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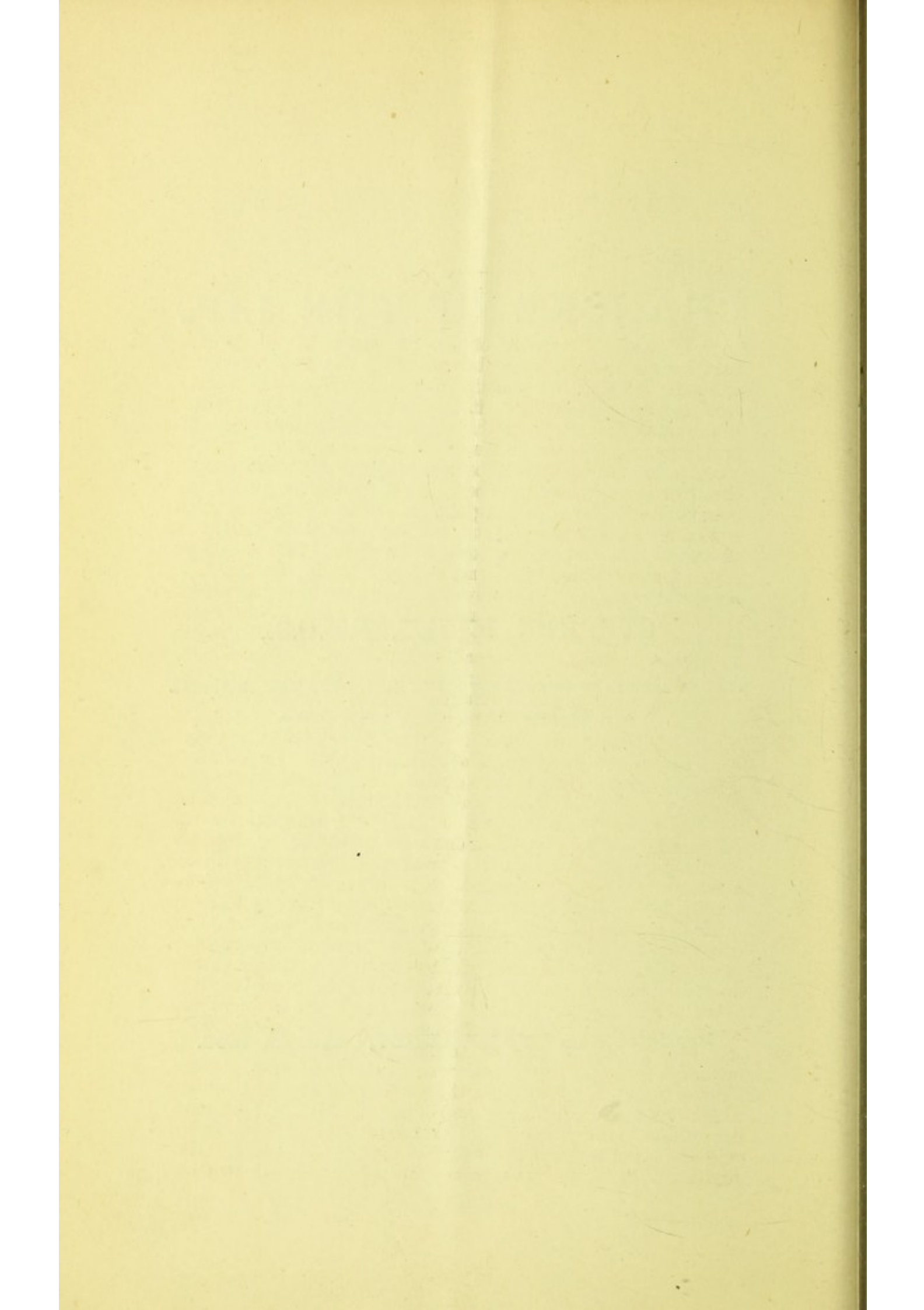
CHANCRE OF THE LIP.

