Records OF THE LOCK HOSPITAL.

BY
H. HENRY LEE, Esq., F.R.C.S.,
SURGEON TO THE HOSPITAL.

VII.—SUPPURATING SYPHILITIC SORES.

IN Hunter's introduction to his work on the *Veneral Diseases*, he divides the different kinds of inflammation into *adhesive*, *suppurative*, and *ulcerative*. Hunter, as we have already seen (*Records*, Nos. ii and iii), regarded the lymphatics as the only absorbents in the body, and considered the process of ulceration to be due to their abnormal action. It has now been fully demonstrated that the veins absorb in a living body much more readily than the lymphatics; and that the process of ulceration depends more upon a molecular necrosis of a part, than upon the absorption of the particles, either by the absorbents or by the veins. Hunter's nomenclature, therefore, requires to be modified in accordance with the additional light which modern pathology has thrown upon these morbid processes. That which he imagined ulceration to be, may now correctly be described as lymphatic absorption; and the absorption of syphilitic matter into a patient's constitution must now be attributed to the action of the capillary blood-vessels rather than to that of the absorbents. But, with these modifications, the morbid processes which Hunter observed and described, are the same as those which present themselves in the present day. The adhesive action, suppuration, lymphatic absorption, and mortification, may be as distinctly seen in different cases to follow the application of syphilitic matter now as in the days of Hunter; but what is of very great consequence, and that which Hunter failed to recognise, is that, according as one or other of these morbid processes takes place, we may predict that a patient's constitution will be infected with the disease or not. We may say with tolerable certainty, that the disease will be a local one, affecting only those parts to which it is directly applied; or that it will be general, and affect the whole system.

It is true, that these actions may occasionally succeed each other in the same part. They may occur at the same time, in different parts, in close proximity to each other; and it may be difficult in some cases to say by which of the above morbid processes the disease has originally manifested itself. The results of the different kinds of action may be present at the same time; and thus the distinctions between these different diseases may not be recognised in individual cases. When this happens—when the different kinds of action follow each other, or are found to coexist in the same patient—it will, I believe, be found that more than one cause for the disease has been present. Sometimes the original affection has been so far modified by the application of caustic or irritating lotions, that its real nature is for a time marked by action of the remedies. Sometimes the remains of some old constitutional

affection may appear at the same time that a fresh disease has been contracted; and sometimes a two-fold inoculation from the secretions of different kinds of syphilitic sores may occur at the same time.

It is quite possible in ordinary vaccination, that, in addition to the pure vaccine lymph, some other fluid may be inoculated at the same time, and that the effects of this second inoculation may so modify the effects of the first, that a surgeon, upon inspection, would be unable to say whether the true vaccine vesicle had been produced or not. But no one would, therefore, doubt that the action of the vaccine poison, when not interfered with by accidental circumstances, will produce a series of distinct morbid changes upon the human body, which can be distinguished from those produced by any other disease.

Equally distinct are the effects produced by the inoculation of the secretion from different kinds of syphilitic sores, when the results of that inoculation are not interfered with by accidental circumstances; and if surgeons generally have hitherto failed to recognise and acknowledge these distinctions, the reason is that the accidental causes which interfere with the natural development of these diseases are much more numerous and varied than those which modify the actions of other morbid poisons.

Suppurating syphilitic sores are characterised: 1. By the nature of their secretion; 2. By their inoculability upon any part of the same patient's body; 3. By being in general not surrounded by any well defined induration; 4. By not infecting the patient's constitution.

1. The following table gives the particulars of sixty selected cases, in which the nature of the secretion of the syphilitic sores was examined by the microscope, and found to contain well formed pus-globules. These cases were selected as furnishing a secretion sufficiently free from the admixture of other fluids, and as having been allowed to run their natural course uninfluenced by any of the accidental causes above mentioned.

The first forty of the cases occurred at the Lock Hospital, between Oct. 23rd, 1855, and Oct. 12th, 1856. The remainder occurred about the same period, at King's College Hospital, and in private practice. In all these cases, the natural secretion from the sore was distinctly purulent, and in this respect offers a strong contrast to the natural secretion from primary affections attended with the adhesive action, which will form the subject of the next number of these records.

