

PARKER (E.F.)

INTERESTING MANIFESTATIONS OF SYPHILIS
IN THE EYE AND THROAT:

*Ulcers of the Epiglottis, Strabismus, and Paralysis of
Ocular Muscles.*

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OF THE EYE AND EAR, MEDICAL COLLEGE OF THE STATE OF
SOUTH CAROLINA.

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MANIFESTATIONS of tertiary syphilis, as distinguished from those of primary and secondary syphilis, have two important characteristics: they usually attack the patient long after the primary inoculation, when the lapse of years seems to give promise of future immunity, and has lulled all anxieties to sleep; while they are also characterized by the destructive tendency of the lesions, which leads to extensive and rapid alteration of shape and to a corresponding interference with normal functional perfection.

The eye and throat, because, perhaps, they are more exposed, and in almost constant activity, are unusually common and popular sites for the exhibition of syphilitic symptoms.

On November 21, 1891, H. J., aged fifty years, was referred to me for throat-symptoms of an alarming nature. He had been suffering for some days with dyspnea and dysphagia, which had rapidly increased, until swallowing was almost impossible. Being unable to swallow, he had lost flesh rapidly, and his breathing was



so labored and noisy that it could be heard at some distance.

On examining his throat a most peculiar condition was found, the whole pharynx being covered with numerous deep, circular cicatrices, with considerable loss of tissue. The laryngoscope showed the epiglottis to be much enlarged, and on its lingual surface was a deep, circular, jagged ulceration. The epiglottis was doubled on itself in so peculiar a way as to resemble two large tumors of the vocal bands. The laryngeal opening was thus constricted to such an extent that a space not more than one-quarter of an inch in diameter was left for respiration.

The swelling was intensely red, but easily distinguished from that of edema by its lack of transparency. The dysphagia and dyspnea had come on suddenly, and the condition of the parts below the epiglottis could not be determined.

The diagnosis of syphilitic laryngitis with ulceration was made and subsequently confirmed by the history. Fifteen years previously the man had had a chancre and bubo, with mild secondary symptoms. Since that time, though suffering from occasional attacks of sore-throat, he had been in perfect health. His wife had aborted three times.

So urgent were the symptoms that preparations were made for tracheotomy, should it become necessary. In the meantime the parts were daily sprayed with a solution of borax, and afterward with carbolic acid and glycerin, alternating with an application of silver nitrate (gr. xx to $\bar{3}$ j).

The general treatment given was mercury by inunction and large doses of potassium iodid.

The patient rapidly recovered as soon as the symptoms of ptyalism appeared, and a seemingly desperate case progressed quickly to recovery.

Another case, of a similar nature, presented on March

20, 1893. James G., aged thirty-three years, consulted me, complaining of difficulty in swallowing and dyspnea, which had come on rather suddenly. On March 17th his throat felt sore, and three days later he was unable to swallow solid food.

Laryngoscopic examination disclosed a thickened epiglottis, and just at the line of junction with the tongue was a large, deep, circular ulcer on the left side, which gradually grew larger. The swelling was characterized by a hyperemia of intense crimson color, not uniform, however. The man admitted having had a chancre and bubo with secondary eruption ten years previously, but had been in perfect health since that time until the present attack.

The treatment was the same as that detailed in the preceding case, and in a few days the swelling began to subside, the ulcer to heal, and recovery was rapid.

The foregoing cases are interesting, not as rare instances of syphilitic infection, but as showing all of the diagnostic points of syphilitic laryngitis. The lesions may sometimes be taken for the ulcers of laryngeal tuberculosis, or for malignant growths, but the diagnosis can usually be made by the laryngoscopic appearances alone.

The epiglottis is the most frequent site of ulceration in syphilis of the larynx, whereas in laryngeal tuberculosis the ary-epiglottic folds are first attacked and present characteristic tumefaction. Multiple ulcers occur in tuberculosis, while the single ulcer is the rule in syphilis.

The larynx in syphilis presents a most peculiar and almost pathognomonic redness, seldom seen in any other affection, while in tuberculosis of the larynx the opposite condition prevails; though the parts are swollen, they are unusually pale in color.

