

**CLINICAL LECTURES ON THE
PHYSIOLOGICAL PATHOLOGY AND
TREATMENT OF SYPHILIS:
TOGETHER WITH A FASCICULUS OF
CLASSROOM LESSONS COVERING THE
INITIATORY PERIOD**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649487561

Clinical Lectures on the Physiological Pathology and Treatment of Syphilis: Together with a Fasciculus of Classroom Lessons Covering the Initiatory Period by Fessenden N. Otis

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

FESSENDEN N. OTIS

**CLINICAL LECTURES ON THE
PHYSIOLOGICAL PATHOLOGY AND
TREATMENT OF SYPHILIS:
TOGETHER WITH A FASCICULUS OF
CLASSROOM LESSONS COVERING THE
INITIATORY PERIOD**

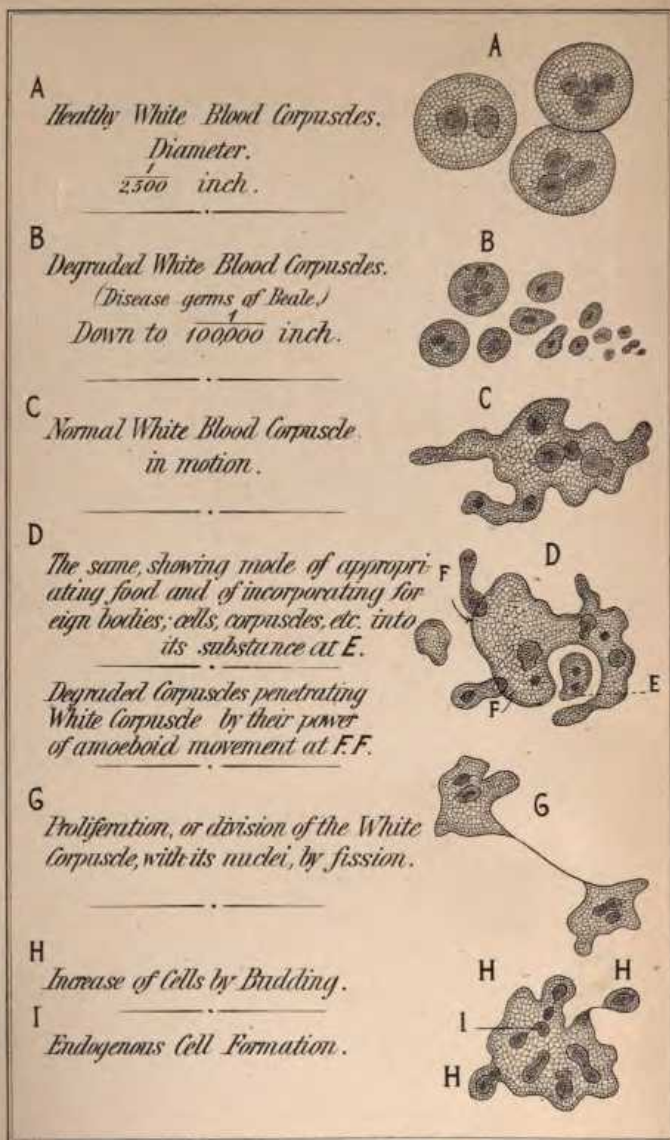


DIAGRAM.

Human White Blood Corpuscles, healthy and degraded,
Illustrative of their connection with syphilitic infection
as referred to in the following lectures.

See views of authorities on page following title.

CLINICAL LECTURES
ON THE
PHYSIOLOGICAL PATHOLOGY AND TREATMENT
OF
LANE LIBRARY
SYPHILIS

TOGETHER WITH A
FASCICULUS OF CLASS-ROOM LESSONS COVERING
THE INITIATORY PERIOD

BY
FESSENDEN N. OTIS, M.D.
CLINICAL PROFESSOR OF GENITO-URINARY DISEASES IN THE COLLEGE OF PHYSICIANS AND
SURGEONS, NEW YORK; SURGEON TO CHARITY HOSPITAL; CONSULTING SURGEON
TO ST. ELIZABETH'S HOSPITAL, AND TO THE COLORED ORPHAN ASYLUM;
FELLOW OF THE NEW YORK ACADEMY OF MEDICINE; MEMBER
OF THE BRITISH MEDICAL ASSOCIATION, ETC.