2. A suppurating syphilitic sore may always be inoculated repeatedly upon another part of the patient's body. The action commences, as a rule, immediately upon the application of the poison, without any period of incubation. In one instance which I witnessed, a week elapsed before any symptom of the effects of the inoculation showed itself, and then the specific pustule went through its regular stages of development. But, in general, the action commences at once. Its different stages have been well described by Ricord; but he has, unfortunately, mixed up with his description the results of a very different and distinct form of inoculation; namely, the adhesive action which accompanies a primary infecting sore.

I.—Table of Cases of Suppurating Syphilitic Sores treated without Mercury.

No.	Name and age.	Description of sore.	Treatment.	Result as far as known.
1	G. E. 26	Sore with secretion; which, upon microscopical examination after addition of dilute acetic acid, furnished very distinct nuclei of pus.	Tonic.	Healed in twelve days.
2	J. B. 18	Ulcer on prepuce, furnishing secretion of pus, and accompanied by suppurating bubo.	Tonic.	
3	W. B. 30	Sore on frænum; secretion, examined as in Case No. 1, found to contain pus-globules, yielding distinct nuclei.	Local.	Cured in four weeks.
4	H. M. 17	Sore, yielding abundance of pus-globules.	Local.	Cured in one month.
5	J. B. 20	Sore, surrounded by induration, but yielding a distinctly purulent secretion upon microscopic examination.	Tonic.	Cured in three weeks.
6	R. S. 23	Ulcer at the back of glans penis, yielding secretion, which, examined as in Case No. 1, was found to be distinctly purulent. Suppurating bubo.	Local.	Cured in one month.
7	W. S. 31	Ulcer on penis. Discharge, examined as in Case No. 1, distinctly purulent.	Local.	Cured.
8	T. F. 24	Superficial ulceration, yielding purulent secretion, examined as in Case No. 1.	Local.	Cured.
9	H. W. 20	Suppurating sore; discharge presenting the same microscopical appearances as in Case No. 1. Bubo.	Tonic.	Cured.
10	T. S. 23	Sore on frænum, yielding secretion, shewn to be purulent upon microscopical examination. Inflamed bubo.	Local.	Cured.
11	C. F. 26	Ulcer on prepuce; discharge examined by the microscope, purulent.	Local.	
12	C. M. C. 22	Sores surrounded by induration, but yielding purulent secretion.	Local.	Induration disappeared after sores had healed.
13	E. C. 23	Superficial sore; secretion found to be purulent upon microscopic examination.	Tonic.	Cured in fourteen days.
14	A. H. 24	Sore surrounded by induration, but presenting purulent secretions upon microscopical examination.	Tonic.	Cured in five weeks.
15	A. B. 20	Ulcers presented purulent discharge upon microscopical examination.	Tonic.	Cured in three weeks.
16	G. D. 23	Sore surrounded by slight induration, but yielding, upon examination, abundance of pus globules.	Mercurial, for four days only.	Cured in six weeks.
17	H. S. 20	Non-indurated sores, accompanied by suppurating bubo. Secretion from sores purulent.	Saline aperients.	Cured in fourteen days.
18	G. F. 22	Sore, accompanied by suppurating bubo and secreting pus.	Tonic.	Absconded when nearly well.
19	T. H. 18	Sore surrounded by slight induration, but with discharge, which, upon microscopic examination, with acetic acid, yielded very distinct nuclei of pus.	Tonic.	Cured in two months.

TABLE I (continued).

