

**Precocious tertiary syphilis : report of a case with manifold manifestations
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Publication/Creation

New York : William Wood, 1909.

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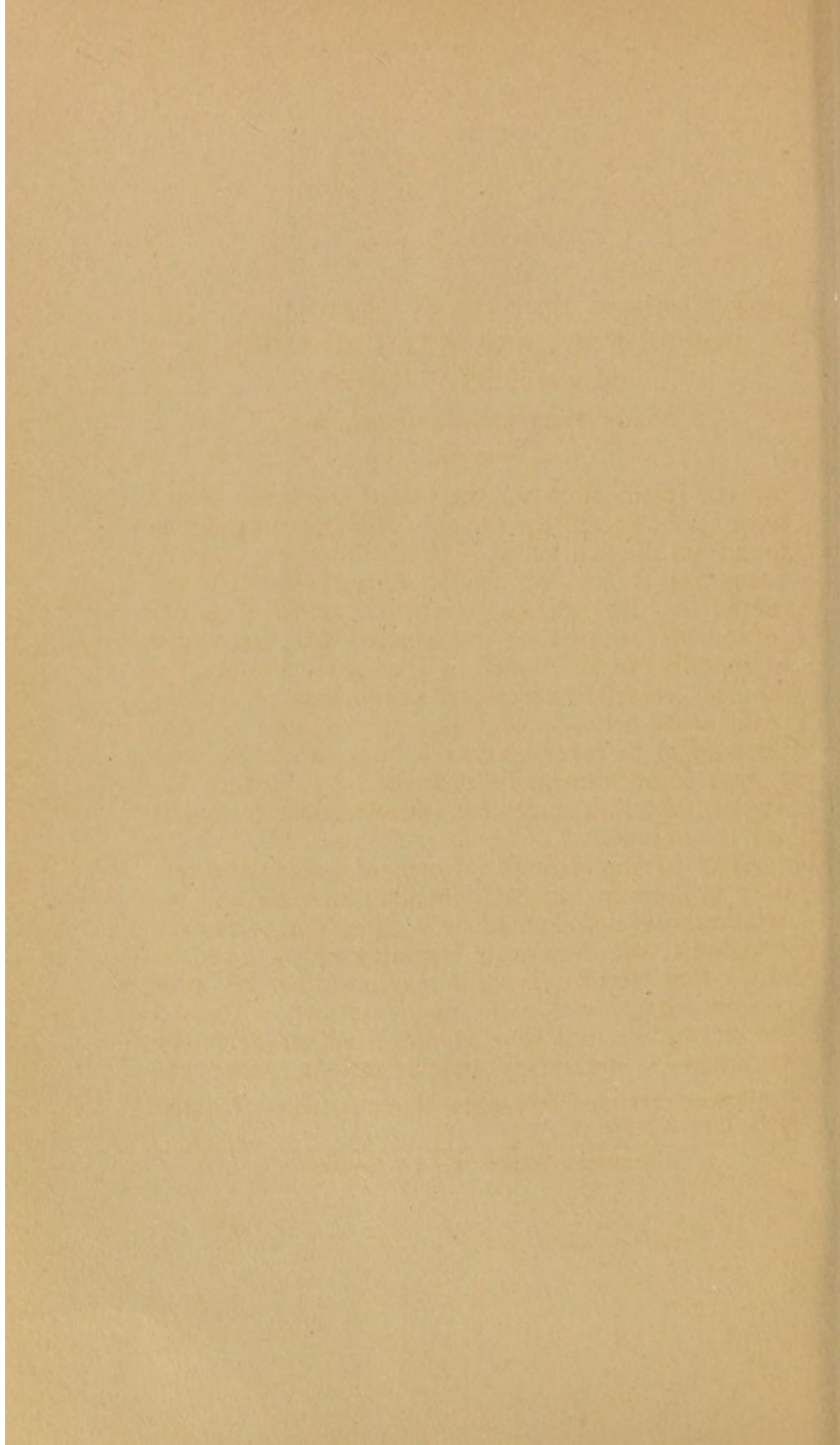
PRECOCIOUS TERTIARY
SYPHILIS: REPORT OF A
CASE WITH MANIFOLD
MANIFESTATIONS.

