CLINICAL
LECTURES AND REMARKS,
DELIVERED ON
DISEASES OF THE SKIN, VENEREAL
DISEASES, AND
SURGICAL CASES,
AT THE
 SKIN INFIRMARY AND AT THE JERVIS-
 STREET HOSPITAL, DUBLIN.
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 ———
 VENEREAL DISEASES OF THE SKIN.

HAVING concluded, in the last lecture, a general view of the pathology of venereal diseases of the skin, I shall now endeavour to describe them in a more particular manner, and thus still better prepare you for a clinical review of individual cases.

You have seen that these diseases, however varied, are susceptible of being classed in two groups,—an original, or pustular group, and a degenerated, or exanthematic group. We shall, if you please, first consider the pustular group.

You have also seen that each group presents two orders of symptoms,—primary and constitutional; the former being the result of the direct application of the poison, or of its action before it has shown any signs of having entered the general constitution; and the latter, the symptoms which testify its presence after it has been absorbed into the system. The primary symptoms of each group will occupy our attention prior to the constitutional symptoms of the corresponding group.

A few days generally elapse between the application of the virus to the cutaneous surface and the commencement of

Pustular Primary Syphilis.

The length of this period will however vary, according to the state of the surface to which the poison has been applied, the sensibility of the patient, and the quantity of virus allowed to remain on the part.

The attentions of the patient are, in general, first attracted to the contaminated spot by a sensation of itchy soreness; and this spot, when examined, is slightly tumid, and presents a red colour. On this tumid red spot, which is not larger than a coriander seed, a pustule quickly forms. The base of this pustule is rather deep and hard, its point not very acuminate, and of a yellowish white colour; there is a redness which, surrounding the base of the pustule, forms an areola. A black coloured, or dark, spot soon appears in the centre or top of the pustule, and if this spot be touched with the point of a pin it is found to be hard and rough; it is an incipient crust.

The appearance of the part will now vary,

according as the crust is allowed to remain or is removed.

If the crust, or top of the pustule, be removed, you expose a cavity filled with puriform matter; and if you absorb, with a piece of lint, the matter contained in this cavity, you find that it is an excavation of a rounded or cupped form, of a yellowish or dusky white colour, having a sharp, gently punctulated or serrated edge, and a deep and tumid basis. You know that the edge of an ulcer is the line which separates the ulcerated surface from the surrounding red surface or areola, and that the base of an ulcer is so much of the subjacent parts as are diseased.

The ulcer having increased for a few days, its surface granulates, and its excavation begins to fill up; its basis, at the same time, becomes more tumid, and its margin more raised. By its margin you are to understand that part of its areola which is immediately outside its edge. Sometimes, during the process of granulation, the surface of the ulcer rises higher than the margin; at other times, the margin continues higher than the surface. When this is the case, the surface appears, to a superficial observer, still excavated, even after its cavity has filled above the level of the surrounding healthy skin.

The next change is marked by a shrinking of the diseased part. The areola now disappears; the margin acquires a purplish, or callous white, appearance; a red line is formed at the inside of the edge; the surface contracts, and the formation of cuticle commences; this proceeds from the circumference to the centre of the sore. For some time after cicatrization a degree of hardness, or induration, may in general be felt in the part on which the ulcer was seated.

If the crust which formed on the centre of the pustule be not removed, and if it remain uninfluenced by pressure or friction, it may adhere to the part until the ulcer is healed, when it will be detached, and expose a livid-red, smooth, cicatrized surface. Crusts seldom acquire a great size before they are detached; I have, however, seen them not less than three-quarters of an inch in diameter at their base, and little less in projection; this, nevertheless, is very unusual. Although the ulcer be covered by the crust, the changes going on underneath may be ascertained by the appearance of the areola and of the margin; for these parts present, during the progress of the disease, the same changes, whether the ulcer be or be not encrusted.

The period which elapses from the commencement of the diseased spot, or pustule, until the process begins by which the excavation is filled up, is the first, or ulcerating stage; from this period until shrinking commences, is the second, or granulating stage; and from this until the sore is healed, the third, or healing stage. These stages, in

general, take up from thirty to forty days, about eight of which may be occupied by the first; sixteen by the second; and eight, or more, by the third. Each stage is easily distinguished, if attention be paid to the symptoms which I have described as characterising it.