No.	Name and age.	Description of sore.	Treatment.	Result as far as known.
20	J. W. 29	Sores surrounded by much induration, but yielding secretion containing distinct pus nuclei.	Tonic.	Cured in six weeks.
21	M. S. 19	Ulcer yielding abundant secretion of pus.	Tonic.	Cured in three months.
22	A. J. 21	Superficial ulceration, with discharge, which, when treated with dilute acetic acid, and examined, contained distinct nuclei of pus.	Tonic.	Cured in seven weeks.
23	J. L. 26	Suppurating sore.	Tonic.	Cured in three weeks.
24	L. S. 19	Ulcer yielding puriform secretion upon microscopic examination.	Tonic.	
25	C. A. 17	Suppurating sore; discharge yielding distinct nuclei of pus.	Local.	Cured in three weeks.
26	C. B. 21	Sore with discharge, which, upon microscopical examination, proved to be purulent.	Mercurial, until the discharge was examined; subsequently, tonic.	Cured in two weeks.
27	H. H. 27	Ulcer with puriform secretion.	Tonic.	Cured in one week.
28	T. P. 20	Numerous, about a dozen in all, secreting pus.	Local.	Cured in three weeks.
29	T. W. 25	Sore, with secretion, shewing distinct nuclei of pus upon microscopical examination.	Mercurial, until nature of sore was ascertained; then tonic.	Cured in five weeks.
30	F. K. 24	Ulcer, with secretion, shewing well marked pus nuclei on microscopic examination.	Tonic.	Cured in three weeks.
31	J. H. 22	Ulcer on prepuce, with secretion, giving distinct pus-nuclei upon microscopic examination.	Compound iron pill.	Cured in fourteen days.
32	J. L. 20	Ulcer on thigh; secretion, upon microscopical examination, yielding distinct nuclei of pus.	Tonics.	Cured.
33	E. P. 21	Sore, with secretion, giving distinct nuclei of pus upon microscopic examination.	Tonics.	Nearly well at expiration of two months.
34	M. H. 18	Sore surrounded by some induration, but yielding a secretion, which, upon microscopical examination, shewed well formed nuclei of pus.	Tonics.	Cured in three weeks.
35	J. R. 24	Ulcer at the orifice of the urethra, yielding well formed pus nuclei upon microscopical examination.		Cured in three weeks.
36	E. G. 20	Ulcers on prepuce, yielding secretion, which contained well formed pus nuclei upon microscopical examination. Bubo.	Tonics.	
37	J. S. 18	Ulcers on prepuce, yielding purulent secretion.	Tonics.	Cured in four weeks.
38	W. E. 20	Ulcer on prepuce, secreting pus.	Tonics.	Cured in three weeks.
39	J. J. 37	Ulcer on frænum, secreting pus. Paraphimosis.	Tonic.	Cured in eleven weeks.
40	H. H. 27	Ulcer on glans penis. Microscopical character of discharge, purulent.	Tonic.	Out-patient, fourteen days.
41	W. S. 27	Sores at base of glans; discharge shewn to be purulent by microscopical examination. Bubo.	Tonic.	Out-patient, three weeks.
42	J. C. 22	Sore secreting pus.	Tonic.	Cured.
43	R. A. 24	Suppurating sore.	Tonic.	Cured.

TABLE I (continued).

No.	Name and age.	Description of sore.	Treatment.	Result as far as known.
44	W. R. G. 26	Five suppurating sores.	Simple.	Cured.
45	J. J. 30	Suppurating sore.	Simple.	Cured.
46	R. P. 18	Suppurating sore.	Non-mercurial.	Cured.
47	R. W. 22	Suppurating sore, surrounded by some induration.	Some blue pill, for orchitis.	Cured.
48	R. J. 15	Superficial sore, yielding purulent discharge.	Non-mercurial.	Cured.
49	J. B.	Suppurating sore.	Non-mercurial.	Cured.
50	W. S. 24	Several small pustules, surrounded by considerable induration.	Non-mercurial.	Cured.
51	G. H. 27	Suppurating sore; secretion examined after disease had existed some weeks.	Non-mercurial.	Cured.
52	W. A.	Suppurating sore; secretion examined at expiration of two weeks.	Non-mercurial.	Cured.
53	E. J. 24	Suppurating sores, accompanied by open buboes.	Tonics.	Cured.
54	J. B. 18	Ulcer on prepuce, secreting pus.	Tonic.	Cured.
55	E. J.	Sore, with purulent secretion.	Non-mercurial.	Cured.
56	G. C. 30	Suppurating sore on prepuce, accompanied by sloughing bubo in left groin.	Non-mercurial.	Cured in three weeks.
57	E. T. 24	Ulcer, surrounded by induration, but yielding purulent secretion, and accompanied by suppurating bubo.	Tonics.	Cured in five weeks.
58	J. B. 18	Suppurating sore, accompanied by bubo.	Tonics.	Cured in six weeks.
59	C. L. 22	Concealed sores; secretion purulent on examination.	Tonics.	Cured in three weeks.
60	S. M. 39	Concealed sores, yielding puriform secretion.	Simple.	
61	J. R. 17	Sores, accompanied by phimosia, and yielding an abundant secretion of pus.	Non-mercurial.	

