

## CHANCRES.

By W. E. BOWMAN, M. D.

*Concluded.—Treatment of Hard Chancre.*

Hard chancre being the result, not the forerunner of constitutional infection, its destruction or even excision will not prevent the subsequent development of syphilis. But a thorough cauterization of it as of chancroid, destroys its specific character, and the simple sore left afterwards heals up rapidly under the ordinary treatment for ulcers. The pain from the operation may be much alleviated by small doses of morphine ( $\frac{1}{4}$  to  $\frac{1}{2}$  gr.) two or three times a day. Should an impoverished state of the blood delay its cicatrization, scruple doses of the potassio-tartrate of iron twice a day will soon be found to produce a favorable change.

A hard chancre left to itself, or cured without internal treatment, will almost invariably be followed at some period between the first and second ensuing months from its first appearance, by premonitory symptoms of secondary syphilis, shown in a pale, careworn expression, loss of appetite and sleep, heaviness of the eyes, rheumatic pains at night, a slight eruptive fever with sore throat, dryness and falling of the hair, pain and swelling of the glands of the back of the neck, &c., these being hastened by heat, fatigue, dissipation or depression, and often occurring whilst the chancre is still open, and being soon succeeded by eruptions on different parts of the body. And after six, seven or nine months, but perhaps not for years, by tertiary affections of the bones.

Mercury, apart from being the most powerful remedy we possess for the treatment of indurated chancre, prevents this sudden outbreak of syphilis, for when it occurs after this agent, the symptoms are always much modified and less prominent. As soon as the slightest tenderness of the gums appears from its use, and generally before that time, the chancre, without local treatment other than cleanliness, begins to improve, and rapidly heals in the course of a few days. Even in aggravated cases as in those accompanied by phymosis, if well defined specific induration can be felt beneath the prepuce, mercury alone will speedily remove it.

The diagnosis, then, of infecting chancre being clear and unmistakable, small doses of some preparation of mercury should be cautiously given until the susceptibility of the system to its influence is known, when it must be pushed until well marked fetor can be detected on rubbing the gums with the finger, or the perception of a coppery taste in the mouth by the unwarned patient, when the remedy must be suspended for a time. The preparation I usually employ is blue pill, but no single form of mercury need be exclusively adhered to; and frequently a combination of several preparations will set better and more speedily than any one single variety. They should be combined with opium when inclined to purge.

*Bichloride of Mercury.*—As a prophylactic against secondary and tertiary syphilis, the bichloride possesses many advantages over other preparations of mercury; the dose is smaller, it is less liable to salivate, and may be continued with impunity for a greater length of time, thereby enabling the patient to take care of himself, and to attend to his business or even to travel. It should be commenced a week or ten days after the cicatrization of the sore, and be given in as large doses as can be borne, say an eighth of a grain, two or three times a day for a couple of months, after which the doses may be

gradually diminished in frequency. Salivation should be as carefully avoided as possible, by guarding against vicissitudes of temperature and exposure to wet and cold. Should intestinal irritation or nervous depression ensue from its employment, it must be suspended for a time. In cases of debility, quinine may be conjoined with it. After continuing the bichloride for six months or a year, when this can be done without injury to the constitution, the treatment should be concluded with a three months course of iodide of potassium alone, or alternately with the iodide of iron.

T. Hunt, of London, considering that mercury exerts its therapeutic action suddenly, and within a limited period only, advises blue pill to be given in short and vigorous courses every few weeks, and to alternate them with seasons of aperients and tonics. This plan is especially applicable when the patient is weak and cachectic. The doses will require to be greatly increased each time to produce salivation, as the system rapidly gets accustomed to its use.

*Mercury not a cure for Syphilis.*—As our diagnosis of the primary symptoms of syphilis become more and more perfect, we naturally lose faith in that of our predecessors, and of their records of past arrests of syphilis. And surgeons of the present day acknowledge that no treatment for hard chancre, however long continued, can afford perfect immunity from the appearance of secondary symptoms at some future date. And that our only means of rendering that immunity probable, is by long consecutive courses of mercury and iodide of potassium, which, even when unsuccessful, is allowed by all to possess the power of modifying and postponing their appearance, and of rendering their control easier when they have not been prevented.

*Hygiene.*—The great importance of attention to hygienic measures is acknowledged by nearly every surgeon who has written on syphilis. The hours of sleep and of meals should be regular, and all excesses be avoided. There should be no indulgence in stimuli, tobacco, or coitus. Exercise should be taken daily in the open air, and not be pushed to fatigue. The apartments occupied must be well ventilated both by day and night. Flannel should be worn next the skin, and changed frequently. Hot baths should be employed two or three times a week; and the bowels should be regularly moved every day. And finally the mind should be kept so occupied as not to dwell upon the disease.

*Mixed and Doubtful Chancres.*—These should have a thorough application of the pernitrate of mercury; when, after cicatrization, should specific induration remain, the internal treatment for hard chancre must be adopted.

*Phagedenic Chancres.*—This includes all varieties in which there is rapid or prolonged ulceration. Being generally caused by intemperance and want, these must first be removed, and the patient put upon tonics. If scrofulous, iodine will be applicable. Moderate doses of opium repeated at short intervals, will be found to allay the pain and control the progress of phagedena. A grain should be given night and morning, and the dose be rapidly increased, that its good effect may be produced before the system gets habituated to its use. Rodet says that two large doses daily is better than several small ones, as it thus allows of intervals for the digestion of food; he directs wine to be given at the same time. Ricord speaks highly of scruple doses of the potassio-tartrate of iron three