COPYRIGHT 1910 BY DR. S. I. RAINFORTH N.Y.

SYPHILIS PAPULOSA

SYPHILIS SECUNDARIA. Syphilis papulosa.

The syphilitic papular rash is a tolerably common and usually an early manifestation of constitutional syphilis, though it often develops considerably after the fourth month. It may be the first recognized cutaneous eruption or it may follow the macular syphiloderm. The papules are from pin-head to bean size or larger. It is quite common for the lesions to be nearly all of a size, which has given rise to the various designations, miliary, small, and large papular syphiloderms. The medium sized lesions are the most common. The smaller papules are either acuminate or rounded, the larger usually flattened and but slightly elevated, although palpation often discloses considerable deep infiltration. Their color may be at first the rose red of the early macules, but later it becomes a raw ham or coppery hue. The lesions are frequently arranged in groups and often exhibit a fine grayish scaling which may almost completely cover the papules or form film like fringes or collars at the periphery. There is but little tendency to coalescence. The eruption is found on all parts of the body but differs in its distribution from the early roseola, in its greater tendency to involve the face, especially the forehead (corona veneris), and the palms and soles. Other favorite localities for the larger papules are the angles of the mouth, the naso-labial folds, and the genito-crural and anal regions. The evolution of the eruption is usually at first rapid but new lesions generally appear for several days or weeks. Its duration is several weeks but may be prolonged to a few months by fresh outbreaks. Resolving papules leave no scars but more or less persistent brownish stains. The rash may be abundant or scanty and the lesions found only or chiefly at their favorite locations, sometimes as a relatively insignificant accompaniment of a roseola. There are no subjective symptoms except that in the negro itching is not infrequently complained of. The eruption yields to treatment though less readily than the roseola, and persists longest on the palms and soles. The **DIAGNOSIS** is generally easy, from the absence of itching, the typical appearance of the rash, its distribution and frequent polymorphous character, and the almost constant association of other symptoms of the disease. **TREATMENT:** Mercury should always be given, preferably by inunctions.