

Robbins (H. A.)

THE TREATMENT OF SYPHILIS.

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THIRD PAPER.

THIS colored man, aged 35 years, who has just entered our service for treatment, gives promise of being a peculiarly interesting case, illustrating the ravages caused by syphilis. To appreciate at a glance what is presented to you, it is necessary to be well versed in syphilography. Unless you have been properly instructed, and as it were have your knowledge at your finger ends, you will in general practice be treating many cases for other diseases, which in reality are only the manifestations of the protean forms of syphilis.

We will ask the patient to walk across the room. You notice that his right arm hangs limp by his side, and that it is with considerable effort he lifts and swings his right knee, with the big toe of the foot pointed inwards.

Syphilis causes genuine apoplectic attacks with succeeding hemiplegia, as you find in this man. Not long ago I read a paper before the Medical Society of the District, in which I gave examples. Dana of New York says that syphilis causes one-third of all cases of apoplexy. There are changes in the cerebral arteries, diminishing their caliber, etc. The brain is also the seat of tumors known as gummata, but it does not require one skilled in brain surgery to remove them.

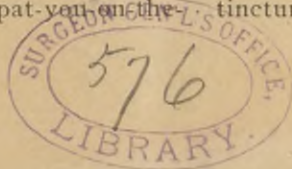
Dr. Dowse, in speaking of iodide of potassium, says: "The physician commands this drug to carry out his object, and it does it, too, as surely, as completely and effectually as the surgeon's knife in excising a tumor."

You will notice, if you hereafter see much of syphilis, that hemiplegia due to syphilis is nearly always on the right side. Aphasia is not uncommon. This man, however, is not at a loss for words, nor does he make use of wrong ones. He is very complimentary, and very voluble, and has "a pat-you-on-the-

head, and bless-you-my-children" style of oratory. Now observe the eruption on his forehead. It is what is called the ulcerative pustular syphiloderm, the pustules varying in form and color. Some are covered with crusts. My colleague, Dr. Arwine, lifts one with a pin, and you notice a yellowish puriform secretion. The late Professor von Zeissel, whose service I belonged to in Vienna, used to liken this syphiloderm to "little islands floating in their own pus." They are destructive and leave permanent scars.

Of all the various forms of treatment of syphilis, I prefer the Vienna method and that is the inunction. Generally, and always at Vienna, the mercurial ointment is used. When I am sure that I can get the oleate of mercury (10 per cent.) properly made, I prefer that, but unless it is properly and freshly made, it sometimes acts as an escharotic. As we do not have the patient under our own control, to see that the method is properly carried out, we will give him our tertiary mixture, and apply to the forehead an ointment containing calomel $\bar{3}j$, zinc ointment $\bar{3}j$.

November 23. This colored girl, aged 25 years, has just put in an appearance for treatment. You find that she has enlargement of the posterior cervical, submaxillary and epitrochlear glands. You notice located on the neck, over the sterno-mastoid region, a large, flat tumor, which she says is painful. If it is what we think, pain is a very unusual accompaniment. To our eyes, and finger ends, it can not be mistaken for anything but a gummy tumor. Any pressure on a cutaneous nerve may cause pain, especially upon the skull, where gummy tumors are occasionally found. In this case we can account for it, by the frequent applications of the tincture of iodine, which have been



mide. Some one not well versed in syphilis has mistaken this tumor for an abscess. Way tincture of iodine is always applied to a suspected abscess I can not comprehend. In my hands it has prove l worse than useless in aborting a boil or abscess, and no one but an idiot would apply it to a gummy tumor. I have ceased to be astonished at anything after seeing a medical man poultice a gummy tumor, and with a profound air, order syrup of hydriodic acid.

A gummy tumor is the most characteristic manifestation of tertiary syphilis. They rarely develop before the third or fourth year after acquiring the disease. They are met with not only on the tegumentary surface, but post-mortems have revealed them in the brain, heart, lungs, liver, stomach, spleen and kidneys, as I described in a paper called "Syphilis of the Vital Organs."

What is a gummy tumor? It is a cell infiltration in the subcutaneous cellular tissue. After the formative stage under the skin, if not properly treated, it will go on to the ulcerative stage, and sometimes is attacked with gangrene and phagedena.

This case seems easy enough to diagnose, as the girl has enlarged glands, and she says that three years ago she had a sore on her genitals, which was followed by a "waxing kernal."

Gummatous tumors have been mistaken for cancer, and have been removed by the knife. I referred to this in a paper that I read before the Medical Society, entitled "Lues Venerea." I gave examples, and could have given more. Only yesterday I came across a clinical lecture of Professor von Esmarck, in which he stated that an American had consulted him who had "his penis, the scrotum, and the testes, as well as a large piece of the abdominal skin, cut away." Our surgeons of the Pacific slope had regarded the case as carcinoma, and had made as good a eunuch of him as you can find in Constantinople. After castrating him, they fixed him so that the only way he could be re-infected by syphilis

was in a non-venereal manner. Our California surgeons failed to see unmistakable evidences of syphilis, so von Esmarck stated.