The pain attendant on this disease is, in general, trifling, and diminishes, or disappears, as soon as ulceration has terminated. The size to which the ulcer increases is, for the most part, not larger than a silver sixpence.

In different cases, from various causes, this disease presents considerable varieties in its progress and appearance. Thus, in some, the process of ulceration is in excess, and a much more extensive destruction of parts than is usual occurs. These constitute the phagedenic ulcers. The basis on which the disease is placed, may be remarkably hard and tumid: such are the indurated ulcers. The margin of the ulcer may be so much raised above the surface of the surrounding skin as to form a ring, or rod, at the circumference of the sore: these are the annular ulcers. And lastly, the surface sometimes rises so high above the surrounding parts as to appear fungous: these are the elevated ulcers. Thus we have phagedenic, indurated, annular, and fungous ulcers, besides varieties in the time required by the disease to go through its different stages, and in various other more trifling particulars,—as colour, form, size, number, and so on.

Phagedenic sores are distinguished by the extent or severity of their destructive actions; they are of various kinds, and it is of the utmost importance to be well acquainted with their varieties. The appearance of the surface, and of the margin, edge, and border, or part inside the edge; the degree of induration of base, the degree of inflammation, the character of the accompanying pain, the state of the patient's system, and the nature of the preceeding treatment, are the most important circumstances in which they vary. Thus they may be surrounded by great induration, or by little or none; there may be great tumefaction, or the part may be free from swelling; they may be extremely painful, or the degree of sensibility may be trifling; the accompanying inflammation may be great, or otherwise; the surface may be covered with slough, or it may be nearly free from slough, and the appearance of this slough may vary,—it may be white, or black, or brown; the disease may occur in the old or in the young, in persons of an irritable and delicate fibre, or in those of a robust and sanguineous temperament; it may attack persons of temperate habits, or persons addicted to spirituous or fermented liquors; it may have been judiciously treated, or it may have been exasperated by the treatment adopted. All these circumstances either de-

note, or cause, varieties which require more or less modification of treatment; but with these varieties, and their treatment, you can be made acquainted only by the study of individual cases.

The base of the pustular venereal sore is always hard or tumid; but the degree of hardness is subject to much variety; it is dependent on an interstitial deposition into the parts subjacent to and surrounding the ulcer, and no doubt is a symptom that should be attended to; but it has, perhaps, obtained an undue share of attention, to the neglect of other characters.

You will often have an opportunity of observing ulcers characterized by their surface being surrounded by an elevated margin: this elevated margin is to be distinguished from an elevated edge. Remember the distinction which I have made between the edge and margin of a sore. In every case, as long as the process of ulceration exists, the edge of the sore is necessarily higher than the surface; but an elevated margin is an attendant on only some sores, and in these the edge, instead of being raised, is turned down to the surface of the sore, and is lower than the margin. There is very generally a ring surrounding every pustular sore; but this is, under common circumstances, too trifling to attract attention, and the annular appearance is deserving of notice only where it is in excess.

If the surface of the sore rises, during the granulating stage, above the level of the edge and margin, it forms the elevated ulcer. All primary pustular sores, except those on certain structures, show a tendency to this elevated state; but, as in respect to the annular character, it is only when elevation is in excess that it constitutes a variety.

The primary pustular sore, as I have already remarked, in general passes through all its stages in thirty or forty days, but a much longer period may be occupied by its different phases; yet it may not present any appearance which could account for a progress so tardy.

The colour of the sore is, as I have said, in general a dirty or dusky white. It may, however, be of various other colours; it may be very white, particularly during its ulcerating stage, and at its border; or it may be of a dirty brown, or of a nut-brown colour.

The form of the pustular primary sore is generally circular, but it may present various forms; it may be oval, or it may be angular, or it may be of the form of an S; it may be serpentine, or it may represent the form of a series of beads, and so forth.

The discharge furnished by the primary pustular sores varies much, both in quantity and quality. Sometimes it is thick and yellow, like bland purulent matter, and sometimes thin and watery; it is on some occasions scanty, and not more than sufficient to

paint, as it were, the surface of the sore, and on other occasions it is very profuse; it is in general profuse when thin and watery. These varieties in the state of the discharge always denote varieties deserving of discrimination in the state of the sore.