The syphilitic laryngeal ulcer is acute in development and accompanied with no pain, except on swallowing; it may even remain unnoticed by the patient until ex-

tensive changes, with subsequent contractions, have impaired the usefulness of the part. The ulcers of laryngeal tuberculosis are usually quite painful, are of slow growth, and are aggravated by cough, with a large amount of mucous secretion.

In the two cases reported there were single ulcers occurring on the lingual surface of the epiglottis; tuberculous ulceration usually involves the laryngeal surface.

Malignant ulcers of the larynx are generally the seat of great pain, the neighboring lymphatics enlarge, and the surface soon assumes a fungous character. They, too, are of slow growth, and are preceded by a tumor of varying size.

The peculiar features, then, of syphilitic ulceration of the larynx which would be sufficiently diagnostic, even in the absence of a definite injury, are: ulceration of the lingual surface of the epiglottis, appearing suddenly and characterized by active hyperemia, causing a crimson, glassy look, and with little or no pain, except on swallowing.

The importance of getting the patient rapidly under the influence of anti-syphilitic remedies cannot be overestimated. The ulcers are likely to lead to great destruction of the parts, to adhesions and cicatricial contractions, which cause permanent and dangerous changes in delicately-constructed organs.

When the patient is able to swallow, the plan I pursue is to give hydrargyri chloridum mite, gr. j; pulvis ipecacuanhæ, gr. $\frac{1}{2}$; pulvis opii, gr. $\frac{1}{4}$, three times a day, in conjunction with twenty drops of a saturated solution of potassium iodid, gradually increased to fifty or sixty drops. As soon as symptoms of ptyalism appear, the mercury is stopped and the iodid continued. If the patient is unable to swallow the pill, I practise inunction. By these means, at the end of three or four days the system is thoroughly anti-syphilized, and improvement is rapidly noted. Local treatment, by means of cleansing

sprays and the application of stimulating caustics directly to the ulcer, is of great assistance in hastening the reparative process.

The following are two rather rare examples of syphilis of the eye :

Josh G., aged forty-six years, consulted me in February, 1893, for strabismus and failing vision. He had been confined to bed for some time previously with an attack of paralysis of the left arm and leg. The right eye was turned to the nasal side and almost fixed in this unnatural position by a paralysis of some of the ocular muscles. Vision was much impaired, but was not tested accurately, owing to the ignorance of the patient. The eye was movable to the left and downward, but immovable upward and to the right. The man denied any syphilitic history, but several stigmata were found upon his legs, which confirmed a diagnosis of probable gumma of the brain. Under treatment improvement set in, the movement of the eye becoming more natural, when the right side of the face became paralyzed. In consequence of this, a large corneal ulcer formed and gradually spread. The contents of the globe became purulent, and were discharged through the perforating ulcer ; the globe was destroyed and the patient died soon afterward.

On March 1, 1893, George A., aged thirty years, was referred to me for strabismus convergens of both eyes. V. : R. E., 12/XX ; L. E., 12/XL. There was an old leukoma in the left eye.

The man was a constant sufferer from severe headache, which was referred to the occipital region and confined him to bed at intervals. Tinnitus aurium existed to a depressing degree. No history of syphilis was obtained, nor werê there any scars or cicatrices on the penis ; yet upon his body stigmata betrayed the previous existence of the disease.

The man was put upon anti-syphilitic treatment, with

the result that the strabismus was rapidly corrected, vision improved (R. E., 12/XII; L. E., 12/XXX), headache disappeared, and the tinnitus was much relieved.

Dr. Hyde, of Chicago, in an admirable article in *THE MEDICAL NEWS*, March 18, 1893, p. 281, calls attention to the importance of studying the ravages of former disease, as shown in scars or stigmata on various portions of the body. Those of syphilis are almost pathognomonic, and should always be looked for in obscure cases of disease. He also calls attention to a very important fact, namely, that these syphilitic stigmata are less frequently found on the penis than upon other less accessible regions of the body, and that failing to find them on this organ they should be sought for carefully elsewhere. These stigmata become, then, not only important links for diagnosis, but positive therapeutic indications.

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