NEW YORK
G. P. PUTNAM'S SONS
162 FIFTH AVENUE
1881
HY

087
1881

VIEWES OF AUTHORITIES CONCERNING SOME OF THE PROPERTIES AND POWERS
OF EMBRYONAL OR WHITE BLOOD CELLS.

"All embryonic cells possess the property of giving origin to elements resembling themselves by the following process. The nucleolus enlarges, becomes constricted, and divides; soon the nucleus divides by a fissure, which separates the nucleus into two, or by a constriction which gives it an hour-glass shape. The mass of protoplasm surrounding the two nuclei, divides, and two cells are formed. The segmentation of the protoplasm does not always follow that of the nucleus, so that there may be many nuclei in one cell. Frequently a portion of the protoplasm is separated enclosing a nucleus." (Corall and Ranvier's Pathological Histology, Am. ed., 1880, pages 21 and 22.)

MOVEMENTS OF WHITE BLOOD CORPUSCLES. Foster says (page 42, McMillan, ed. 1880, "A typical ameba (or white blood cell) may be regarded as spherical in form, and when it is executing its movements the pseudopodic bulging of its protoplasm may be seen now on this and now on that part of its circumference, and to take now this and now that direction."

"Each corpuscle changes its form continually, sending out quickly fine filamentous processes, singly or in groups, which processes thicken at their base and consist of a part of the substance of the cell-body. They again retract and disappear without leaving any traces of their existence behind. . . . The corpuscles exhibit these changes in form, as well in liquid connective substances, as in solid tissues, and consequently they wander in them for the most part in very circuitous routes. Migration is accomplished in the following manner: the cell mass shoots out into processes, then the round end opposite to the process advances with it in line, and then by a farther elongation of the body of the cell it moves on still farther. This migration takes place, as already said, not merely through open spaces or cavities of the connective tissue but also through the walls of the capillaries and small veins." (Wagner, General Pathology, Am. ed., 1876, pages 152 and 153.)

"Colorless corpuscles by their contractibility are also able to TAKE UP and TRANSPORT FOREIGN SUBSTANCES (carmine, cinnabar, milk globules, red blood corpuscles, dust of every kind, etc.)." (Ibid. page 153.) "That the white globules absorb foreign substances into their interior was first made known by HAECKEL, then by COHNHEIM, RECKLINGHAUSEN," etc. (Ibid., page 154. Frontispiece, Figs. C, D, E, F.)

"The growth and multiplication of disease germs, their introduction into the body, their passage into the blood, and their subsequent wanderings are intimately connected with their capacity for vital movement." (Beale's Disease Germs, their Nature and Origin, London, 1872, page 100.)

"Bioplasts (white blood corpuscles) which in health may slowly increase in size and divide and subdivide, grow perhaps ten or twenty times as fast as they should grow, and may produce as many descendants in twenty-four hours as, in the normal state, would have resulted in many weeks or months. The abnormal bioplasts have gained, as regards their rate of growth and multiplication, but they have deteriorated in formative power, if indeed they have not altogether lost it; and it is in formative power that the bioplasm of a tissue differs from the degraded forms of living matter." (The Microscope in Medicine, Lionel S. Beale, London, 1878, pages 136 and 137.)

"NEW FORMATION OF PATHOLOGICAL CELLS takes place from preëxisting normal or pathological cells, either by division or by endogenous cell formation. The origin of the cell always precedes that of the nucleus. In almost all cases there is a simultaneous increase of the protoplasm."

"CELL DIVISION affects the cell in toto, that is, all the parts of it (membrane, contents, nucleus, and nucleolus). It takes place for the most part in the long, rarely in the transverse, axis of the cell. By division there are at first, usually, only two cells formed, rarely three or more at the same time; they are for the most part smaller than the original cell. The division itself affects first the nucleolus, then the nucleus, which becomes elongated, then constricted in the middle and divided; the protoplasm at the same time increases in quantity. Division of cells, and especially that of the nucleus, is accomplished quickly, within a few seconds, so far as observations have demonstrated this in living cells and on the warmed object plate." . . . (Frontispiece, Fig. G.)

