

# AN UNUSUAL CASE OF SYPHILIS.\*

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The case, whose history I am about to relate, while not extraordinary by any means, is one which deviates considerably from what has been generally accepted as the type in this disease. Moreover, there is a sufficient number of interesting points presented by it to render it worthy of being placed upon record. It may also serve to enlarge our views upon syphilis, to a limited degree, by the few interesting problems which it presents. The history of the case, in brief, is as follows:

On Jan. 20th 1886, F. K.—32 years of age, single, a native of Germany, painter by trade, came to see me for a venereal trouble. He stated that two weeks before, Jan 6th, he observed two "sores" upon his penis. Upon examination, I found two slightly elevated, eroded, superficial ulcers, each about the size of a silver quarter dollar. One was situated upon the integument, upon the dorsum penis, and the other upon the skin of the ventral portion of the organ. There was no pain connected with these lesions, except when exposed to too much friction from the clothing. The secretion was very scanty and somewhat purulent, although to a very slight degree only. The inguinal ganglia on each side were considerably enlarged, varying in size from a filbert to a half walnut, and somewhat tender to pressure. Upon careful inquiry, which has been repeated from time to

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time, the fact was elicited that the last time the patient had connection was on Nov. 21st, 1885.

No attempt at treatment was made beyond ordering an iodoform dressing for the ulcers and their protection from friction.

Feb. 1st 1886. - The patient having been instructed to return as soon as an eruption should make its appearance, came and, upon examination, disclosed a well-marked roseola, distributed over the chest, abdomen, upper portions of the arms, and back. He complained also of headache and rheumatic pains. He was ordered an eighth of a grain of bichloride of mercury three times daily and applications of mercurial ointment twice daily to the chancres and indurated ganglia.

Feb. 9th. He reappeared, complaining of pains throughout the body, but more marked in the bones. There was also anorexia and some fever. Small papules had also made their appearance in the meantime. An eighth grain of bichloride was ordered to be taken five times daily, and locally the application of oleate of mercury, of ten per cent strength, twice a day. This treatment was continued until the 24th of February, at which time the metallic taste was well-developed as well as the fetor of the breath. The eruption had all disappeared and the chancres healed, whilst the ganglia in the groins were almost entirely reduced to their normal size. A rest of about ten days was ordered, during which external applications, only, were to be made.

March 8th. The patient presented himself with marked iritis of both eyes. He was ordered an eighth grain of corrosive sublimate four times daily and sent to Dr. C. Berek, to have his eyes attended to. For the latter he was ordered oleate of mercury and belladonna ointment, to be rubbed over the forehead, and atropine solution to be dropped into the eyes.

March 15th. The eyes had not improved. Upon close examination the cause of the iritis was found to lie in seven small tumors, three in one iris and four in the other,—each one a little larger than the head of a pin, of a greyish color and undoubtedly gummata of the iris. In this diagnosis Dr. Berek concurred. Noting the necessity of thorough mercurialization, mercurial inunctions were ordered and the patient faithfully followed directions.

March 21st. The eyes were not so painful, the patient saying that they were better. He was told to continue the inunctions

and to use about one and a half drachms for each application.

March 24th. The eyes were worse. The photophobia was well-marked and hypodermic injections of mercury were resolved upon.

March 25th. Six minims of the following were injected :

℞. Hydrargyri bicyanidi.....0.22 ( gr. 3)  
Aqueae Destillatae .....40.00 ( ℥x)  
M. ft. sol.

Injections were then given daily, varying in amount from ten to fifteen minims, until on April 9th the thirteenth injection had been given. During all this time the mercurial inunctions were kept up.

April 9th. The eyes are much better and the patient says that there is no pain whatever in them: he feels well.

On April 4th a mild stomatitis had developed, for which a wash, containing tincture of myrrh, was prescribed, together with the frequent rinsing of the mouth with a weak solution of alum. This he was ordered to continue and it prevented further manifestations of the action of the mercury upon the mucous membrane of the mouth.

April 13th. The patient reported and examination revealed the fact that the improvement in the eyes was marked. He was ordered one-eighth grain corrosive sublimate and about seven and a half grains of iodide of potassium three times daily.

April 26th. The same was ordered continued with the exception of taking the medicine four times daily and increasing the dose of iodide of potassium to ten grains.

May 1st. The patient called and his eyes are practically well. He is ready to go to work and feels well in every respect.

The points of interest in this case are, in the first place, the fact that the patient contracted two chancres relatively so far apart. The fact that the inguinal ganglia attained such large dimensions pointed to some inflammatory action going on; and, yet, subsequent developments would seem to indicate that their size was due solely to the syphilitic process.

The time of primary incubation (from Nov. 21st 1885 to Jan. 6th, 1886) is one which is quite lengthy—forty-six days. It is considerably over the average and there can be little probability of the patient having made a mistake, as it was immediately prior to his departure for this country that he had connection.

The period of secondary incubation, on the other hand, was

quite short, being but twenty-five days. The eruption was the ordinary erythematous syphiloderm, which yielded rapidly and easily to ordinary treatment: and yet in thirty-five days, after a rest of about twelve days, we find gummata developed in the eyes,—formations involving the deeper tissues and justly relegated to the evidences of the tertiary form of syphilis.

A curious fact in connection with this is that the patient has not had any other manifestation of syphilis. After the small papules disappeared there was no more evidence upon the cutaneous surface, and he has since had neither mucous patches, condylomata, alopecia or other symptoms so commonly observed in the secondary stage.

The great efficiency of hypodermic treatment was shown in this case. The only inconvenience experienced was the burning sensation produced by the bicyanide, which lasted for a couple of hours after each injection. No abscess formed and no other inconvenience was noted. The injections were all made in the integument around the base of the scapula, the two sides being alternately taken.

In conclusion, I think that I may safely say that this case is an example of a precocious syphilis (*syphilis précocce*), and that it will be well to keep the patient constantly under the influence of the mixed treatment to guard against the possibility of the occurrence of that disastrous form known as cerebral syphilis. The fact that gummata formed so early in the iris is evidence of the tendency which exists in this individual, and the brain is one of the organs of predilection for these deposits.

I have not dwelt at greater length upon the ophthalmic features of the case, as Dr. Barck, who closely observed the patient in this respect, intends publishing a paper on these points and it will very properly supplement this short clinical report. In pursuing the treatment, the iodide of potassium will be gradually increased, until the limit of the patient's toleration is reached, and then he will be kept upon what will be the proper dose for so long a time as the exigencies of the case will seem to demand, the mercurials being steadily continued.