

Syphilis : Its History, Symptoms and Homœopathic Treatment.

DR. A. K. BHATTACHARJEA, CALCUTTA.

(Continued from Page 73)

Mucous Membrane :—The skin is by no means the only part of the body in which the syphilitic infection is manifested. The mucous membranes are also the seat of disease at an early period of syphilis. The throat and the mouth are always affected within the first few months after the disease has been contracted. In fact, there are cases in which no rash on the skin occurs until long after the throat has become sore. These sores of the mouth consist of whitish patches, varying in size from pin's head to half an inch or more in diameter. Such sore also occurs on the tonsils, on the roof of the mouth, on the side of the tongue where it presses against the teeth, in the nose and on the mucous membrane of the female sexual parts. They at first appear in the form of small tubercles which burst and some of them coalesce. The discharge from these sores is tenacious, purulent and offensive. The discharge becomes acrid, corrosive and greenish or bloody which eats up the soft parts and horribly disfigures the countenance. Deep-seated tubercles always set up infiltration of cellular tissues around them and ulcers penetrate to a considerable depth. They are usually found round about the frœnum, glans, inside the urethra, mouth of the vagina and uterus. They perforate the whole thickness of penis, a perineum, and of vagina and become extensive fistulas. Sometimes the whole of the scrotum is destroyed and the testicles are laid bear. The ulcers on the lips, mouth and throat at first do not appear to be in any way serious to attract attention. If small white patches surrounded by a red

areola be found one should look with great suspicion and be careful.

Ulcers of similar nature do appear in non-syphilitic constitutions. They frequently appear in persons who do not attend carefully to cleanliness of the mouth and teeth and in inveterate tobacco smokers.

Skin and Mucous Membrane where meet such as orifice of vagina, around the rectum, corners of mouth, orifices of nose are the favourite places of some eruptions. Within a few months after the contraction of the disease some moist tumors occur which are called *Condylomata*. Syphilitic condylomata and non-syphilitic condylomata are distinguished by their character. The former are broad, flattened tumors, usually raised a quarter of an inch or so and covered with skin or mucous membrane. The surface is always moist. The non-syphilitic condylomata is hard, conical shaped, warty growths usually formed by some irritation of skin. Syphilitic individuals often have minute tumors, looking like simple pimples, in the corner of the mouth. They look so insignificant as not to attract attention. The fact is, however, that these tumours or condylomata are extremely contagious, the least discharge from their surface conveys the disease either to the healthy individual or to another part of the same individual. Owing to the highly contagious nature of the secretion of the condylomata they are frequently found in groups and rarely alone. They may occur in any part of the body where there are sebaceous glands and hair follicles. They are also found on genitals especially on the inner surfaces of the thigh, in the groins, under the arms, at the corner of the mouth and of the nose, at the back of the neck, in the ear, on the breast of women and between the fingers and toes. These tumours are more frequently found in female

patients. It is suggested that the natural unclean personal habits favour the development of these tumours.

The skin is further seat of syphilitic lesion. The skin eruptions sometimes take the form of ulcers which may or may not be covered by thick scabs. Poorly nourished people and those who are neglectful in the care of their personal cleanliness, are subject to it. The scabs when formed, are sometimes so thick and numerous as to interfere seriously with the movements of the limbs and with the wearing of clothes. When these scabs are removed large foul ulcers are exposed which, although as a general rule syphilitic ulcers are painless, are apt to be very painful in consequence of the irritation from the clothes. When these ulcers heal they leave dirty-brown or copper-colour scars at least for some time, even after the active symptoms have subsided.

The appearance of lumps in and under the skin is another manifestation of syphilis. They are not the enlarged glands, which occur in a few after the contraction of the disease. These lumps appear in skin in all parts of the body, though especially often on the skin of the head and face on the forehead, nose and lips, on the shoulders and thighs. These lumps are as big as almonds and sometimes even larger. They disappear under proper treatment but if neglected break out in ulcers with considerable pain and annoyance.

The hair falls out with the appearance of these lumps on the skin of the head. The hair becomes dull, loses its natural gloss and comes out on the slightest contact. Sometimes bunches of it are drawn out by the comb or a stiff brush. The head becomes quite bald and covered with thick scabs. Sometimes the hair of eye-brows, eye-lashes, beards and even hairs of entire body fall out.

This loss of hair is manifested in individuals who are

debilitated either from the ravages of syphilis or from any other causes. With the improvement of the general health the hair may again grow.

The nails are affected by syphilitic poison. Properly speaking, the disease affects the skin around the nails and below it. The skin surrounding the nails becomes red, swollen and painful, in many cases ulceration results, so that considerable pus is formed. It affects more the toes than the fingers. The nails become deformed and discoloured and drop off. When the ulceration is stopped new nails grow but they are irregular, harder, thicker and wanting in glaze of the natural nail. The nails themselves are also affected when they lose their natural colour, become brittle and dotted with white or brown specks.

