

*Very Good — S. F. Z.*

No. 217

AN  
INAUGURAL DISSERTATION

ON

*Syphilis*

SUBMITTED TO THE

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BY

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Syphilis is a specific venereal disease communicable by sexual intercourse, by inoculation, and by hereditary taint. The progress of this disease is extremely variable as well as its duration, which is often unlimited if left ad libitum. History reveals nothing as to its origin so far as I am informed. It is believed to have been introduced into Europe from America about the end of the fifteenth century. Even the etymology of the term Syphilis is unknown, speculation however has derived it from various Greek words such for instance as (Sas) signifying a hog (Sipelas) signifying venereal disease &c. &c. Syphilis is divisible into three stages, denominated primary, secondary, and tertiary. The primary is a local, the secondary and tertiary a constitutional form of the disease. The primary is termed local,

because the symptoms are of a local character. The secondary and tertiary are styled constitutional, for a like reason.

The primary stage - In this stage of the disease, the first symptom to which our attention is directed, is a chancre; matting its appearance usually in from three to six days after the impure coitus; sometimes in the shape of a mere abrasion; but more frequently in that of a vesicle or blister not larger than a pin's head, In the male on the glands penis or lining membrane of the prepuce generally but not exclusively, In the female on the external organs of generation or uterus. The walls of the ~~blister~~ or vesicle remain but a very short time in situ. At the expiration of the fifth day from development they are ruptured and an open



ulcer formed which attains to a size usually varying from that of a five cent. piece to that of a two dollar and a half cent. piece; circular in shape, deep and excavated; its base and edges indurated; as hard as cartilage. The ulcer resembles somewhat a percussion cap; its surface presenting a copperish or dirty aspect, which will not admit of being cleansed however rigid the application of lotions. This form of Chancre is that most frequently to be met with especially in this country and is termed the Indurated or True Austrian Chancre

The other varieties denominated The Simple Chancre or chancreous excoriation The phagedenic, and Sloughing chancres are described as follows by authors whose practical observations have

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afforded them the conclusions they have arrived at. The simple chancre or chanceros excoiation is described as consisting of one or more small sores resembling rather an abrasion with sharp cut edges; circular in shape; having a surface of a tawny-grayish or yellowish color; circumscribed with a red areola; attended sometimes with heat and itching; usually seated on the cleft, under the corona glandis. But the whole glands penis may be studded by them. It is this form I suppose that is most frequently met with in London at this time.

The phagedaenic chancre, which is fortunately of very rare occurrence, is a complication of chancre with phagedaena. It is described as having a great tendency

to erosion, with much destruction  
of the parts, that it invades; rapid  
in its progress; highly painful; surface  
yellow and dotted with red streaks;  
irregular in shape; edges ragged  
or undermined; discharge profuse  
thin and sanious

The Sloughing chancre is described,  
as being a combination of rapidly  
spreading, and destructive gangrene  
with syphilitic poison; affecting usual-  
ly the prepuce and glands penis;  
attended with a high degree of  
inflammation; permanent state  
of phimosis; Soon making its  
appearance on one side, a dusky  
black-looking spot - rapidly sprea-  
ding and giving rise to thick, black,  
soft, and puttaeous sloughs, exposing



and implicating the glands to a great extent.

Diagnosis. A sore situated on the penis, having the peculiarities which we have designated, as belonging to a chancre, following a suspicious intercourse, may be pronounced with a very great degree of accuracy a chancre. We should bear in mind however that the only unerring test for chancre, is the inoculation of the pus, into some other part of the body; if it be a chancre, a chancre will be produced by the inoculation; if to the contrary, a contrary result.

Treatment. If called to a case within five days after the chancre has made its appearance; our treatment will

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consist, in rupturing the vesicle or  
blister which is the incipient form  
of chancre, and applying to the  
ruptured surface, Acetic acid if  
this be not at hand Nitric acid  
or vegetable caustic potash may  
be employed; Several other articles  
may be employed, such for instance  
as Vienna paste, Muriatic acid and  
chloride of Zinc, when neither of the  
last mentioned is at hand. But  
the acetic acid is always to be  
preferred when it can be had

These agents act specifically, by de-  
composing the virus, and changing  
the character of the sore. This is call-  
ed the abortive treatment, and will  
almost invariably cut short the  
disease if timely applied. But after



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the lapse of five days, the virus having  
been absorbed these agents lose their  
abortive efficacy and we have to  
resort to Constitutional Means, to ar-  
-est its progress

