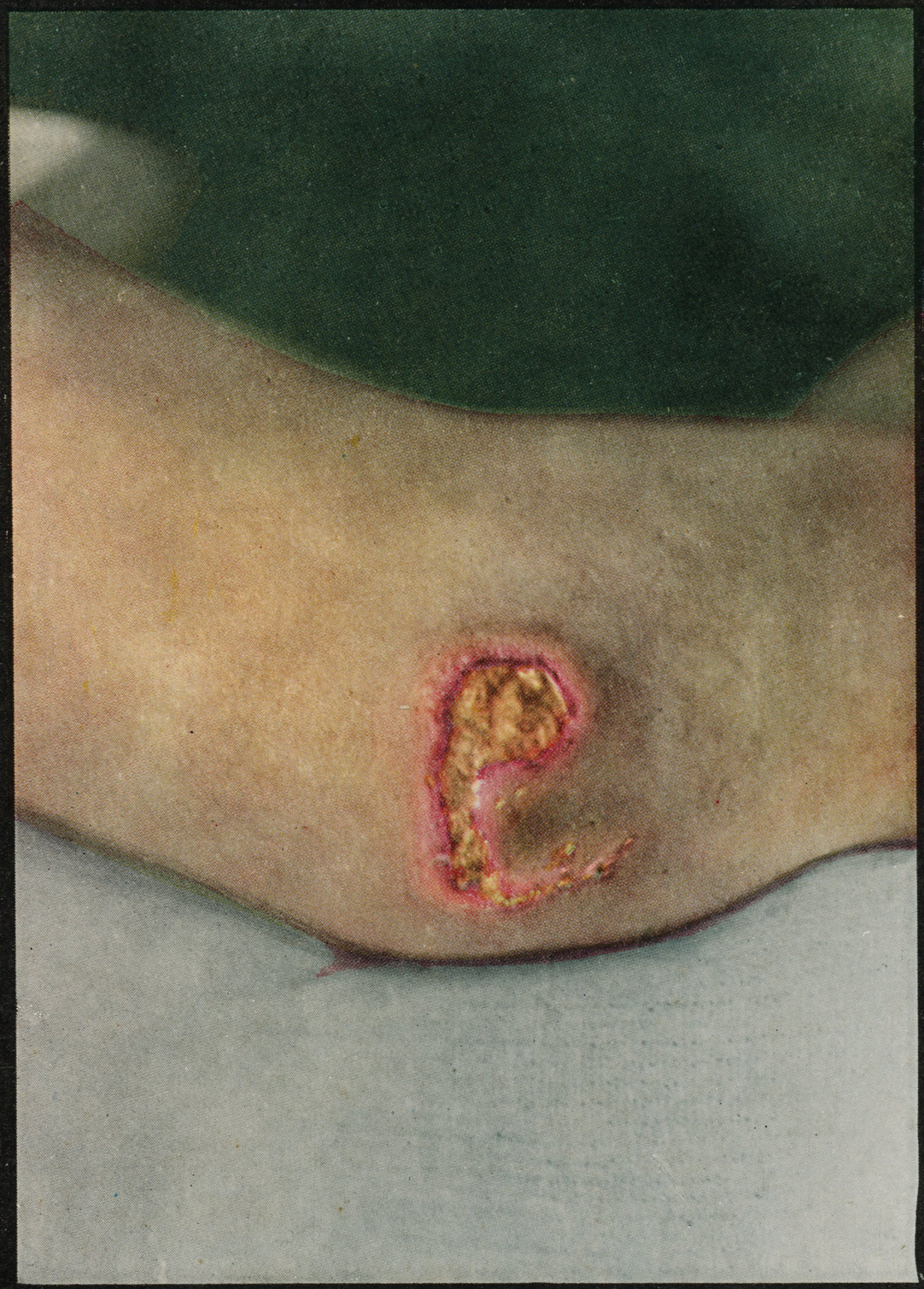

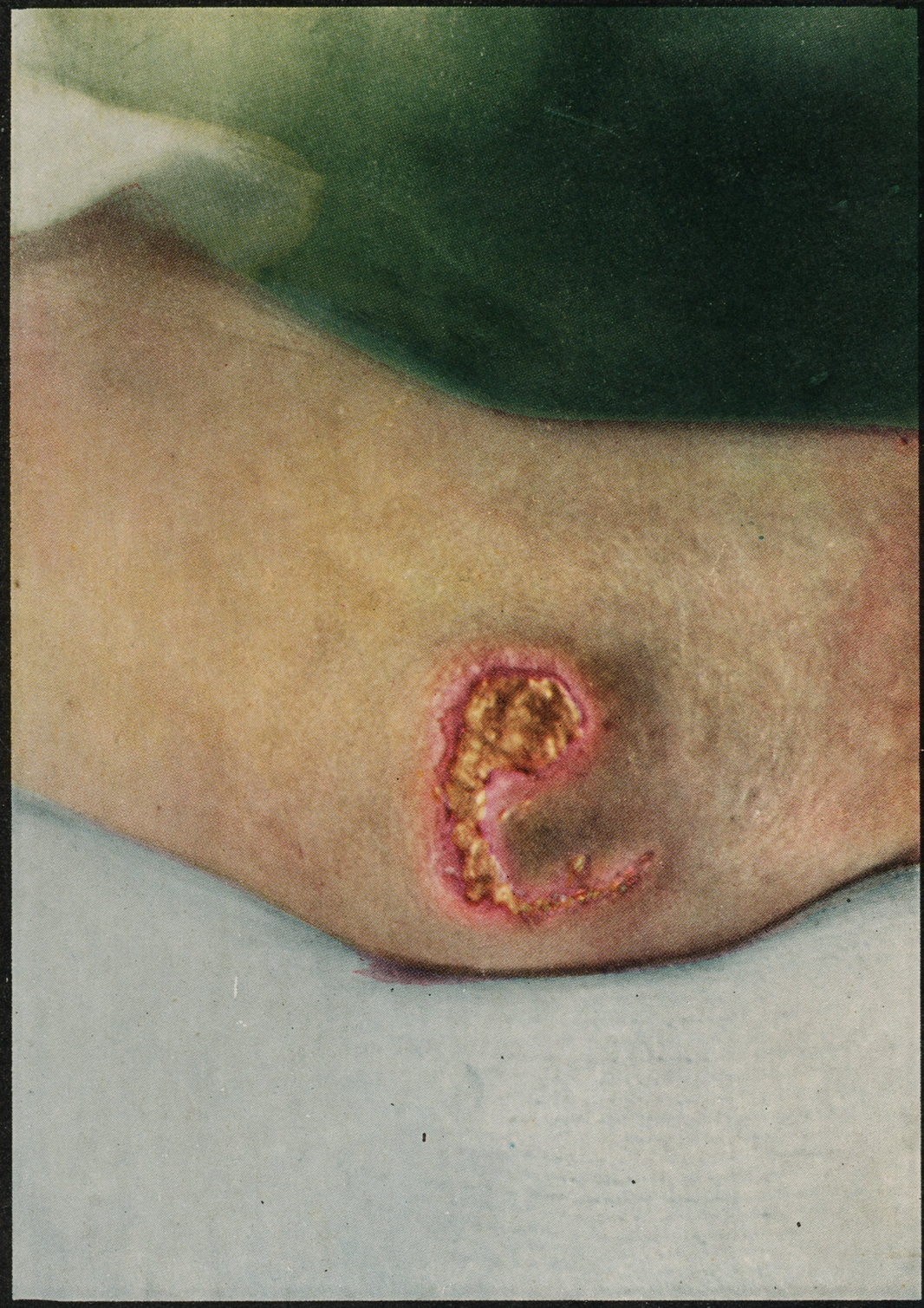

SYPHILIS ULCEROSA

SYPHILIS TERTIARIA

Syphilis ulcerosa.

A syphilitic ulcer is the sequel of a pustulo-crustaceous, gummatous or tubercular syphilid. It is found therefore most often upon the favorite sites of those three lesions, namely the face, especially about the nose, the forehead, legs and genitalia. Often the origin of an ulcer cannot be ascertained from its appearance. The round or irregular more superficial ulcer met with comparatively early in the disease and in poorly nourished and anemic individuals is usually a pustulo-crustaceous lesion from which the crust has been cast off by increased suppuration. The deep ulcers are generally from gummatous deposits. The ulcers arising from the tubercular syphiloderm have the same tendency to segmental grouping and circinate configuration that the tubercular lesions themselves exhibit. When this feature is marked the lesions are called ulcero-serpiginous. Ulcers usually travel slowly over the skin by healing at one side while they advance at the other. The healing margin is often concave, the advancing convex and elevated by a ridge of coalescent tubercles, upon which narrow zone of infiltration the ulcer constantly encroaches. The area traversed is marked by soft scar tissue, or when the ulceration is very superficial, merely by brownish pigmentation. The base of the ulcer is covered by a grayish yellow, purulent slough which may dry to form a crust. It is unusual for such a lesion entirely to heal spontaneously, although almost invariably it responds rapidly to specific constitutional treatment. As a rule syphilitic ulcers are not at all painful, and only slightly tender. **DIAGNOSIS:** *Traumatic ulcers* have a history of injury and are acute and highly inflammatory, irregular in shape, and heal rapidly under simple dressings. A *tuberculous ulcer* is usually superficial, irregular, sluggish, with comparatively little, thin discharge under clean dressings; it arises frequently from caseous glands or diseased bone, and presents sinuses, milky anemic granulations, and soft undermined edges. Its scars are not infrequently keloidal. *Lupous ulcers* start earlier in life, are superficial and incomparably slower in development, the edges are brighter red, softer and often undermined, and apple-jelly nodules are frequently to be found; the scars are more diffuse, tough and deforming. An *epitheliomatous ulcer* starts from a pimple, wart or keratotic patch, is usually a single lesion on the face, and its sharp border is almost invariably in some part typically hard, everted and waxy-looking, with dilated capillaries crossing it. **TREATMENT:** In addition to the administration of mercury and potassium iodid local treatment may be employed. Ulcers should be kept clean and dusted with calomel, or covered with a five to ten per cent. ammoniated mercury ointment.