The above is a short description of the ailments of the skin, mucous membrane and nails which occur during the first eight months after one has contracted syphilis. Much depends upon the condition of general health, diet, hygiene and the treatment. If the patient has always enjoyed robust health and taken care to keep himself in good physical condition escapes most of the affections incidental to the disease or he may get them only in too mild a form to be recognised. And judicious treatment lessens the chances of sufferance to a great degree. The patient in good health under a judicious treatment need not suffer more than a soreness in the throat and a simple rash (Roseola) on the skin in the first eight months. The poorly nourished individual only is the worst victim of the disease. It is therefore the poor who suffer more than the better class of people.

Tertiary Stage. The outward manifestation of the disease such as on skin, mucous membrane and nails may be unsightly painful, annoying and of bodily discomfort to the patient but they are not serious enough to threaten life. The poison instead of limiting itself to skin and

mucous membrane penetrates into the deeper tissues and affects the glands, the periosteum, the bones, the ligaments, the joints, the brain and nerves. These conditions will be taken up separately.

Women contract syphilis by direct contact with the affected individual, during sexual intercourse, from the kiss of affected person, by kissing affected children and during parturition from the syphilitic child.

Hereditary Syphilis. Syphilis is one of the diseases known to be transmitted from parents to children. It may be manifested at times in the child at the time of birth or some months or years after. The symptoms of syphilis derived from parents—the *hereditary or congenital syphilis* vary somewhat according to the stage of the disease with which the parents were affected at the time of conception.

Syphilis is a frequent cause of abortion and miscarriage. The chance of abortion is greater if the conception takes place soon after the disease is contracted, that is, when the syphilitic virus is most active than if it be at some later period when the virus is less active. Abortion invariably occurs if the conception takes place within eight months of contracting the disease and also if the mother contracts syphilis within the first six or seven months of her pregnancy. In the later period the tendency is much lessened. A woman would abort two, three or four times. The first at the period of third month, the second at fourth month, the third at the fifth or sixth month and the fourth at the sixth, seventh or eighth month and finally she may have a full term pregnancy and bring forth a living child. As the virulence of the syphilitic poison is weakened there is greater chance of full term pregnancy.

The cause of this abortion is either maternal or foetal or both.

The symptoms of congenital syphilis which appear at or

after birth, are usually seen on the skin and mucous membrane. The child may be born with large blisters containing watery fluid or pus. They are usually still-born and should they be born alive they rarely survive more than a few weeks. Many children born with syphilitic taint, apparently healthy at the time of birth and remain so for several weeks but within four or five months after birth or at some later period of life develop symptoms of congenital syphilis.

The disease is invariably derived from the father. The wife of an individual who suffers from constitutional syphilitic poison escapes infection but he begets the child who gets the poison through the diseased spermatozoa. The father although may be in apparent good health for a long since and may be under the false impression of being free from syphilitic virus may get a child with all the horrid symptoms of congenital syphilis.

The condition of hereditary or congenital syphilis summed up below :—

1. The child gets syphilitic virus from father.
2. The child gets the infection either at birth or soon after, if the father is in the first stage of infection at the time of conception, even at later period the child may be infected but rarely. Older the infection the less the chance of imparting it to the child.
3. Judicious treatment and hygiene exert favourable influence in preventing the child from being infected.
4. Mother can impart syphilis to the foetus in cases where she herself gets it very recently before the time of conception or at the time of parturition. Imbibing syphilis during the period of pregnancy is not likely to affect the foetus.
5. When both the parents are syphilitic at the time of conception the child exhibits most virulent form of congenital syphilis.

6. Generally syphilitic parent begets syphilis children but there were exceptions of healthy children of syphilitic parents.

7. Spirochetè pallida is to be found in liver, spleen and brain of the infant.

Symptoms of Congenital Syphilis :—

(1) Various skin eruptions (a) Sometimes rash is to be found merely on the palms of the hands and soles of the feet ; (b) it occurs chiefly around the buttocks. (2) Thickening of and discharge from the mucous membrane of nose. As the child grows older the characteristic (3) shape of the various bones as well as (4) derangement of different organs are noticed. The forehead, specially the upper part is unusually prominent while the lower part just above the eye-brows is sunken. The point of the nose is projected somewhat upwards and forwards. The forehead is bow-shaped and the chin prominent, the entire face is concave. (5) The individual suffers from obstinate and troublesome Catarrh. Another feature which is characteristic of congenital syphilis is the (6) peculiar shape of the front teeth in the upper jaw. The edge of such a tooth is hollowed out in the middle, while the sides extend down into points giving it chisel shape. (7) The eyes of such subjects get affected also. The front of one eye at first, becomes somewhat white and opaque. The second also is soon affected. The sight may be for some time impaired or lost. (8) Subjects of hereditary syphilis are liable to get paralysis and other brain lesions.

Deformities of bones, caries, necrosis, ulcers, infantile liver, liver abscess, spleen diseases, rickets are of common ailments.

(To be continued)