"Budding, so-called, is a variety of cell increase by division. After a single or manifold division of the nucleus one or many nuclei advance to the periphery of the cell. The latter protrudes at these points like buds, and at the same time a nucleus enters each bud. Finally the bud separates and becomes a free nuclear cell." . . . (Frontispiece, Fig. H.)

"ENDOGENOUS CELL FORMATION (endogenous cell-division at I) consists in this: the nucleus, after previous division of the nucleolus, divides into two, rarely into many, nuclei. With the simultaneous enlargement of the cell the new-formed nuclei divide, etc., — so that finally a cell is formed with 4-8, and more nuclei." (Wagner, Manual of General Pathology, Am. ed., 1876 page 308.)

CONTENTS.

FRONTISPICE. Diagram, showing human white blood corpuscles, healthy and degraded, their movements, mode of nutrition and proliferation, and their capacity for propagating disease.	iii
Views of Authorities concerning the properties and powers of the human white blood corpuscle	xi
INTRODUCTION	

LECTURE I.

HISTORY AND NATURE OF SYPHILIS.

Doctrines of unity and duality. Hereditary transmission, etc. Division of opinions in regard to them. Incapacity of clinical observations to settle scientific questions	2
Conflicting opinions of authorities in regard to the nature of syphilis. Position of syphilis in medical literature without scientific basis	3
Beale's claim to discovery of the living animal disease germ in various contagious diseases, and his inference that a similar germ causes syphilis. Microscopic examinations of the initial lesion of syphilis by Beisiadocki and Verson, confirming Beale's view. Arguments of Beisiadocki showing the probability of infection through living disease germs. Beale's description of the disease germ	5
Reasons for supposing that the disease germ becomes incorporated with the white blood corpuscle	6
Clinical case illustrating the simplest form of the initial lesion of syphilis	6
The same shown to result from abnormal cell accumulation, producing "Necrobiosis." Explanation of period of incubation. Enlargement of glands caused by cell accumulation	7
Clinical case illustrating second form of initial lesion, with cell accumulation in lymphatic vessels connecting it with inguinal glands	8

LECTURE II.

INITIATORY PERIOD OF SYPHILIS.

Review. Different forms of initial lesion resulting from different degrees and localities of cell accumulation. Clinical case showing third form of initial lesion called the "Hunterian chancre." Its clinical features	10
Pain not essential to the development of syphilis. Loss of tissue caused by innutrition, consequent upon cell accumulation	11
Period of incubation (so-called) shown to be incompatible with a physiological view of syphilis. Substitution of the term initiatory period. Duration of the same	12
Variations in point of time due to more or less superficial distribution of lymphatic vessels at point of inoculation; amount of induration dependent upon same cause	13

Gland enlargements due to accumulation of cells identical with those found in induration of initial lesion. Reason why all glands in the vicinity of the initial lesion are not necessarily involved	14
Gland suppuration in syphilis rare; reason for this accident. Causes which determine the course of the infection in the line of the lymphatic canals. Reasons why the syphilitic disease germ affects only the white blood corpuscle, and why under no circumstances does it combine with and infect the red blood corpuscle	15
Reason why the infection progresses slowly, as shown by clinical observation. No evidence of the disease in the general system before the occurrence of gland enlargements. The so-called secondary incubation in syphilis explained. Propriety of including primary and secondary incubation under the initiatory period of syphilis	16

LECTURE III.

PERIOD OF GENERAL INFECTION, AND SUBSEQUENT LOCALIZED CELL ACCUMULATION.

