

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

Vol. XIX. TORONTO, AUGUST, 1887. No. 12.

## Original Communications.

### THE RELATION OF THE ASEPTIC AND ANTISEPTIC METHOD TO THE TREATMENT OF THE LESIONS OF SYPHILIS.\*

BY DR. GERSTER, NEW YORK.

#### I. *Aseptic Treatment of Primary Induration.*

The nature of the specific virus of syphilis is not known. In most cases its local and general manifestations are amenable to appropriate systemic and topical remedies.

It is not intended here to dwell upon the nature and treatment of syphilis as a general disease, only inasmuch as some of its more common local phenomena require surgical treatment will their consideration be deemed within the limits of this paper.

The anatomical structure of the primary induration, of tuberculous syphilides, and of gummy swellings, resembles closely that of recent tuberculous deposits; and their course of development and termination in central coagulation necrosis, fatty changes, or caseation, also bears much resemblance to the affections caused by the bacillus of tuberculosis.

As long as softened syphilitic foci remain subcutaneous and are not exposed to the influence of the air and its pus-generating germs, their course is bland and slow, and their tendency is to fatty degeneration, encapsulation, and final absorption. But as soon as a softening syphilitic deposit comes under the influence of the pyogenic elements contained in the atmospheric air, its slow and bland character is changed to a most destructive one. Thus syphilitic nodes of the internal organs,

being protected from contact with the outer air, rarely, if ever, terminate in ulcerative destruction: they generally tend to fatty involution, absorption, and cicatrization. Specific deposits of the outer skin, the mucous membranes—as, for example, of the nasal and oral ones, on the other hand, are all noted for their pronounced tendency to rapid ulceration or gangrenous destruction.

The explanation of this peculiar difference in the behavior of indurations or tumors essentially identical in morbid character, is to be found in the fact that the poor nutrition and low vitality of the cellular elements composing a primary or secondary syphilitic node, exposed to pyogenic infection by contact with the outer air, offers very favorable conditions for the rapid development and destructive multiplication of germs that are notoriously deleterious even to healthy tissues exposed to them. Pus-generating cocci deposited on the excoriated surface of a syphilitic focus, as, for instance, a primary induration of the prepuce, or a gummy swelling of the nasal bones, will, by their multiplication, lead to massive invasion and rapid ulcerative destruction of the densely infiltrated and poorly nourished node.

*Syphilitic ulcers of every kind present a combination of syphilitic and of pyogenic infection.*

If we succeed by appropriate systemic treatment in preventing the extension of the central softening of a syphilitic node to the surface, ulcerative changes will also thus be prevented. For example: The timely administration of large doses of iodide of potash may prevent necrosis of the nasal bones, which are the seat of a growing, gummy swelling. Their dense infiltration pertains to syphilis; their necrosis, however, is caused by the invasion of pyogenic germs. But we possess another means for preventing ulcerative destruction of syphilitic deposits located in the outer skin. They are more exposed to pyogenic infection, but they are also more accessible to local remedies.

*The aseptic protection of the surface of the primary induration offers an easy remedy for preventing the formation of the primary ulcer or chancre.*

True, that the prevention of the ulcerative destruction of a primary induration of the prepuce will not prevent the systemic development of syphilis; but it will, nevertheless, constitute a

\* Read before the Ont. Med. Association, June, 1887.