In the majority of cases, perhaps, the disease is solitary, but a plurality often exists. When there are more than one, the additional number may have been produced either by the original infection, or by the matter secreted by the first formed sore. It is a remarkable fact, that all the sores which appear subsequently to the first, run their course much more rapidly than the first. Thus, it may happen, that although some may have been in their granulating stage when others commenced, the former may arrive at the stage of cicatrization as soon as the latter; consequently, when there is a plurality, their stages may be synchronous, or otherwise; that is, they may be all in the same stage at the same time; or they may be in different stages, and therefore exhibit very different appearances.

The magnitude of each sore is subject to much variety. I have stated that it seldom exceeds, when left to itself, the size of a silver sixpence; but it may increase much beyond this, or it may remain very much within it. I have seen the primary pustular sore go through all its stages and be little larger than a pin's head, and on other occasions I have seen it some inches in extent.

Some sores are covered with crusts, others never become encrusted. In some, the pustule in which the sore originated, has its top abraded as soon, almost, as formed, and then the pustular character is scarcely visible. In others, a large-sized pustule is developed: or a surface, the seat of abrasion, or wound, or previous ulcer, may be contaminated by the poison of the venereal pustular sore, and a corresponding sore produced without a previous pustule. It may appear incorrect to call a sore pustular, which has not been preceded by a pustule: the meaning of the expression is, however, obvious.

Now, what are the causes of these varieties? On this subject some facts have been ascertained, but much remains to be done. Among the causes of modification, we may, without doubt, enumerate the structure and function of the part upon which the disease exists; the age, or quality of the poison which has produced the disease; the original, or acquired, constitution of the patient; the manner in which he lives; the co-existence of other morbid states; and the mode of treatment which may have been employed.

Ulcers on the corona glandis are very apt to be much indurated. Those on the common skin, particularly on the scrotum, frequently present the elevated, or the annular character, or both; while those on the glans

penis are never elevated, and seldom or never annular. Ulcers on the muco-cutaneous structures, as on the inner surface of the prepuce, and on the surface of the glans penis, are in general smaller and of a whiter colour than those on the common skin. Ulcers at the orifice of the prepuce, and of the urethra, and those on the frenum and corona glandis, are, if left to themselves, slower in healing than those on other parts; it is only the ulcers which are on surfaces not opposed to others that become encrusted. Ulcers at the orifice of the urethra and of the prepuce generally cause a contraction of those openings; and those at the frenum, for the most part, destroy that membrane, and subsequently often perforate the urethra. Ulcers at the corona glandis also may perforate the urethra, or pass between the skin and covering of the penis, thus causing a burrowing sore; or else they may ulcerate outwards, through the common integuments. A plurality of ulcers seldom occurs on the common skin, but is very usual on surfaces opposed to other surfaces, particularly if the form of the part be such, that the secretions are for some time retained on it. Thus we often meet with a plurality of ulcers at the corona glandis, on the surface of the glans, and on the inner surface and orifice of the prepuce. Ulcers at the orifice of the prepuce are not unfrequently of a linear form, resembling fissures; on the glans penis they sometimes appear serpentine in their figure; and at the corona glandis, like the figure of 8, or like a string of beads. These peculiar forms are dependant on the union of a plurality of ulcers. When the disease has removed the frenum, the ulcer formed has generally the shape of a diamond on playing cards; it is only on the common skin, or at the orifice of the prepuce, that the state of pustule is, in general, to be seen well-marked. Such are the more common varieties dependant on the function and structure of the part.

That original or acquired constitution has a very considerable influence in modifying this disease, many proofs will be afforded to you in practice. Thus you will meet with individuals whose disease presents, every time they contract infection, some peculiar characters, no matter what the source may have been from whence the virus has been derived. Again, you will meet with some persons particularly disposed to contract the venereal disease; and others who, under every circumstance, seem to resist it. What the causes are of these peculiarities of constitution, or what the signs are by which, *a priori*, they are testified, we are ignorant; they are said to be owing to idiosyncracies, but a name throws no light on either the cause or nature of these peculiar habits.

The mode of living of the patient, and the mode of treatment to which he is subjected, are, in general, the most evident causes which modify the appearance of the disease.

