

## CURRENT MEDICAL LITERATURE

## SYPHILIS WITHOUT CHANCRE IN WOMEN.

Gaucher (*Journal de Médecine de Paris*) states that in most cases of allegel syphilis *d'emblée* the chancre is simply overlooked. Cases, however, do exist in which chancre is absent because the virus is allowed to enter the blood directly. From another viewpoint the chancre is simply an epidermal reaction to the virus; so that without epidermis there can be no chancre. In such cases the secondary eruption is the primary manifestation. The author has seen two such cases. In one a surgeon wounded himself deeply with a bistoury while operating on a patient with secondary syphilis. No chancre developed in the site of the injury, but in due time a roseola appeared. The other case was an old one in the service of Professor Fournier. An attempt was in progress to treat psoriasis with intra-muscular mercurial injections. A patient with syphilis having accidentally received a similar injection, the disease was propagated to a psoriasis patient without any formation of chancre. Two analogous cases occurred in women who presented themselves with syphilitic roseola. Both patients had just been discharged from the surgical service where they had undergone abdominal operations. The disease must have been contracted in the hospital, but no port of entry for the virus could be found and no enlarged lymph node was anywhere in evidence. The author had been treating for secondary syphilis an assistant of the operating surgeon. His mouth was the seat of mucous patches. There could be no doubt that virus had somehow been transferred from this patient to the peritoneal cavity. The second woman, however, had not been in contact with this syphilitic assistant, so that the source of her syphilis could only be conjectural. As long as thirty years ago the author was making the most minute examination of women with "overlooked" chancre. In case after case he failed to find the slightest evidence. There were no traces of chancre, such as is the rule in men; so that it is almost hopeless to find evidence of chancre in women several months after infection. This statement refers, of course, only to the vagina and cervix uteri, for chancre of the vulva and anus is subject to the same laws as chancre in the male. This lesion occurs regularly on cutaneous surfaces and on such mucosæ as are covered with pavement epithelium. There is in this regard no reason why they should not appear anywhere in the vagina or cervix uteri and behave like chancres elsewhere, save that the location is a rare one, like the male urethra. It is, however, very different with the corpus uteri, lined as it is with cylindriacal epithelium. Surfaces lined with pavement epithe-