BY

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CHANCRE OF THE LIP,

TWO cases of chancre of the lip which came under my care led me to make this abstract from the literature of the subject. Chancre of the lip may occur at any time of life, from infancy to old age; it is found in every condition of life, and under every possible variety of circumstances. The accidents which cause it are so many and so curious that no story is too improbable to be true; nothing is more strange than the facts in some of these cases, where the poison has been "ricochetting" among the members of a family or the workmen at a factory. It has fifty ways of gaining an entrance; the list is too long to be given here of all the instruments, implements, and things in daily use that have served to carry it. Probably the chancres thus caused are almost equal in number to those that are due to immediate infection by kissing, by suckling with a syphilitic breast, by such methods as these, and by unnatural practices.

Chancre of the lip is far the most common of all the extra-genital or erratic chancres. Thus, Mason found that of 37 cases of erratic chancre, 11 were cases of chancre of the lip; Laverque found 10 out of 27, Lavallée 16 out of 45, Bulkley 30 out of 65, Ricord 12 out of 29, Neumann 54 out of 84, and Pospelow 49 out of 198; Nivet, out of 581, found 412 on the face; and Tschistiakoff has collected 897 cases of erratic chancre, of which 391 were on the lip. As regards the proportion of chancres of the lip to chancres of the generative organs, it varies much, according to the class of cases to be considered. Thus Petersen of St. Petersburg had in seven years 1208 cases of primary syphilis in men. In only 23 was the chancre erratic, and in 11 of these it was on the lip. Sigmund of Vienna in seven years saw 73 cases of chancre of the lip, of which 32 were hospital patients and 41 private. Mauriac collected 1773 cases of primary syphilis in men. In 76 the chancre was erratic, and in 36 of these it was on the lip. Wirpscha, in ten years' work in a Russian hospital, saw 5147 cases of primary syphilis, in 249 of which the sore was erratic. Professor Ge of Kazan puts the proportion of extra-genital to genital chancres at 3.8 per cent. in man and 18.9 per cent. in woman. Bogolubow of Kronstadt saw 753 cases of primary syphilis. In only 4 of these was the chancre extra-genital, 2 of them being on the lip. Fournier, in twenty-

seven years of private practice alone, saw 887 cases of primary syphilis in women. Of these, in 42 the chancre was extra-genital. Ricord, in 471 cases, found 29 extra-genital. But the most appalling statements are made as to some parts of Russia. Petersen is reported to have said, in 1888, that in the villages in the interior of Russia extra-genital infection occurs in 75 per cent. of the cases of syphilis, and is especially common among children. Pospelow, writing in 1889, says that in Kursk extra-genital infection occurs in 85 per cent. of the cases of syphilis, and in Wladimir in 91·3 per cent. (this includes 7·7 per cent. of hereditary cases), and that infection took place by the mouth in 63·9 per cent. of these. Ssabinin is reported to have said, at a medical congress in Russia in 1887, that of 865 cases of syphilis, 201 came of sexual intercourse, 219 were hereditary, and 445 came of herding together and using the things of daily life in common—e.g., all eating from one bowl, and passing one wooden ladle from mouth to mouth.

I know of no other figures so bad as these; but isolated instances in other countries have been published, where the poison has gone to one after another in a family, and bad outbreaks used to occur among glass-blowers, who pass their hot rough iron blowpipes from mouth to mouth. Dechaux gives an account of ten men thus infected by one man, who carried his disease (syphilitic caries of the nasal bones) from one glass-works to another. Attempts were made to get the men to use each a mouthpiece of his own, but they would not give the time to do this. Guinard, a factory surgeon at Rive-de-Gier, stamped out an outbreak by making regular monthly examinations of the men's mouths. Sigmund, writing in 1863, observed that there had lately been a run of cases of chancre of the lip at Vienna, and in 1868 he said again that these cases are on the increase. In 1850 there was a kind of panic in Vienna, and all secondary sores of the lips were popularly ascribed to direct infection, supposed to come from cigars. There is no evidence that I can find that either cigars or cigarettes have ever been infected at the tobacco factories; indeed, from the cleanliness demanded of the workpeople, and from the nature of the process, such a thing is not possible. Of course the use of another man's pipe or cigar end has in many cases been the cause of syphilis.

