

**SYPHILITIC ERUPTIONS
OF THE SKIN; OR, THE
SYPHILO-DERMATA**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649272174

Syphilitic eruptions of the skin; or, The syphilo-dermata by James Startin

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Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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JAMES STARTIN

**SYPHILITIC ERUPTIONS
OF THE SKIN; OR, THE
SYPHILO-DERMATA**

SYPHILITIC ERUPTIONS OF THE SKIN;

OR

The Syphilo-Dermata.

*Containing a Contrasted Parallel of the Stages and Symptoms of
Acquired and Inherited Syphilis.*

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BY

JAMES STARTIN,

SURGEON AND LECTURE TO ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN,
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LONDON:

PUBLISHED BY H. RENSHAW & SON,

1885.

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At the desire of many professional friends I have been induced to publish this short work on the Syphilitic Eruptions of the Skin, mainly the matter of two Lectures I delivered to the Members of the Willan Society of London this year, and in the course of usual annual Lectures at the close of last year at St. John's Hospital for Skin Diseases. So large a proportion of such cases occurring both in hospital and in private practice, I deemed the subject of sufficient importance to lecture upon, and I hope to give it much attention in the chapter devoted to Syphilitic Eruptions, in the work upon the Skin I am now engaged upon. I venture a hope that the work may be of some interest to practitioners, and of use to students in dermatology.

JAMES STARTIN.

17, SACKVILLE STREET, PICCADILLY, W.

July, 1885.

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1885

SYPHILITIC ERUPTIONS,

OR,

The Syphilo-Dermata.

CLASSIFICATION.

CLASS.	VARIETY.
1. Bulous Syphiloderm	{ Rupia. Pemphigus.
2. Erythematous ditto	{ Roseola. Erythema.
3. Papular ditto	{ Lichen.
4. Pustular ditto	{ Folliculitis. Acne. Ecthyma.
5. Squamous ditto.. ..	{ Psoriasis, Psoriasis Palmaris and Plantaris.
6. Tubercular ditto	{ Tubercular Syphilis.
7. Ulcerative ditto	{ Syphilitic Ulceration.
8. Vesicular ditto	{ Herpes. Eczema. Varioliform.
9. Changes in Hair and Nails ..	{ Alopecia. Onychia.

Introduction—Definition of Syphilis—Acquired Syphilis—Syphilitic Fever—False or Pseudo-Syphilis—Soft Chancre—Comparison—Period of Incubation of true Syphilis—Period of Local Eruptions—Period of Secondary Eruptions—Characters—Symmetry—Form—Scales—Crusts—Polymorphism—Classification.

Affections of the Mucous Membrane—Superficial Ulceration—Mucous Patches—Vegetations—Icterus—Syphilitic Iritis, comparison with Rheumatic Iritis—Tertiary affections of the Skin—Period of gummy Affections of the Skin—Deep-seated Pustular Syphiloderm—Circumscribed lesions of the Skin—Pathology—Diagnosis—Treatment—Diet—General Hygiene—Complications—Lupus Gout—Rheumatism—Hereditary or Congenital Syphilitic Eruptions.

Introduction.—If I were to attempt to discuss the origin of syphilis, and to describe the primary disease, from which spring all the various syphilitic diseases of the skin, I should certainly occupy much more space than I think it expedient to devote at the present time. I

propose simply to consider the secondary and tertiary eruptions of the skin and mucous membrane, *i.e.*, those various eruptions of the skin, mucous membrane, affections of the hair and nails that occur to our notice, brought about by the entrance into the system of the syphilitic poison.

Definition.—Syphilis is a specific disease, characterised by a slow, progressive development. It may be either *acquired* or *hereditary*.

Acquired, when it has been transmitted by actual contact or by inoculation.

Hereditary, when it can be traced back to either parent.

It occurs in separate and distinct forms. The first has its primary manifestation at the site of contamination. The second manifests itself by various symptoms which show themselves in different parts of the body. The third affects the bones and deep tissues.

ACQUIRED SYPHILIS.—The dermatologist becomes interested in the subject of syphilis as soon as it begins to operate upon the system. Unlike the poison of eruptive fevers, that of syphilis is transmitted only by contact, by contagion, or inoculation alone, sometimes through the blood, sometimes through the secretions—sometimes from secretion of an infecting sore, most often in the latter mode.

According to Mons. Ricord, syphilis may be divided into three periods.

1st. *Primary lesion*, chancre, the immediate result of contagion.

2nd. *Secondary lesions*, constitutional poisoning resulting from infection.

3rd. *Tertiary lesions*, which as a rule do not show themselves for six months.