Constitutional Treatment. If not contra-  
-indicated, Mercury should by all  
means be exhibited in some form,  
either by Stomach, by inunction, or by  
fumigation, As taught by our worthy  
and able professor of Surgery Paul. F.  
Ever, we would recommend the following  
form and manner. Viz. After 10 or 12  
purgatives, fifteen grains of blue Mass  
should be exhibited daily, (ten grains  
on retiring to rest at night, and five the  
ensuing morning) until slight ptyalism  
is set up, then discontinuing the remedy  
to be resumed again when the sonus

of the gums and with somewhat sub-  
 side, in five grain doses daily, to be  
 continued until the chancres shall  
 have healed, and as long subsequently  
 as previously in order to protect the  
 system against the occurrence of second-  
 ary symptoms. Strict diet being enjoined, the  
 least exposure, and the avoidance of  
 stimulating drinks, the mean while.  
 On the mean time also, we would sugg-  
 est the propriety of using the same agents  
 locally, (that is to the chancres) as in the  
 abortive treatment, in order to prevent  
 the farther absorption of virus, save  
 in the phagedaenic variety. In this form  
 of chancre the better treatment,  
 perhaps is the potassio-tartrate of iron  
 in connexion with lotions of copperas  
 water. In the use of mercury we

Should be careful to avoid the following effects. *Viz.* violent salivation, Eczema mercuriale, and Erythemas mercurialis, as these sometimes lead to disastrous consequences.

In case the use of mercury should be inadmissible, as for instance, in patients of Strumous or Scrofulous habits, we would employ together with proper antiphlogistics, the nitric or nitro-muriatic acid, in proper doses two or three times per day. The iodide of potash might also be employed with great benefit, in doses of from two to three grains, two or three times per day, in connection with Cod liver oil. The same being observed as to diet, exposure, and drink, as stated on the preceding page.

Constitutional Symptoms. These are local



in their character, presenting no evidence of constitutional infection. They embrace the indurated cicatrix, and the syphilitic bubo. The former is an imperfectly cicatrized chancre, its specific character not having been destroyed. It is infectious a kind of zymotic action going on in it generating and transmitting the syphilitic ferment into the blood.

The latter is an enlarged gland arising from the absorption, and deposit of virus in its substance; making its appearance usually, in two or three weeks from the appearance of the chancre, upon the side corresponding thereto; that is, if the chancre be on the right side of the penis, the bubo will be in the right groin, if on the left side, in the left groin: but if

on the dorsum or under surface, it may appear in either. It is most always to be found above Ponspach's ligament.

Diagnosis. Being situated above Ponspach's ligament, and preceded by a chancre, determines with great accuracy as to its character. But the unequivocal test is inoculation, if bubo producing chancre. Or the bubo being opened, the soon presenting the common chancre appearance.

Treatment. This should vary nothing in our estimation from that of chancre.

Constitutional Syphilis. By this is implied the general infection of the system by the venereal virus. It is not contagious. But hereditarily transmissible.

Symptoms. These are secondary and tertiary. The secondary symptoms are usually being developed, about the expiration of the second month, after the commencement of the disease, sometimes however sooner or later. They consist chiefly as follows. Affections of the skin bearing different appellations, according to character, as. Macular small blotches occurring singly or in patches, on the abdomen, of a capillary tint. Squamous syphiliticae, small irregular blotches, of a red and somewhat capillary color, met with on the inside of the arms and thighs, and Rupia large flattened bullae, filled with serum which become gradually purulent and eventually dry into scabs. The skin



being ulcerated beneath. These are met with chiefly on the extremities and present quite a loathsome, foul, dirty aspect.

Affections of the mucous membrane.

Typhilitic Sore Throat; consisting of inflammation and excoriation of the mucous membrane of the tonsils or fauces, succeeded sometimes by ulceration; the sores bearing very great resemblance to the ordinary chancre; being deep and excavated, having the appearance of being scooped out; its surface foul and dirty, and of a coppery color.

Inflammation of the mucous membrane of the nose and palate; also succeeded occasionally by ulceration which sometimes proves a very destructive process

Warts. Thinness. Change of complexion. Alopecia. Rheumatic affection of the knees and shoulders. Warts, Excrescences, and Vegetations, about the anus, scrotum and perineum. Besides various other symptoms might be enumerated

Treatment. An excellent treatment is proto-iodide of Mercury, in doses of from a half, to one grain, three times per day; or Corrosive Sublimate may be employed in doses of from one twelfth, to one eighth of a grain, three times per day. A more efficacious mode of treatment however is fumigation, of gray oxide of Mercury, binoxide of Mercury, or cinnabar and iodide of Mercury. Baths are most important in connexion. Regimen and proper precaution being enjoined

Tertiary Symptoms Among the symptoms  
 belonging to this class we find periostitis,  
 and affections of the bones, particularly  
 the superficial as the os frontis,  
 the clavicle, the tibia, &c; giving very  
 little pain during the day; but extremely  
 annoying at night; depriving the  
 patient to a great extent of rest; Suppuration  
 caries and necrosis being.

Sometimes the result. We find also  
 stiff joints, destruction of the gums  
 and cheeks, deafness, blindness &c.

Treatment On this stage we have  
 nearly a specific this is iodide of  
 potassium. It should be exhibited  
 in doses of from two to three grains two  
 to three times per day

To allay the pain in the bones at  
 night we have recourse to anodines and Revulsives