As regards the condition of the lip at the moment of inoculation, there is no reason to doubt that in most cases there is nothing amiss with it. But sometimes the poison takes advantage of an old crack or fissure, such as is very common, especially in winter, on either lip, especially the lower. Mr. Cooper gives a case where a crack of ten years' duration became the seat of a chancre. Similar cases are recorded by other English surgeons; and Pospelow says

that out of forty-nine chancres of the lip a large number had begun in a simple fissure. Or there may be a scratch or a cut on the lip at the time of infection. In one case a bite was the cause; in another a man scratched his lip a few hours before it was exposed to infection; in another a child fell and cut her lip, and was infected by the kiss given to stop her crying. Vidal saw a chancre imposed on a chronic eczema of the lip in a young girl. Girode saw a chancre of the lip in a match-maker who was suffering from phosphorus necrosis with ulceration of the gums.

Coincident chancres of the lip and of the generative organs, the finger, or the nipple have been recorded. Roussel saw an infant with chancres of the lip and perineum. Sigmund saw seven cases of coincident chancres of the lip and tongue. In a few cases there have been two chancres on the lip, or one on each lip.

It may be well to take first the cases of chancre of the lip in children, for they are in some ways apart from the rest; and if such a case be not read aright, wrong judgments and false accusations will come of it. Thus, in one case, an infant was said to have been syphilised by vaccination, but it had a chancre at the corner of its mouth, and both of its nurses were found to be syphilitic. In another similar case the infection came not from the nurse's nipple, but from an accidental chancre on her finger. Often the chancre is overlooked, and then the disease is called hereditary. Infants are infected not only by a kiss, or from a syphilitic nipple, but also by the habit of nurses of first putting into their own mouths the toys that infants suck. Bryant had two cases of chancre of the lower lip in boys of seven; Laverque saw it in a child of three and a boy of twelve. Roussel gives seven good cases in infants and young children. These are but a few instances of what is probably not a rare complaint. Pellizzari says, "Perhaps not one case in ten comes to the notice of a doctor." In infants, he says, a chancre of the lip is a superficial lesion, which soon disappears; it is to the peculiar enlargement of the lymphatic glands that we must look, to make sure of our diagnosis. It seems certain that in infants a chancre of the lip may lack that induration which is its mark in later life. Thus Lavallée gives the case of a mother who got a chancre of the nipple by nursing a strange child, and in this way infected her own infant; but no sure signs of a chancre were ever seen on her child's mouth. Rollet, in 1859, writes: "I have tried in vain to find a case of hard chancre of the mouth in infancy. It is infinitely hard to find it on the lips or tongues of infants at the breast, though mucous patches and plaques are very common. Moreover, it is only in a few cases that you find the lymphatic glands enlarged." He is so sure of this statement that he invents a theory to explain it. But induration of the sore and enlarge-

ment of the glands are noted in more than one of Roussel's cases, aged one and a half to three years ; and enlargement of the glands occurred even in an infant at the breast. In Baum's case, a child four years and a half old, the sore was as hard as cartilage, and there was great enlargement of the submaxillary and cervical glands.

As regards the later stages of syphilis thus acquired in infancy, it is said by Roussel that, as a rule, it is not severe ; whereas in nurses who are infected by suckling syphilitic infants, the later stages of the disease are usually of marked severity. Pellizzari, who gives a list of sixty-nine nurses thus diseased—"a long list of martyrs,"—is of the same opinion. One of them, in spite of careful treatment, fought for six years against repeated outbursts of the disease, and died exhausted, yet free from visceral disease. Plummert gives two cases of nurses who were attacked by tertiary syphilis within a few months of infection. It may be that the severity of the disease in nurses thus subjected to it is due to their health and strength being depressed at the time of infection.

