Ohmann-Dumesnil (A.H.) (10)

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CONSTITUTIONAL DISEASE

FROM ITS INCEPTION.

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Reprinted from the St. Louis Medical and Surgical Journal, January, 1886.

ST. LOUIS:
MEDICAL JOURNAL PUBLISHING COMPANY.
2622 Washington Avenue.
1886.

Syphilis is a Constitutional Disease from its Inception.*

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That syphilis is at one time purely a local manifestation and that it becomes generalized or systemic we have no reason to doubt. But the important question arises, at what time does it become systemic and what is a clinical guide upon which we may rely for the determination of this point? The bacillar theory of syphilis has been quite a favorite because it seemed to offer such a ready solution to the question. For, if we admit that the bacilli form a nidus at the point of entrance of the syphilitic virus, there attain their maturity and are thence transferred, by means of the lymphatics further on until the whole economy is infected, we have clearly a local condition becoming generalyzed only after the lapse of a greater or less period of time, an interval which careful observation might determine with a certain degree of accuracy. Microbian pathology, besides, is very seductive in its aspects and appears so reasonable and so demonstrable that we are led away from a just skepticism by the charms it presents. It was on this account that, when Lustgarten announced the discovery of the bacillus of syphilis and the methods of differential staining applicable to it, the medical world rejoiced and the press was not slow to disseminate the glad tidings. But other workers in the field, notably Alvarez and Tavel,[1] in trying to obtain new data, completely overthrew these great results and claimed to have demonstrated

1. Bulletin de l'Académie de Médicine, Aug. 4th, 1885.

* Read before the St. Louis Medical Society, Dec., 26th, 1885.

that bacilli are found, in the normal secretions about the anus and genitalia, which are identical with Lustgarten's bacillus of syphilis. They also resemble the bacillus of tuberculosis being, however a little more slender and granular.

But leaving aside the bacillar question it may be argued that syphilis originates as a local lesion purely and that early excision of the local primary lesion ought to procure immunity from any further manifestations. This immediately opens up a number of questions. When is it early enough or rather when is it not too late to perform excision or otherwise destroy the nidus? By what means is the disease disseminated throughout the system? Is the chancre still a local manifestation at the time of induration of its base and of the neighboring lymphatic ganglia?

In answer to the first question I wish to call attention to a very interesting and brief *résumé* on the subject by Dr. Edward L. Keyes.[2] In one case (his own) excision was performed before the lesion was twenty-four hours old and before any induration had taken place, the result being negative. The author in commenting upon it says, "This case I consider worthy of record because it fulfills the most exacting conditions for testing the question, still under consideration in the profession, as to whether syphilis is or is not already a constitutional disease when the chancre appears." Berkeley Hill's case, where a man tore his frenum during intercourse and less than twelve hours later had it thoroughly cauterized with fuming nitric acid and followed a month later by a general syphilis, is also quite convincing. Leloir[3] mentions a case where a medical student had constantly watched his penis for a sign of a chancre. One night at twelve o'clock nothing was visible. The next morning, however, an erosion or rather macule was observed, largely excised at two o'clock in the afternoon, but without effect as general syphilitic manifestations followed. From these few cases, which might be almost indefinitely multiplied, it is evident that early and thorough excision of the chancre is fruitless and that, if performed as early as the period antedating induration or before sclerosis has been declared so as to be recognizable, the result is

2. "Cases bearing on Certain Mooted Points in Syphilology," *N. Y. Med. Jour.*, April 25th, 1885.

3. *Le Progrès Médical*, August 15th, 1885.

the same—unavailing. The question as to how early excision should be performed appears to be one incapable of a definite solution in a clinical point of view. For, evidently, if the local theory is correct, excision was too late in all of these cases; and, if a few hours after the appearance of the initial lesion, is too late practically we can scarcely hope to find relief in an operation of this kind, especially as we have no method of finding whether a patient has contracted syphilis before the appearance of the chancre or not, unless it be by confrontation.

Barthélemy[4] says that he saw what he thought was an undoubted indurated chancre. The patient was subjected to no treatment and eighteen months later no constitutional symptoms had appeared. He very pertinently remarks that had excision been resorted to the case would undoubtedly have been regarded as one of syphilis cured by excision, and as proving the local nature of the disease. As Zeissl[5] has well observed the excision of the induration does not prevent the appearance of secondary symptoms; as Delpech has noted, it frequently happens that the induration is reproduced at the site of the operation.