The suppurating syphilitic disease commences by a slight redness within twenty-four hours from the inoculation of the syphilitic matter. The next day, the part will be very slightly raised, and will be surrounded by a red areola. Between the third and fourth days, a turbid secretion will take place; and if the cuticle remain entire, it will be raised in the form of an incipient pustule. From this period well formed pus is secreted. The sore assumes a circular form; its edges are well defined, presenting a sharp outline. There is a loss of substance; so that upon cicatrization a slight permanent depression is often left, as after a small-pox pustule.

3. The suppurating syphilitic sore is not surrounded by the accurately defined layer of lymph, which often gives the peculiar induration to syphilitic sores accompanied by the adhesive form of action. The surface upon which the sore is situated presents much of the pliability of the surrounding parts; or if some degree of inflammatory effusion occurs, as happens in the phlegmonoid variety of the disease, that effusion gradually diminishes from the centre towards the circumference, so that the induration caused thereby does not terminate abruptly, as usually happens in the adhesive action.

Several cases in the foregoing table are recorded, in which the suppurating syphilitic sore was accom-

panied by a certain amount of induration. Such sores are inoculable upon the same patient, present an uniformly purulent secretion, and are not followed by secondary symptoms. They, therefore, belong evidently to the class of suppurating syphilitic sores.

In the forty-second volume of the *Medical and Chirurgical Transactions*, I published the case of a gentleman (No. 4), in which there was much difficulty, from peculiar circumstances, in distinguishing by the touch the induration caused by the suppurative action from that which might have been caused by the adhesive. The period at which the disease had appeared after exposure, and the nature of the secretion, led to the conclusion that it was a suppurating syphilitic sore. The patient could hardly be persuaded of this; but was induced to abstain from any specific treatment. I have had an opportunity of seeing him since the case was published; and he then (a year and a half afterwards) remained quite free from any constitutional disease.

4. The suppurating syphilitic sore, when uncomplicated by any other disease, does not infect the patient's constitution. In none of the cases in the accompanying table were there any secondary symptoms as far as could be ascertained. It will, however, sometimes happen that a two-fold inoculation will occur upon the same patient, and then some difficulty may arise with regard to the diagnosis.

During the time that some of the cases in the table were under treatment, two cases were noted as presenting the appearances of the suppurating syphilitic sores. These two cases were lost sight of, and subsequently reappeared with secondary disease. Upon inquiry, it appeared that they both exposed themselves to more than one means of contagion.

Since the occurrence of those cases, a third instance happened in the Lock Hospital, where an opportunity was afforded of tracing the progress of this two-fold action. A patient had a superficial suppurating sore, which secreted well formed pus, and was inoculable. He was treated without specific remedies. When the sore healed, it became surrounded by a well defined induration, which terminated abruptly. This induration increased instead of diminishing as the wound cicatrised. Secondary symptoms followed.

Such are exceptional cases, and depend upon the communication of a two-fold action. This double inoculation may occur at the same time; or the different diseases may be communicated at different times. When they occur at the same time, the suppurative action, as having naturally the shortest period of incubation, develops itself first; subsequently, and perhaps after an interval of three or four weeks, the adhesive action shows itself.

When such an occurrence takes place, the suppurative disease, although it will not itself infect a patient's system, will not prevent the adhesive action from so doing.

How important in practice the distinction between these different affections are, must be sufficiently apparent without further illustration.

FRESH AIR AND PREACHING. "A man of pithy words once said of preaching: 'No conversion after twenty minutes.' I take the liberty of adding: 'No influence upon your hearers after seventy degrees.'" (*Phil. Med. and Surg. Rep.*)