We come now to chancre of the lip in adults. It is most common in the years between twenty and forty. As to its frequency in England, we have the statement of Mr. Cripps, at the Medical Society in 1887, that about 40 cases had attended at St. Bartholomew's Hospital during the past year. In Paris, at the Hôpital St. Louis, in three recent years there were 27, 49, and 45 cases respectively. The question whether it is more common in men than in women is answered differently by different writers. Most of them say the latter. Neumann found it in 21 men and 33 women ; Pospelow found it in 40 men and 64 women ; Sigmund in 17 men and 56 women ; and Wirpscha in 50 men, 99 women, and 100 children. Bumstead and Taylor, on the other hand, put it at 471 men to 130 women. The question whether it is more common on the upper lip than on the lower is of no practical interest, nor can it be answered. Neumann found 18 on the upper lip, 28 on the lower, and 8 at one corner of the mouth ; Pospelow, Ricord, and Puché found it more often on the upper lip ; Sigmund saw 39 on the upper lip, 16 on the lower, 12 involving both lips, and 4 at one corner of the mouth.

Chancre of the lip in adults does not come to the notice of the surgeon till it is well advanced. Like chancres elsewhere, it may manifest itself, says Sigmund, either by increased growth, as a lump, or by destruction of the tissues, as an ulcer. In the first case it begins as a mere scaly patch of epithelium, with slight swelling of the corium ; its surface is more or less fissured, and the fissures may bleed. Thus a scab is formed of epithelial débris mixed with serum and blood, whitish, yellow, or dark, thin or thick, equal in size and

shape to the sore beneath it, and in most cases firmly adhering to it. The sore is indurated, and this induration may be superficial, involving only the skin and subcutaneous tissue, or it may go deeper. After a time the swelling increases, the scab becomes loose, and the corium is exposed, with its surface rough with flakes of epithelium and dried discharge. New epithelium is slowly formed round the sore; but it is smooth, thin, and weak, falling off from time to time so long as any swelling and induration remain in the sore. Only after many failures does it at last succeed in healing the sore, leaving the lip sound and smooth without a scar. The second kind of sore, where there is loss of substance, is less common; it owes its ulceration, for the most part, to causes other than itself. At or near the time of inoculation there was a scratch, crack, or ulcer on the lip; or the sore was made worse by smoking, or by the use of caustics, or by neglect and want of cleanliness, or by the rubbing of a tooth. Bad air, bad food, and a bad state of health may have the same result, bringing about a loss of substance and a purulent discharge; but this discharge is not profuse or obstinate, save in those who are utterly unhealthy. Or the sore may become the seat of phagedænic ulceration. The progress of the sore is slow, especially in elderly people. Ricord thinks that the natural tension of the lip interferes with the healing process. The induration usually takes some months to disappear. He believes that he has seen traces of it after nine years in one case and after thirty years in another. There is a scar, "or, rather, a characteristic stain, a special mark of the disease; a round, brownish, dull, bronzed patch, very slow to change." This fades at last, leaving a faint white mark, or no visible trace of any kind.

Pospelov says of his cases that the chancres varied in size from a split pea to that of a five-mark piece. In shape they were most of them round or oval; some were linear, at right angles to the long axis of the lip; a few were set obliquely on the lip, or were irregular in outline. The linear chancres probably started in simple fissures of the lip. Some of the chancres were raised, some flat, some excavated. There was in every case well-marked induration; in one only is it said that this was not found. In a few cases it was only superficial, like a thin disc of parchment. The sores were usually painful on pressure, or in such movements as were caused by the taking of food.

Ricord (1858) says: "The period of incubation is very variable. If the lip is predisposed for inoculation by a wound, crack, or abrasion, however slight, the chancre appears all the sooner; and in one such case it showed itself in forty-eight hours. Its first appearance may be as a little wound, linear or circular; or it may

begin as a pustule. A chancre inside the mouth always tends to ulceration; chancre of the lip seldom goes on to deep ulceration. If it occurs at the corner of the mouth it is usually divided transversely by a deep ulcerated crack." As regards the earliest aspect of a chancre of the lip, from the patient's account it seems that what is first noticed is a papule, pustule, or fissure. In a case published by Mr. Sheild a chancre near the angle of the mouth in a woman of thirty-two began as a "small pimple like a gnat-bite." In a case of Ricord's where the lip was scratched just before inoculation, it began as a white vesicle with a red halo. If it starts in an old fissure, nothing more is observed at first than a slight glazing and hardening of the edges of the crack, which may now be a little painful.