BY

H. FRED LANGE ZIEGEL, M.D.
NEW YORK.

Reprinted from the MEDICAL RECORD
October 16, 1909.

WILLIAM WOOD & COMPANY
NEW YORK



PRECOCIOUS TERTIARY SYPHILIS: REPORT OF A CASE WITH MANIFOLD MANIFESTATIONS.*

By H. FRED LANGE ZIEGEL, M.D.,

NEW YORK.

WHILE justification for the use of the terms which have been selected for the title of this report can be found in the works of Alfred Fournier, Eduard Lang, and Robert W. Taylor, nevertheless it is admitted that the phrase "precocious tertiary" is objectionable, because its use implies that the course of syphilis can be divided by time-rules into stages; whereas, what the successive phenomena of syphilis really represent is an evolution or progression. But the case to be reported corresponds so closely with a type-form accurately described by Robert W. Taylor that this somewhat objectionable terminology is retained.

After having defined a form of precocious tertiary syphilis in which cutaneous gummata and ulcerations develop immediately after the secondary symptoms, the American Syphilographer goes on to say that "tertiary syphilis may be rather less precocious than in the form just described. Toward the end of the first year of the infection, after the evolution of secondary manifestations, some pa-

*Patient presented before the Harlem Medical Association, June 2, 1909.

tients become weak, anemic and lose flesh. One, several or many ulcers may appear on the scalp, the face or the extremities, and run an active and rapid course, showing great rebelliousness to local and general treatment and careful hygiene. In some of these cases there are concomitant bone, joint, pharyngonasal, and testicular lesions. The patient is and continues to be a sick man upon whom destructive lesions appear at short intervals. In most of these cases, after a very severe ordeal the patient gradually gains health and strength, and may be cured in the end."¹

Conforming closely with this description is the case of G. F. B., 37 years old, infected postnuptially by his wife three and a half years ago. When first seen two years ago the patient stated that treatment during the year and a half following infection had not been thorough or methodical, and that for three months there had been present an ulcer of the leg. Examination showed on the postero-external aspect of the lower third of the right leg a circular, sluggish-looking ulcer with sharply defined edges and a dirty-yellowish purulent base. This ulcer healed promptly as a result of deep injections of the salicylate of mercury and local surgical cleanliness.

There next appeared a scalp manifestation diagnosed by Dr. Sigmund Lustgarten as a "precocious papular syphilide." This was very resistant to treatment and persisted for a long time in spite of active mercurialization and local treatment under Dr. Lustgarten's direction.

At this time the patient's general condition was not good, there being considerable loss of flesh and strength; and there were present deep ulcerations of the pharynx and on the tonsils. These throat

manifestations reappeared from time to time, generally during intervals between courses of mercurial treatment. In fact, attempts to suspend even temporarily the exhibition of mercury always resulted in the appearance of new lesions.

If we continue, now, to enumerate chronologically the various manifestations, the fourth was a syphilitic stricture of the left nasal duct, with distention of the lacrymal sac, tearing, and unilateral conjunctivitis. Dr. Martin Cohen, who diagnosed and treated the local condition, reported that at this time fundus examination showed pallor of the disc on the temporal side, edema on the nasal side; dilatation of the veins; and some opacity of the vitreous humor.

Fifth, there appeared protuberances on the forehead—superficial gummata which ulcerated. These ulcers healed, reopened some months later, and healed again.

Sixth, there was a periostitis of both nasal bones.

Seventh, the patient came complaining that nasal breathing on the left side was obstructed; examination showed a swelling springing from the nasal septum and occluding the left nares. This gumma soon broke down, resulting in abscess formation, and a large perforation of septum which can readily be seen at the present time.