Review. Bäumer's statement favoring the view of syphilitic infection by way of the lymphatic system. Termination of the initiatory period, and entrance of the degraded corpuscles -- "carriers of the contagium" -- into the general blood current	18
Concurrence of Beisiudecki in this view. Clinical case presenting a third variety of the initial lesion of syphilis; its resemblance to chancreoid. Explanation and differential diagnosis	19
Value of recent painless enlargement of lymphatic glands as a mark of syphilis	20
Roseola of syphilis -- similar in nature to simple roseolas, and the result of functional disturbance of the sympathetic nervous system, never develops into any other eruption	21
Bäumer's view of the cause of its pigmentation. Coppery staining occurring in lesions not syphilitic -- really due to stasis of the blood in the capillaries of the skin, and caused by a paresis of the branches of the sympathetic nerve supplying the walls of the capillaries	22
Discussion of evidences for and against the functional character of the roseola of syphilis	24
Clinical cases illustrating general gland enlargements which occur at about the time of the appearance of the roseola. Causes of the "syphilitic fever," so-called. Conclusions in regard to the cause of roseola	26

LECTURE IV.

PERIOD OF GENERAL INFECTION, AND SUBSEQUENT LOCALIZED CELL ACCUMULATION (continued).

Progress of the disease thus far claimed to be in harmony with known physiological laws and with the clinical cases presented	28
Roseola of syphilis important only as announcing the constitutional infection	29
Inflammation of tonsils, characteristic of this period, shown to result from their connection with the lymphatic system	29
The papular eruption of syphilis	29
Physical characteristics. Date of appearance. Duration.	30
Clinical case illustrating one form of the papular syphilitide. Evidences on which the diagnosis was based	31

A fourth variety of the initial lesion of syphilis. "The dry scaling patch." Its physical characteristics. Shown to be a natural variation from the varieties previously shown. Initial lesions of syphilis vary in consequence of variation in degree of cell accumulation 32

Minute anatomy of the syphilitic papule 33

Microscopical observations of Köhn, Anspitz, and others, showing it to commence in a *papilla cutis*, shown to be caused by a dense accumulation of white blood corpuscles, presumably due to proliferation *in loco* similar to that occurring in the formation of the initial lesion 34

View of Rindfleisch in regard to office of the blood and the development of the lymphatic system. Lymphatics, as drains for the surplus nutritive material of the organism. New formations inevitable when the lymph conveyance is hindered. Arrangement of lymphatics in the skin favorable for hindrance of their circulation in the *papilla cutis*. Causes which favor cell proliferation at these points. Papular eruption of syphilis shown to be a logical sequence and a necessity of the physiological view of syphilitic infection 35

Clinical case — papulo-pustular syphilides complicated with alopecia; the latter shown to be simply due to accumulations of cells in hair follicles 37

Causes of pustulation of papules explained. Köhn's views on this point 37

Mucous patches and tubercles simply papules occurring on mucous membranes, or moist surfaces. Their physical characteristics 38

Syphilitic iritis caused by cell accumulation in the iris when "lymph conveyance is hindered." The so-called "gummy tumor of the iris" only a syphilitic papule. Wagner's views 39

Secondary pains in bones and periosteal swellings or nodes due to proliferation of morbid cell elements. Amœboid migration of cells accounting for cell accumulations in rare localities 40

Tendency of all cell accumulations to fatty degeneration. Disappearance in some instances without ulceration and without cicatrix. Recurrence of papular and other accumulations from influences of local origin 40

Elaborate classifications of syphilitic eruptions by authorities valuable for differential diagnosis; but all such eruptions, without exception, shown to be dependent solely upon a localized cell accumulation, and the treatment in all must be practically the same 41

LECTURE V.

PERIOD OF LYMPHATIC OBSTRUCTION.

Review. The blood and the secretions of all open lesions of syphilis contain the contagious element 41

The physiological secretions, which do not contain white blood corpuscles, non-contagious. The contagion of syphilis not a destructive agent *per se*. Destruction of tissue the result of mechanical influence of the cell accumulation. Fatty degeneration due to pressure. Elimination of the syphilitic cells in this way without treatment. Bäumler's views 42

Contagious property not a virus. Rindfleisch's views of the contagious element in development of normal cell material. Contagious property ceases with the active period of syphilis. Mr. Hutchinson's view. Mr. Lane's view. Tertiary, or late lesions, following syphilis, not the direct result of the syphilitic virus, but sequelæ of the active stage 43

Clinical cases illustrating various lesions of late syphilis. Microscopic examinations of "gummy material" show it simply to consist of normal germinal elements 44