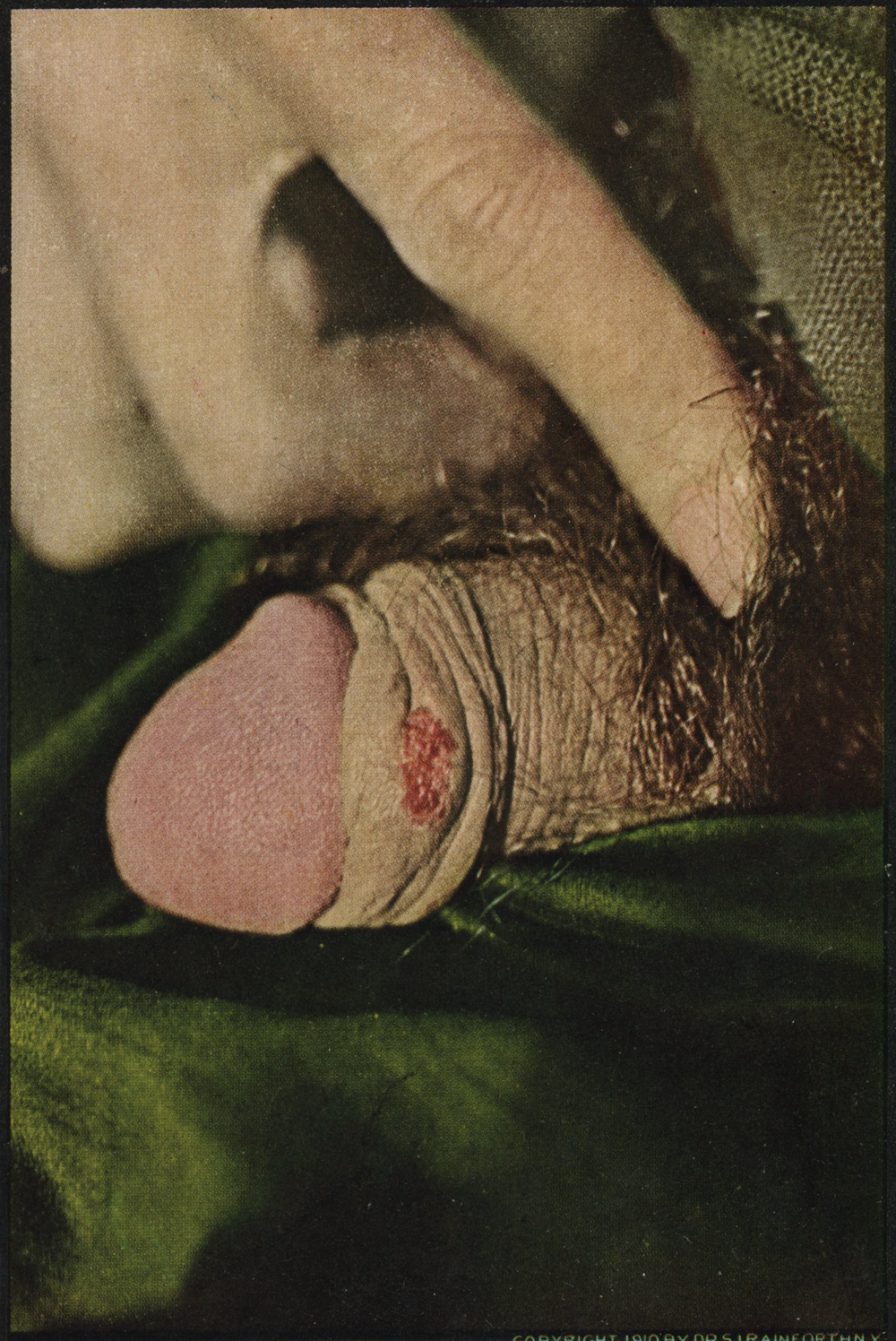

SCLEROSIS SYPHILITICA

SYPHILIS PRIMARIA. Sclerosis syphilitica

Synonyms: Chancre; Hard chancre.

Spirochaeta pallida finds its way into the system by inoculation. After a period of incubation that may last for two to ten weeks but is usually about three, at the point of entry the first evidence of syphilis arises and is the chancre. About one week after the appearance of the primary lesion on the penis the inguinal glands become discretely and painlessly enlarged and hard. As a rule the chancre starts as a macule, scratch or erosion, beneath which a papule soon forms and increases in size to that of a finger nail. It is usually surrounded by a dark red areola. The surface may be dry and crusted with layers of exfoliated epidermis or it may be superficially or deeply ulcerated. Most often it is merely abraded. polished and raw looking or slightly moist and partly covered by a gray film of adherent pseudo-membrane. The most marked, constant and typical characteristic of the chancre is its induration. Surrounding or underlying the surface lesion is an extended or more often a sharply circumscribed region of superficial or deep infiltration. This usually becomes palpable the fifth to the tenth day after the appearance of the chancre and reaches its maximum in another week when the infiltrated tissue may be of almost cartilaginous hardness. The infiltration may remain long after any ulceration has healed, even for several months, though generally both the ulceration and the induration disappear in four to six weeks and the glandular swelling subsides soon afterwards. The chancre does not leave a scar unless it has been deeply ulcerated. In men three-fourths of all genital chancres are located on the cervix of the penis, on the glans near the frenum, or on the margin of the preputial opening. The others are at or about the meatus or upon the skin of the penis, scrotum or groin. The chancre is usually single; two or more may be acquired at the same time, but it is unusual for one chancre to produce others by auto-inoculation. **DIAGNOSIS:** Secondary or mixed infection may effectually obliterate all the characteristics of a syphilitic sore, and a non-specific herpetic erosion or a chancroid may at times closely resemble a typical chancre. A lesion which develops less than five days after exposure to contagion is not a chancre even if syphilis was acquired at that time. A sore which appears more than ten days after the last coitus is probably a chancre. However in no case is it justifiable to start constitutional syphilitic treatment until Spirochaeta pallida can be identified in the secretion expressed from the sore, or unless secondary syphilitic lesions are present to confirm the diagnosis. **TREATMENT:** The chancre heals promptly when the general mercurial treatment is begun. Usually the only local treatment required for an uncomplicated chancre is cleansing with soap and water and dusting with calomel. If the sore ulcerates iodoform may be used or a wet dressing of one to three thousand mercuric chlorid. As regards the use of arsenic in the treatment of syphilis, it will require many years to determine whether or not certain arsenic compounds which are now being extensively substituted for mercury, are as harmless in themselves and as certain in results as the old and well tried remedies.