If a chancre, or part of a chancre, be on the inner aspect of the lip, warm, moist, and sheltered, it remains smooth or eroded, and no scab forms on it; it is less raised, or almost flat, or hollow. Pospelov notes that in cases where the sore lay in this way, more or less within the cavity of the mouth, it was just like a mucous tubercle. In Mr. Cooper's case, where a lower lip, cracked for many years, got poisoned from a dirty glass, the crack became glazed and hard, especially along its lower half; and a week later, on the inner aspect of the lip, there was a typical mucous patch, which joined the original sore just where the lips touch. "The contrast between the almost dry and glazed appearance of the lesion on the part of the lip exposed to the air, and the opaline moist appearance of that within the mouth, was very striking." So, too, if such chancres ulcerate, the ulceration is likely to be more extensive towards the inner aspect of the lip.

The lymphatic glands in chancre of the lip are of supreme importance for diagnosis; they are a constant and conspicuous sign of the disease, a token that is never wanting and never doubtful. Their enlargement takes place within three weeks of the first appearance of the sore, and in most cases within a fortnight. After the submaxillary, the cervical, and even the axillary glands may suffer. In chancre of the lower lip the glands beneath the chin are often enlarged. The deep glands escape, or are less enlarged in chancre of the lip than they are in chancre of the tonsil. The enlarged glands may attain a great size, and may form a lump almost as large as one's fist. One or more lymphatics have been felt in a few cases, as thick hard cords passing from the sore towards the glands; and in such cases the enlargement of the glands themselves may be but slight. In feeble persons, or if the sore is inflamed, the glands may be painful, may become acutely inflamed, and may even go on to suppuration. Besnier had a case where erysipelas of the face started in a chancre of the lip. When it subsided, the cedema and ulceration of the lip were found cured,

and the sore itself was much smaller; but the glands suppurated. Save for such accidents as these, the glands remain painless and indolent. They have the feel of syphilitic and not of cancerous glands; though they may be "as hard as wood," yet they are not "as hard as stone"; they still feel like glands, and not like the ill-defined adherent infiltrating growth of cancer; the skin is free above them; they are not matted together and wedged in among the deeper structures; they remain distinct and loose long after they have become so large that if they were cancerous they would be firmly fixed to everything round them. They are best felt by hooking one's finger up behind them, so that they lie in front of it; then they feel like marbles in a bag, or "like nuts in a monkey's cheek." Sometimes one or two glands may far exceed the rest in size. If the general glandular enlargement of constitutional syphilis be well marked, the submaxillary glands will yet excel both in size and in hardness. They are, indeed, one of the surest and safest guides in diagnosis; and when once their hardness and enlargement are well established the case must be treated without delay.

As regards the further course of the sore itself, and the size to which it may attain if it be neglected, Mr. Hutchinson, in his "Archives of Surgery" for October last, has figured the largest one of all that he has seen; it occurred in a young lady, and invaded the whole upper lip. Other cases as bad as this have been recorded by other writers. As to the amount of inflammation in and around the sore, and throughout the rest of the lip, it varies according as the sore has been kept clean and quiet, or has been scratched or irritated. In a case of my own, in a young girl, who had been treated for three months with various lotions, the sore was large, raised, and inflamed, with a thick, dark scab, and the whole lip was red, stiff, and greatly swollen. This general swelling of the lip may reach an enormous size, and give much pain; it may not wholly subside for a couple of years. Such are the cases of "œdema indurativum," "œdème dur scléreux," "sclerotic œdema;" of late years a special organism (*streptococcus*) has been found in great quantities in the infiltrated tissues.

As regards the prognosis in chancre of the lip, the disease will probably run its usual course, neither more nor less. Neumann, speaking of eighty-four extra-genital chancres, fifty-four of which were on the lips, says: "The disease and its results were in no way modified by the unusual method of propagation." Sigmund says of his seventy-three cases: "There is nothing special to say as to the course and close of the disease in these cases. I observed forty-four of them for a long time without seeing them deviate from the ordinary way of syphilis.

