-called tertiary, or late lesions—the sequelæ of syphilis.

I am quite aware that there is a great popular prejudice against the use of mercury in syphilis, and this has arisen in great measure from the abuse of the drug in earlier times, but it has been kept up and intensified by quacks and the ignorant and the unworthy of our profession, who, from causes and motives natural to these classes, refuse to accept the testimony of the learned and experienced authorities, who are now in complete accord in this matter, in every part of the world. Without a show of evidence, or experience, entitled to respect, they deny the necessity of the mercurial treatment, and make the pretence, that syphilis may be as efficiently, and more safely, managed without it. They point to cases thus treated, apparently well of the disease, and claim them, as evidences of the truth of their statements. The very important fact, that syphilis, in its acute period, is a self-limited disease, and will pass away with any sort of treatment, or without treatment, is not made apparent. This is the fact, and while we claim and know, that a judicious mercurial treatment, will hasten the cure of the active lesions and stages of syphilis, it is not on this account, that the treatment is considered *essential*. It is because, more than any other known remedy, it prevents the sequelæ of syphilis—the so-called tertiary and quarternary lesions—which result in destruction of important tissues and organs, vessels and bones. *These accidents do not occur in the early or acute stages of syphilis.* After the apparent disappearance of syphilis, in a few months, or a year or so, there comes a deceitful period of perfect health, perhaps. The disease is perhaps cured; but in two, or three, or ten, or twenty years after, new trouble may arise, no longer contagious, as in the past syphilis, but destructive. It is this, that causes the really important damage. Deformity, disability of body or brain, or both, and, finally, in some cases, death. It is to avoid the danger, present in every case of syphilis, of such results, that the persistent and judicious use of mercury during the acute period of the disease is most important, and is, as we fully believe and know, absolutely essential. We do not urge the administration of mercurials, without a due consideration of the respon-

sibility we take in so doing, without a knowledge of all it has ever done, that is objectionable, or ever may do. It is because, without a systematic, judicious mercurial course, the patient who has once been a subject of syphilis, in no matter how light a form, or how slight or short-lived the manifestation, is in jeopardy every hour, and that nothing but a course of simple mercurial treatment, continued systematically for at least a year, can afford any reliable security. This is the experience of all in our profession who have any title to a respectful hearing, on account of wisdom and experience, and in the present state of our knowledge of this matter it is sufficient to warrant you in insisting upon the necessity of such a course of treatment in every case of syphilis which in the future may present to you for care and treatment.*

Do not understand me to say that every case shall be treated in the same manner, as to the size of the dose or the mode of administration, and without regard to the physical condition and circumstances. A judicious following of the plan insisted on is necessary, *i.e.*, such an amount and such a mode of administration as may be borne without disturbing the digestive apparatus, or materially interfering with the processes of nutrition. As a rule, if the medicine is judiciously administered, the patient will not only not be disturbed, but he will improve in both these respects. How much a more regular and exemplary mode of life, which a proper management of syphilis necessitates, has to do with the improved condition, I am not able exactly to state, but it is nevertheless a fact, that most young men are in

* The distinguished French syphilographer, M. Fournier, says on this point: "Experience teaches us that syphilis, originally mild, may reveal itself sooner or later in serious symptoms, if it has not been submitted, like the more malignant forms, to a prolonged and severe treatment. One has seen, more than once, syphilis of this kind, negligently treated by reason of its apparent benignity, become, later, singularly dangerous in marriage in the double possibility of contagion and heredity. . . . It is to-day proved, that the initial benignity of syphilis does not constitute in any degree an absolute guarantee for the future. Such syphilis which begins well, is not, for that reason, unexposed to a bad end." ("Syphilis and Marriage," by M. Alfred Fournier. London Ed. 1881, pp. 111, 112.)

better health, after a judicious course of specific treatment for syphilis, than before its acquirement.

I do not wish to be understood that no other medicines are necessary, or advisable, in any case of active syphilis. There are idiosyncrasies that must be respected—cases that will not bear the ordinary amount of mercurial without trouble of some sort. These are fortunately rare; but when they present, you must use your ingenuity, so to select the particular form, and combine your most excellent remedy, that it may be borne. You may alternate it with the iodide of potassium, which is also an agent of much value in bringing about fatty degeneration of living tissue, or you may, if you can do better, rely upon this drug in combination with other means and measures which are known to favor fatty degeneration and elimination.

You are likely to meet with cases that will try your temper and courage: that will call into fullest requisition all your knowledge and your experience and your judgment, and, not least, all your common sense, and yet fail to obtain such a toleration of the mercurial as will enable you to prevent the occurrence of the sequelæ of syphilis. These cases will, however, I am glad to say to you, be rare exceptions, and you may have the assurance of the rule, that such a plan of treatment as I have sketched out for you will be well borne, and will not alone aid you, in carrying your patient with comparative equanimity and comfort, through the acute stages of this disease, but, what is of infinitely greater importance, you will give him, the greatest possible security, against an occurrence of the *sequelæ* or manifestations of so-called chronic or tertiary syphilis.