Thus a sore, free from induration, may be rendered indurated by the mode of dressing; or a sore which is very mild in all its characters, may, by improper treatment, or by errors in the mode of the patient's living, be quickly rendered phagedenic. Various circumstances may greatly retard, or otherwise hasten, the stages through which the disease passes. Thus, by some applications, the process of ulceration may be promoted, and those of granulation and cicatrization retarded. By others, the state of ulceration may be arrested, and granulation and cicatrization hastened. Numerous cases, illustrative of all these facts, have been witnessed by you, and I shall hereafter recal them in a particular manner to your recollection.

You already know that the venereal poison is so altered by passing through the system, as to produce a distinct set of symptoms, both primary and constitutional, and hence the natural division of venereal eruptions into pustular and exanthematic. Of the difference of poison from this cause of modification I have nothing at present to say; but may not minor modifying causes, of the same nature, produce some of the less remarkable varieties which we observe the pustular form of disease to present, and which I have named the annular, indurated, fungous, and phagedenic ulcers? Now, I shall tell you the facts I have observed connected with this subject.

In the first place, if you take poison from an ulcer, in its early stage, and inoculate with it, you will produce a severe form of disease, one more ulcerative or excavating than if you take the poison from an ulcer in its more advanced stage, and *vice versa*. This fact has been already observed by Mr. Evans, in his experiments on this subject.

In the second place. When I have used, for inoculation, poison taken from a sore characterized by development of margin, or elevation of surface, I have been more apt to produce a similar modification of disease than if the poison was obtained from a sore which did not present those characters. This was observed, whether the inoculation was made on the individual from whom the poison was obtained, or on another.

In the third place. Ulcers produced by inoculation have been, in general, of a more annular, or more fungous, character, according as the sore from whence the virus was taken, has been older.

From these facts I conclude, that there always exists a disposition to the production of a sore similar to that from whence the virus was obtained.

It is natural to presume that the co-existence of other morbid actions in the part, or system, must have a very considerable influence on the character and progress of this disease; yet little that is accurate has been ascertained on this subject. If the disease occurs in a part which is in-

flamed, its progress will be more rapid than when inflammation does not exist. This, probably, is one cause why an ulcer produced in the neighbourhood of another, and by the application of its discharge, will run a more rapid course than the original ulcer. But if the disease be developed on a surface whose state may be said to be in some measure in a contrast with the state of inflammation, that is, if it be in a state of indolent or atonic action, the progress of the disease will be as much retarded as in the former case it would be accelerated.

Unlikely as you might suppose it to be, it often happens that persons, while labouring under constitutional forms of syphilis, contract a primary venereal disease. On these occasions, the new, or primary disease, is, as might be expected, often remarkable for the difficulty with which its cicatrization is accomplished. It has, in fact, more than once happened, that a difficulty in healing a primary venereal sore has prompted me to investigate, in a particular manner, the state of the patient's constitution, and then I have discovered the existence of a venereal taint which he had previously neglected to make known.

The disease sometimes co-exists with fever. On such occasions it is of great importance to ascertain their relation. The fever may be symptomatic, or merely the consequence of the local disease, and then it is more manageable, and of less importance, than when dependent on causes distinct from the disease. Of those fevers which complicate the disease, and which are more or less independent of it, I have noted two varieties,—one of a typhoid type, accompanied by a state of irritation, or perhaps atonic inflammation of the gastric, or gastropulmonic mucous surface. This is always a most alarming complication, and when it exists, the parts, the seat of the primary disease, are very apt to run into gangrene. The other form of fever presents more the character of synochus: it is accompanied by a loaded tongue; but that organ is not dry, and chapped, and crimson coloured. Now, it is remarkable, that while this latter form of fever exists, the state of the local disease is not much aggravated, and as soon as the fever begins to subside, the local disease becomes ameliorated; in fact, the ulcer often heals, upon the complete subsidence of the fever, with great rapidity.