What can you expect when syphilology is not considered of sufficient importance to be taught in our medical schools? The very name is so offensive to the ears and eyes of our professors that it is never spoken, and never printed in their catalogues.

The old world makes mistakes too. In my paper "Lues Venerea," I quoted the following from Maissonneuve :

"A patient underwent a serious operation for a supposed encephaloid cancer of the pharynx. After six months the tumor began to grow again, and grew so rapidly that the patient was given up in despair, and sent to the hospital to die. When examined upon his entrance, an enormous tumor was found occupying the left lateral region of the neck and the entire parotid gland. It projected into the pharynx, obliterated the velum palati, and threatened the patient with death by asphyxia. Under specific treatment, the tumor vanished without leaving a vestige."

This morning I received part III of the Pictorial Atlas of Skin Diseases, and Syphilitic Affections—taken from photo-lithochromes of the models in the Museum of the Saint Louis Hospital, Paris.

It contained, among other superb illustrations, a colored photo-lithochrome of a broken-down ulcerative syphilitic gumma of the thigh. This patient was a man aged thirty-nine years.

The patient went to a hospital and was admitted to a surgical ward. He states that the surgeon thought of operating on him, and even auscultated his thigh "to hear pulsations"; so it seems possible that an aneurism was suspected. However, after two surgeons had consulted together, the operation was abandoned, and he was discharged, with means of treatment directed mainly towards his pains (opiates internally, belladonna plaster on the thigh, etc.).

In one month he returned to the hospital, in a worse condition. "A different surgeon from those who first saw him

now attended him. The thigh was now massive and hard, but the skin was purple, the ecchymoses having partially disappeared. Probably the new surgeon diagnosed a malignant tumor—likely enough an osteo-sarcoma—for he proposed to the patient *the amputation of his leg at the hip joint.* Terrified, the patient left the hospital.

A few weeks afterwards (December, 1830), the poor fellow was sent to the Saint Louis Hospital. The appearance of the lesions, as we have already described them, left no room for doubt as to their nature. Despite the lack of evidence of antecedent syphilis, and denials of the patient, the diagnosis of syphilis was made, and specific treatment instituted. This treatment consisted of daily mercurial inunction (mercurial ointment, four grammes (ʒi), and of iodide of potassium, of which the patient took at first two (ʒss), then three (gr. xlv), and finally four grammes (ʒi), daily. The disease, which had lasted for two years, was cured in two months.

In my paper (*L'ies Venerea*) I wrote as follows: "Gummy tumors have been diagnosed to be sarcomata, and the ever ready knife of the surgeon brought into use, but the happy administration of the proper treatment has caused them to melt away, like snow under the midday sun." So far I have not been called to account for thus indulging in poetic license.

We will apply the oleate of mercury, ten per cent., to this tumor, and give the girl our tertiary mixture, and when you see her again you will, I suspect, find that the tumor has melted away, without leaving a vestige.

November 25.—This white woman, who appears to be about thirty years old, has brought her girl baby, aged eight months, for us to treat the infant's hand.

Before Dr. Arwine removes the dressings, we will call your attention to the unusual formation of the infant's skull. There is a bulging out of the frontal bone, and a general lack of symmetry. You will notice that its eyes are bright, and there is no evidence of its having

had interstitial keratitis, and the mother says that it has never had ear trouble, and there does not appear to have been an arrest of development. You notice, about the commissures of the lips, little groups of vesicles, which look herpetic. Let us examine the mouth. We see irregular grayish-white patches, which have the appearance of having been brushed over with a solution of nitrate of silver. These are called opaline patches, because they resemble the opal, and they are characteristic of syphilis. On examining the hand, what do we find? A most typical case of what is called dactylitis syphilitica, called so from the Greek word meaning finger.

Nélaton reported two cases about thirty years ago, and ten or eleven years later Dr. R. W. Taylor wrote an essay on the subject in his usual masterly way. The acquired form is very rare. Only five cases had been reported up to the time that Dr. Taylor wrote his paper on the subject. You will observe that the upper phalanges of the index middle and ring fingers appear to be gummatous. They feel gummy and are puffed out more than twice their normal size, and at the end of the index finger there is a deep ulcer, and it looks as if there might be necrosis of the lower phalanx. The doctor is dressing it with iodoform gauze. We will photograph this case, if possible. We will give the little patient ½ grain doses of hydrargyrum cum creta, and will tell the mother to keep its bellyband smeared with mercurial ointment.

Let us question the mother. You notice that she is good looking and apparently healthy. She has had five children, no miscarriages. She says that all have been healthy, except this last one; it had a breaking out, shortly after birth, and the child has constantly had "a cold in the head." She says that her husband is a healthy man, has had no skin trouble, no rheumatism, etc.

As this woman looks so well, we would, if we had time, call your attention to the law of Colles. That is where a healthy woman can give birth to a syphilitic child. Dr. R. W. Taylor has given

examples, where such appears to have been the case. We will refer to that in a lecture, when we do not have to keep patients waiting. We will investigate still further, and report on some future clinic day.

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