

AN  
INAUGURAL DISSERTATION  
ON

*Syphilis*

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## Syphilis

The term syphilis is wrapped in obscurity. This disease has existed from time immemorial. From the descriptions given by the ancient and modern writers the disease has undergone no change. Though there are many affections resembling syphilis which have been confounded with it. Every case does not present the same aspect, being modified occasionally by individual idiosyncrasys.

It is caused by a certain specific virus during coition. Chancre or true syphilitic ulcer may appear on any part of the body with which the virus has come in contact; but most

generally on the mucous membrane;  
They are usually situated on the  
penis behind the corona glandis, or  
in the mouth of the urethra or on  
the under surface of the prepuce, but  
most generally on the fraenum.

They may occupy any part of the  
urethra, and sometimes they appear on  
the eye lids, or lips from the application  
of the syphilitic virus by the fingers,  
owing to the delicate structure of the  
membrane.

In women the labia and entrance  
of the vagina are the parts most  
generally affected,

Among the innocent the parts most  
usually affected are the fingers by  
handling chancres or delivering

infected women. Syphilis is divided into three stages. primary, secondary, and tertiary.

After from one to five days from incubation of the virus there is a small red and inflamed spot attended with itching, in a short time a pustule appears attended with little or no pain. The top of the pustule in a short time is rubbed off, or burst, leaving an ulcer slightly excavated and usually circular with hardened edges and the surface covered with a gray, or coppery colored matter. The base of the ulcer is thickened, and indurated, when pinched up between the fingers it feels like a small hard tumor under

the skin; there is more or less inflammation surrounding the ulcer.

Chaneres are modified by their position, when they appear <sup>upon</sup> the skin they are covered with a scab formed by the drying of the puss eliminated, this scab soon falls off, and is followed by another of larger size, and there is a recapitulation of this throughout the disease,

When there is a rupture of the fraenum, or an abrasion of the prepuce the chanere may appear in a few hours. When there is no abrasion it may be two weeks or even a month before it appears, but this is seldom the case.

The disease is local as long as

It is confined to the part first affected. The chancre may exist for a longer, or shorter time owing to its position, or extent of inflammation before there is any enlargement of the lymphatic glands of the groin, this is the first indication of its passing to the second stage, or its entrance into the system.

The enlargement of these lymphatic glands is known under the name of bubo. The glands most usually affected are the ones most superficial, and nearest the ulcer.

Bubo is more apt to arise from a chancre on the prepuce, or foreskin than on other parts of the penis.

The bubo soon becomes painful and

of a bright red colour, and sooner  
or later passes into suppuration.

It now resembles a large chancre.

Buboes in peculiar constitutions some-  
times produce large, and extensive ul-  
cers, which may penetrate into the  
cavity of the abdomen, fistulous  
sores sometimes follow buboes.

Buboes may originate from other causes  
than chancre — from gonorrhoea, sores  
on the feet and legs, from mechan-  
ical injuries &c.

It is very difficult to distinguish  
swellings in the groin produced in  
this way, from the true syphilitic bubo.

The only <sup>certain</sup> way of distinction is by  
inoculation of the virus, into other parts  
of the body.

Secondary symptoms ~~not~~ show them  
selves on the Lips, Tongue, & nose,  
sometimes the skin is the first  
part affected, but most usually  
the throat, It appears in the  
form of small ulcers slightly  
excavated, The surface of the ulcer  
is covered with a brownish matter,  
and the surrounding parts of a  
copperish ting. There is so little  
pain connected with the ulcer that  
it may exist for a long time  
without the knowledge of the  
patient. There is generally a  
copperish taste in the mouth.  
When there is great inflammation  
and pain it is difficult to  
distinguish it from common sore



throat, These ulcerations are slow  
in their progress, as they advance  
destroying the surrounding soft parts,  
pass up the Schneiderian membrane  
and by their ulceration form a com-  
munication between the nose and mouth.

This disease appears upon the skin  
in the form of pale red blotches, it com-  
monly appears first on the back  
of the neck forehead breast and  
groin, sometimes the whole skin  
presents a mottled appearance and  
is accompanied by fever. Sometimes  
these spots are few in number.  
The center becomes flat and scaly,  
these scales soon fall off and are  
followed by others untill the skin  
cracks and discharges a thick fetid

and greenish matter. These sores are very painful. The palms of the hands, and soles of the feet are occasionally covered with hard thick whitish scales. The surface beneath the nails soon becomes inflamed and sooner or later the nails drop off.

Venerial warts appear in the second stage they are expanded on the surface, and narrow at the neck. They are very tender and bleed freely when touched.

They generally occupy the glands penis, under surface of the prepuce and vulva.

Condylomata are firm and fleshy tumors with a broad base and irregular surface and situated

around the anus, they sometimes ulcerate, and are very troublesome.

Alopecia belongs to the secondary stage, but does not always appear, the scalp becomes covered with scales, the hair and eyebrows fall off which are seldom regenerated.