What are the characters by which this disease, that is, primary pustular syphilis, may be distinguished from all others? This is at once a most important and a most difficult question. I believe a person well acquainted with the disease could not be mistaken in his opinion, at whatever stage it was presented to him, provided its appearance had not been modified by artificial means. For the purpose of diagnosis, there is no one character, however, sufficient; you

must take into consideration several, and their series and order, before you can form an accurate judgment. Thus, the figure of the ulcer is not sufficient; for although it is generally rounded, it may present any form, partly owing to the situation on which it occurs, and partly to a junction of two or more ulcers. Colour is of little value as a diagnostic sign, for although the ulcer is in general of a dirty, or dusky white hue, it may be of a lighter white, or it may be brown, nearly approaching to black. Number will not suffice, for although the disease is often single, several may exist at once; induration of base, elevation of margin, fungosity of surface, and even the existence of a bubo, are all insufficient, for ulcers produced by any cause may present, under particular circumstances, these states, and they may be scarcely, if at all, observable in the pustular primary venereal disease. But, although any one of these characters be insufficient of itself, if the sum of them be considered, it will, I believe, be impossible to form an erroneous opinion, particularly if we investigate the questions of exposure to infection, the date after exposure at which the disease commenced, the manner in which it first appeared, the subsequent changes which have taken place, and the order in which they have occurred.

Is the primary venereal pustule a disease of great or little importance? This is a question which requires a circumspect answer. It is not, as many suppose, a disease necessarily very severe; it does not follow, that because an individual has contracted it, he must be a great sufferer. The effects of the disease are two-fold, local and constitutional. The local effects are subject, in different cases, to the greatest variety. In some persons scarcely any inconvenience results; and in others the most serious consequences follow. The mode of treatment, the mode of living, the natural character of the patient's constitution, and his general state of health, are, you will understand from what I have already said, so many causes which may either aggravate or alleviate, in a very great degree, the consequences of the disease. The situation and the number of the ulcers are also, in forming a prognosis, to be taken into consideration. For example, those seated at the orifice of the prepuce or urethra, and at the frenum or corona glandis, are always more troublesome than those on the common skin of the penis, or even than those on the glans penis and inner prepuce. A single ulcer is a source of minor inconvenience than a plurality of ulcers; and small, slowly-spreading ulcers cause much less mischief than those which are large, and extend rapidly. On the whole, the local effects are extremely various, and to acquire a knowledge of them we must investigate the history of individual cases.

The constitutional effects of the disease are, as we shall hereafter see, no less various than the local; but the opinion which formerly existed that every primary venereal disease, if not treated in a specific manner, is necessarily followed by constitutional symptoms, is no longer tenable. It has been ascertained that constitutional disease is far from a necessary consequence of a primary disease, even although this be left to pursue its own course. While I admit this to be the case, I am far from thinking that the tabular views which have been drawn up, with the object of shewing the comparative frequency of constitutional disease, as a consequence of primary, according as it has or has not been treated specifically, are deserving of much attention. Indeed, the little accuracy with which primary sores are, by the authors of these tables, in general described, precludes the possibility of ascertaining with certainty their nature. For example: they may not have been in many cases syphilitic. I am also quite certain that, on many occasions, mild constitutional symptoms make their appearance without the knowledge of the patient. I have often detected cutaneous venereal defoedations which had not attracted attention. An unwillingness to allow my patients to run the risk of constitutional symptoms has prevented me from attempting to ascertain, on an extensive scale, the proportion of cases which would be followed by constitutional symptoms, as compared to those which would not be so followed. That, on many occasions, constitutional symptoms would not occur, I can have no doubt; but as they do occur frequently, and as, when once produced they are often most serious in their consequences, the primary disease should always be treated in such a manner as, if possible, to prevent them.

In the treatment of pustular primary syphilis, our object is therefore twofold, viz., to prevent local inconvenience, and to protect the constitution from subsequent injury. To secure both these objects, it is highly important to heal the disease as rapidly as possible, and at the same time to neutralize any poison which may have entered the system. The clinical review of cases which I am about to take will best afford an illustration how these objects are to be accomplished. I shall not, therefore, anticipate what shall hereafter be said respecting the employment of the nitrate of silver, as a means of cutting short the primary pustular disease, nor of the use of the hydriodate of potash, as a means of preventing the contamination of the system.

[See Dr. Wallace's Lectures in the 1st vol. 1833-4 of the LANCET, on the "Treatment of primary pustular syphilis with the nitrate of silver."—ED. L.]