But, even knowing positively that the patient has contracted the disease, how are we to determine the point of entrance of the virus? A single, a number, or no abrasion may exist immediately after intercourse and syphilis may or may not be subsequently developed. In the case of a single abrasion it may be that some other solution of continuity, invisible to the naked eye, is the point of entrance.

In regard to another question, as to the channel by which the virus is disseminated; it is equally difficult to determine it. Of course, there is no doubt whatever that the lymphatic system is implicated, but is it alone concerned? The virus produces tissue changes in the walls of the bloodvessels and cells in the immediate vicinity whilst the lymphatics retard its onward passage. It has not been proven, by any means, that the virus is isolated in the lymphatics before being generally distributed. Were this the case the method proposed by Dr. A. H. P. Leuf[6]

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4. Sur les Autoinoculations du chancre syphilitique. *Annales de Dermat. et de Syph.* No. 4, 1885.

5. Ibid.

6. On the Eradication of Syphilis during the First Stage by Surgical Means. *N. Y. Med. Jour.*, July 11th, 1885.

would be an excellent one. He thinks that excision of the indurated ganglia and possibly of the connecting lymphatic vessels would prove effective in eradicating syphilis. No practical demonstration has yet been made in this direction, so it remains a purely hypothetical method.

A great objection to the theory of the localization of the syphilitic virus is that cases exist of men affected with a mild "latent" syphilis who infect their wives who, in their turn, never exhibit a chancre but manifest the presence of the disease by such symptoms as falling of the hair, periostitis, exostoses, metrorrhagia, etc., in whom these all disappear under antisyphilitic medication. Now, is it not reasonable to suppose that the virus will develop and will produce the changes which are observed in the general system and find its expression in an explosion upon the surface, as it is held chained for a time in a certain circumscribed space only to fulfill the former condition?

The different periods of incubation and their regularity together with the fact that general measures given at certain periods merely retard certain explosive outbreaks would seem to indicate that the infection is general. A thorough consideration of the whole matter will also seem to indicate that the initial sclerosis is but an indication of a systemic infection. The fact that auto-inoculation has been successful after the appearance of the induration as detailed by Dr. Pontoppidan[7] does not invalidate the position, for it is merely a local sclerosis of the skin. There is induration, but unaccompanied by induration of the lymphatic ganglia anatomically connected with the induced sclerosis. The experiments are somewhat vitiated also by the fact that pus was used in the inoculations.

As is well known, the lower animals are, as a rule, not susceptible to syphilis. On this account, experiments have not been possible. No one is willing to submit to inoculations for the sake of a theory, and an experimenter would not consider it justifiable to do so without the consent of the subject. For these reasons, all that has been done has been through clinical observation and anology, each observer endeavoring to make certain facts explain a pet theory.

When Bell differentiated gonorrhœa from syphilis, a howl arose from a numerous horde of opponents who detailed num-

7. *Annales de Dermat. et de Syphiliog.* No. 4, 1885.

berless supposed facts to prove that he was wrong. Hunter discovered a positive diagnostic sign of the chancre and still something was wanting. Ricord gave us the intra-urethral chancre with which he explained everything. Since that time we have had the "mixed" chancre brought to our notice to explain a number of apparently anomalous cases. But, one fact has towered above all these; one which has remained constant despite the various perturbations of theories and it is that syphilis is a constitutional disease. In spite of the numerous mistakes which have been made and the errors of theories, it remains such to this day, so accepted by the vast majority of the profession. Nearly all the observations that have been made point to this one fact—that syphilis is constitutional as soon as the chancre has made its appearance. We will not take into account the theories of the unicists, whose death-knell was tolled when Wigglesworth announced the result of his well-known experiments. To arrive at a clearer general understanding it will be better, to define some terms. We do not *know* of the presence of syphilis in an organism until the chancre has made its appearance. But as this sclerosis is the result of a virus, which has had an opportunity of developing during a certain amount of time—the period of incubation—it represents, as it were, what the disease is. To show that the virus has been at work before its appearance, it is only necessary to have in mind the fact that, frequently, during the primary period of incubation patients will be affected with cephalalgia, rheumatism, become anæmic, depressed in spirits, melancholic, etc. So that we may regard syphilis as constitutional *ab initio*, recognizing as the beginning of the trouble that time at which it can be recognized, viz.: upon the appearance of the chancre.

This is a theory which will be found to agree more closely with clinical facts, than others, no matter what we may suppose the prime cause to be and is itself based upon clinical observation. It will satisfactorily explain many otherwise puzzling cases and not only this but it will preserve many a patient from useless mutilation and save many a physician from committing a costly blunder.