The tertiary stage affects the more deeper seated tissues than the primary, or secondary, such as the periosteum ligaments and bones.

It generally shows its-self first on the spine of the tibia. This inflammation may exist for a long time without the knowledge of the patient, it may be discovered by the patient flinching when there is pressure made along the spine of

the tibia. When the disease attacks the joints it gives rise to severe pain resembling acute rheumatism.

The next indication of the third stage is the appearance of nodes upon the superficial bones, such as the cranium clavicle &c. These nodes are an inflammation and swelling of the periosteum, they increase very slowly and never attain a large size; they are very hard, and not painful until they have existed for a long time.

The discovery is generally accidental.

These nodes may remain perfectly stationary for a long time without ~~any~~ any annoyance to the patient, finally the skin covering the node becomes red and inflamed, deep-seated

acute pain is felt in the part  
which extends to other portions of the  
body, This pain is more acute at  
night, The node <sup>soon</sup> loses its hardness  
and becomes soft and fluctuating.  
Ulceration takes place on the  
most prominent part of the tumour  
and extends down to the bone with  
a constant discharge of an offensive  
virulent matter.

The bone may be felt through this  
opening entirely destitute of periosteum.

When a patient has suffered a  
long time from syphilis and taken  
large quantities of mercury the bones  
sometimes become thickened.

The disease undermines the delicate  
bones about the nose and destroys

The periosteum, and the bones soon die and crumble away; the nose sinks in and the features become horribly deformed. There is a foul ichorous and offensive matter continually flowing from the nostrils, or into the mouth; the breath is very offensive, and the patient presents a disgusting aspect.

The foetus in-utero may receive the syphilitic taint by the interchange of blood from the mother; soon after birth there appears copper colored blotches on different parts of the body, as the thighs, groin, around the anus, and genitals. Ulcers appear in the throat, on the tongue, and around the mouth.

The voice becomes hoarse, the blotches hard and scaly; the skin cracks and ulcerates, and the infant rapidly emaciates, and death soon follows; but should it survive which is seldom the case it will bear strong mark of old age.

Besides the true Hunterian chancre which I have described there is what is called the Phagedenic chancre these are very painful and rapid in their progress, and of an irregular shape with ragged and undermined edges the surface of the chancre being yellow and streaked or dotted with blood; the virus discharged is profuse, thin ichorous and streaked with blood, these ulcers eat deep into the substance

of the penis, and bleed freely upon  
the slightest erection of this organ<sup>n</sup>.

May not this be the common form  
of chancre, only aggravated by the  
state of the constitution?

### Treatment

Chancre in its primary form is a  
local disease, and therefore<sup>n</sup> calls  
for local remedies; upon their first  
appearance they should be freely  
cauterised with nitrate of silver,  
or caustic potash, by this the chancre  
is converted into a common ulcer,  
which readily heals without contam-  
inating the system.

After the chancre has<sup>n</sup> been freely  
cauterised they should be dressed  
three times a day with lint saturated



with aromatic wine, black, or yellow wash. When the chancre needs stimulating it should be gently touched with the sulphate of copper. Opium should be given at night to obviate motions which break up the adhesions.

When the inflammation runs high it should be treated by antiphlogistic means. If the chancre has existed long enough for the virus to be absorbed into the system, constitutional remedies must be resorted to. Of these, the preparations of mercury stands preeminent. One grain of calomel, combined with half grain of opium or the blue pill three times a day. If the disease is spreading rapidly two or three drachms of mercurial ointment should be rubbed

on the <sup>in</sup>ner surface of the Thighs every  
morning, and evening, if vesication appears  
It should be discontinued, or removed  
to ~~the~~ arms and legs. In no case would  
it be necessary to produce more than  
gentle ptyalism. Acute bubo should  
be treated by blood letting, purgatives,  
leeching, cold applications, blisters &c.  
If these remedies should prove ineffec-  
tual to disperse the swelling, and  
suppuration become inevitable they  
should be immediately laid aside,  
and warm poultices applied to  
promote suppuration, and when  
this is fully established It should be  
opened with the lancet, so as to pro-  
mote free evacuation of the matter.  
If the Bubo continue to ulcerate after

The discharge of the matter and the edges become hard, they should be repeatedly touched with caustic, and the black lint applied or lint saturated with aromatic wine, or black wash.

When blotches appear on the skin, and ulcers in the throat one fourth of a grain of corrosive sublimate should be given, morning and night.

If the internal use of corrosive sublimate, and calomel should not produce the desired effect, mercury should be introduced into the system by fumigation. After the mercurial course the hydriodate of potash should be given in ten, or fifteen grain doses, three times a day.

After two months administration of

The potash it should be discontinued  
and the patient may drink freely  
of a decoction of sarsaparilla  
guaiacum myzerion, Nodes should  
be treated by pressure and the  
external use of the tincture of iodine.

Venerial warts removed by the  
knife, and their basis touched  
with caustic