Virchow arranges it in two groups—1st, the negative characters, cachexia, with its various lesions; 2nd, the active or irritative phenomena, with its various inflammations and new growths.

Guided by these two great authorities on the subject, we may safely recognize the following stages:—

- 1st. Period of incubation.
- 2nd. Period of local eruption or primary lesion.
- 3rd. Period of general eruption, or secondary affections.
- 4th. Period of gummy affections, or tertiary manifestations.

The operation of the disease in its first instance gives rise to some amount of fever, syphilitic fever, and at this time the skin becomes first affected, accompanied with neuralgic pain and sore throat.

SYPHILITIC FEVER generally commences about the sixth to the ninth week after the evidence of the primary disease. There is a rise in temperature of the body to 101° and 102° , but here much difference manifests itself, whereas true exanthematous fevers are regular in progress, they are not prone to recur, syphilitic fever is very irregular in its habit, uncertain in duration, and liable to relapses, sometimes months, after its first onset. It is accompanied generally by a roseolous rash, and there is a general feeling of depression, prostration, neuralgia, foul tongue indented by the teeth, the skin loses its smooth healthy character, becomes hard and dry and of a mottled, dirty appearance. The fauces become congested, and the tonsils and soft palate swollen and inflamed.

There is also sleeplessness and nocturnal pains in the joints and sometimes night sweats. Indeed the patients complain of feeling bodily ill. After this fever eruptions of various kinds follow, which seem to feel their way gradually, in the skin. Firstly, as *erythema*, then an

additional growth is added to the erythema, a papule is formed, an eminence on the skin, ranging in size from a line to an inch. These eruptions arrange themselves into the erythematous, papulous, and ulcerous forms.

These symptoms are all much varied in intensity by the early treatment of mercury.

Before I refer to these various forms and their particular varieties, I propose to say something about "*Pseudo-Syphilis, or false syphilis.*"

False syphilis, simple chancre or soft chancre, non-infecting or non-suppurating chancre, is well known and has often been described. Any part of the body may become the site of the soft chancre; but the genital organs, as they are most frequently exposed to the contact of the virulent matter, are the parts most frequently affected. In males, the genital organs, the glands, and prepuce; in females, the labia majora and minora. Unlike the indurated chancre, it becomes developed in a short time, in two or three days. The base of a soft chancre generally presents the same soft character as the surrounding skin, but never that elastic, indurated character of base, like the true Hunterian chancre, and it is more multiple in its onset. Its course is continuous and progressive, and there is a tendency to invade and destroy the surrounding tissue. After about four weeks the ulcers cease to spread, and upon a clean surface a healthy pus begins to form. Then cicatrization begins to form from the circumference to the centre, leaving no induration but a depressed white cicatrix. Complications more frequently arise with soft chancre than hard, viz., phymosis, paraphymosis—inflammation, phagedæna, and gangrene. From these facts we may draw the following conclusions.

1st. That a single soft chancre is not followed by constitutional syphilis.

2nd. Nor does it transmit induration or true syphilis.

3rd. That under certain conditions soft chancre may proceed from an indurated chancre.

By the *Period of Incubation of True Syphilis*, we infer that period of time which elapses between the commencement of the absorption of the syphilitic poison and the appearance of the first local manifestation. This period of time has now been determined, and it is almost possible to fix the exact period of incubation. Thus it appears, that from the time of actual inoculation to the first symptom (indicative of general infection), the disease shows itself from the eighteenth to the thirty-fifth day, giving a mean of twenty-seven days. Thus, *Mons. Vidal*, in the "*Annales des Maladies de la Peau*," 50-1, p. 115, dating the commencement from Ecthymatous pustules thirty-five days, the Primary lesion, or indurated chancre, followed by secondary symptoms in 128 days, Roseola and mucous patches.

The Period of Local Eruptions is that which includes the interval of time which takes place from the date of the reaction of the organism at the site of contact begins to appear, to the time which the first manifestations follow, *i.e.*, 1st. The local changes at primary point of lesion; 2nd. The changes in the lymphatic system, enlarged glands.

The name Hunterian or indurated chancre has long been recognised as the first manifestation of true syphilis, which shows itself—1st. As a dry papule. 2nd. As a chancreous erosion. 3rd. As an indurated chancre. This lesion is so well known, that I need not enter here on its accurate anatomical description, but it is generally known by a coppery-red spot, slightly raised papule, afterwards desquamating, and becoming covered with crusts, and finally eroded or ulcerated on its surface. Its most common situation is on the outer surface of the penis or on the corona of the glans penis.