The old idea that the attack is milder if the sore is extra-genital, is certainly false as regards either a chancre on the finger or a chancre on the lip." In England the "old idea" is not that the attack will be milder, but that it will be more severe. Mr. Hutchinson, though he shows that the site of inoculation cannot affect the action of the poison, points out that neglect of treatment in chancre of the lip will result in an aggravation of the rash; and perhaps this may explain the apparent gravity of these cases. Again, Baum has suggested that some erratic chancres may, from the accident of their position, resist absorption, and thus a copious rash may coincide with a still large and indurated chancre, making things seem worse than they really are. Again, the position of a large chancre of the lip, half inside the mouth, must favour the absorption of syphilitic discharge into the stomach; and it is said that the most severe and obstinate forms of secondary and tertiary syphilis are found in those patients who have had, or still have, extensive ulceration of the fauces. And if Fournier's rule be true, that extensive ulceration of a chancre tends to be followed by a worse rash, this also will apply to ulcerated chancres of the lip. Thus there are reasons—some real, some only apparent—for the belief that a chancre of the lip will be followed by syphilis of at least an average severity, and probably rather above than below the average.

There is another "old idea" which may here be mentioned. It is the non-occurrence of erratic soft sores on the face—a great theme for discussion among the older pathologists, when as yet the distinction between infecting and non-infecting sores was not universally received. Ricord says: "I have now shown you a great number of cases of erratic soft sore in many different parts of the body; everywhere, indeed, save only on the head and face. My colleagues have not been more fortunate than myself. If we search the statistics, French and foreign, we find only two cases of soft sore on the lip, and both of these are doubtful. I believe that it ought to exist; I long to find it; but there is not one clear case of soft sore of the face." Fournier, in 1858, collected 150 cases of primary venereal sores on the head and face, but they were all hard chancres save five, and these five were all doubtful. Of course the soft sore can be produced anywhere by deliberate inoculation. Puché and Rollet thus produced it on the head or face in twenty cases; Bassereau, Huebbenet, and Robert also produced it on the lips and elsewhere on the face in many cases. But the records of true accidental inoculation of it on the face are rare and uncertain. One case that Fournier reports may be a real instance of it. Puché also reports a case of a sore on the lower lip, which had all the characters of a soft sore, and was reproduced elsewhere by inoculations; and Bryant published a case of "soft chancre" of the corner of the mouth, with inflamed

glands, in a girl of seventeen ; but these three cases are all that I can find. As regards the frequency of erratic soft sores in general, Fournier, out of 445 cases of soft sores, had only three or four where the sore was erratic ; and Debaugé, in 206 similar cases, had not one case of erratic soft sore. But the whole question must remain uncertain, in view of the character of the soft sore, and of its misleading likeness to tuberculous ulceration.

The diagnosis and treatment of chancre of the lip remain to be considered. Besides the use of mercury, the sore must be firmly covered, and the patient must be told in strong language that he is a constant source of danger to all about him. Sigmund recommends that the sore be cleansed with sublimate lotion and covered with mercurial plaster. As to diagnosis, one of two mistakes may be made. Either the chancre is taken for a simple swelling, or boil, or inflamed spot in the lip, and is neglected ; or it is taken for cancer, and is excised. Records of the first mistake are too frequent to be quoted here. The second mistake is well illustrated by two cases published by Mr. Quain in 1859 : "After a good deal of examination and consultation upon each of these cases, the tumours were removed." Mason gives three cases, all of which were first diagnosed as cases of cancer. Moreover, he gives the case of a man of twenty-six, who was three times within two months subjected to operation for a chancre of the lip.

Chancre of the lip is commonest in the young and middle-aged ; as common on the upper as on the lower lip ; and as common in women as in men. Chancre is rapid ; its scab is often dark and rupial ; the lip is often red, swollen, and stiff ; it is seldom destructive, painful, or fetid. The glands in chancre swell in a few days ; they rapidly attain a great size, yet are still loose, movable, distinct, true amygdaloid glands. Mercury will put an end to doubt. The microscope has been used with success ; in two cases a suspicious sore was thus shown to be only the infiltrated granulation tissue of a chancre. But the surest guide of all in a doubtful case is the state of the glands.

Wimpole-street, W.