Eighth, bursitis and synovitis. The left ankle became swollen, impaired in function and very painful at night. Soon afterwards both knees became similarly affected. The patellar bursæ were considerably enlarged, and there was dancing patella. These hydrarthroses corresponded closely with Levin's description of "Synovitis of the Knee-joint as a Late Manifestation of Acquired Syphilis."²

Ninth, Periostitis of the heads of the tibiae, first

on the right side and then on the left. This latter was very severe, totally incapacitating the patient for two weeks. During this time severe nocturnal pain was complained of; there were marked tenderness over the inner tuberosity of the head of the left tibia and severe pain on the slightest movement. The circumference of the legs, which was measured 4 cm. below the lower border of the patella, was $3\frac{1}{2}$ cm. greater on the left side than on the right.

At this time, as on several occasions previously, inunctions were given instead of the injections, because of the large number of nodosities in the buttocks. Palpation of the gluteal regions gave the feel of bags of nuts.³ So far sixty-eight deep injections have been given.

Tenth, there developed six months ago gummatous infiltration of the right testicle which was hard, nodular and twice its normal size. This, like the other manifestations, has been favorably influenced by the treatment.

Eleventh, synarthrosis. Six weeks after this report was submitted for publication, there appeared—following a month's intermission in the administration of mercury—tumefaction and tenderness over the first, second, and third chondrosternal articulations. The prominence of the first joint was considerable. Gratifying evidence of the specificity of mercury were the prompt retromorphosis and ultimate disappearance of these swellings on resumption of the treatment.

A modified Wassermann test, performed by Noguchi about one month ago, was positive. Of course treatment is being continued.

The patient is now steadily gaining in weight and he has no complaint to make. Though he looks very pale, his hemoglobin is 84 per cent.; it has

never been less than 60 per cent. In spite of the enormous dosage with mercury and the iodides, his teeth, gums, and gastrointestinal tract have remained in good condition. There has never been any albumin in the urine. Constitutionally, therefore, he has been tolerant to mercury. But the local reactions after injections have at times been very severe; however, only indurations and no abscesses have resulted.

Conclusions.—A patient with syphilis which had not been systematically treated began to exhibit, fifteen months after infection, tertiary manifestations which appeared in the following order: (1) Ulcer of the right leg; (2) papular syphilide of scalp; (3) deep ulcerations of tonsils and posterior pharyngeal wall; (4) stricture of the left nasal duct; (5) ulcers on forehead; (6) periostitis of nasal bones; (7) gumma of nasal septum, suppuration, and perforation; (8) bursitis and synovitis; (9) periostitis of heads of tibiae; (10) gummata of right testicle; (11) synarthrosis.

Eduard Lang says that "when the gummatous deposits in early periods of syphilis are markedly conspicuous as regards both their number and rapid course, it is certainly proper to express this character of the disease by the term syphilis 'precox,'"¹ Accordingly, the case just described may be spoken of as one of precocious syphilis.

In tertiary syphilis, as is well known, the lesions usually involve the deep-seated organs and tissues; not so in this case, in which the lesions have been superficial, involving chiefly the skin, mucous membranes, ocular appendages, cartilages, bursæ, periosteum, the testicle, and chondrosternal articulations.

The two noteworthy features of this case are,

therefore, the early appearance of the tertiary manifestations and their superficiality.

REFERENCES.

1. "Genito-Urinary and Venereal Diseases," Robert W. Taylor, p. 600.
 2. MEDICAL RECORD, Nov. 14, 1908.
 3. "Treatment and Prophylaxis of Syphilis," Alfred Fournier, p. 164, footnote.
 4. "Acquired Syphilis," Eduard Lang, in "Twentieth Century Practice of Medicine," Vol. XVIII, p. 273.
- 8 WEST EIGHTY-SIXTH STREET.