

# Iconography of Anatomical Specimens Probably Due to Gummas and Aneurisms of Luetic Origin

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## Introduction

Some anatomical specimens dating back to the first decades of the XVII century and to the first years of the XIX century are preserved inside the National Museum of History of Medical Art (which belongs to the Academy of History of Medical Art), located inside the Santo Spirito Hospital, in Rome.

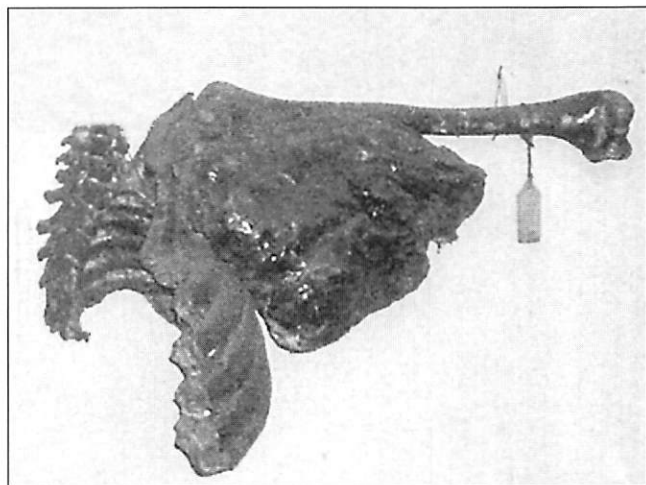


Fig. 1. Large subaxillary gumma which incorporates a cavern-shaped aneurysm, and originates from the brachial artery, with the involvement of the circumflex artery.

Some of these samples, which are located in the aortic arch and in the district of the suprarenal and subrenal aorta, have been identified as aneurisms.

In particular, some of these aneurisms preserved inside the showcases belong to the femoral, popliteal, and brachial arteries.

These anatomical preparations permit us, among other things, to recognize the results of the luetic gummas which very likely caused the aneurismal pathology.

These preparations were made by surgeon Giuseppe Flajani during the period of his medical activity at the Santo Spirito Hospital in the second half of the XVIII century. They represent a small yet comprehensive collection of samples of this pathology which were very exceptional

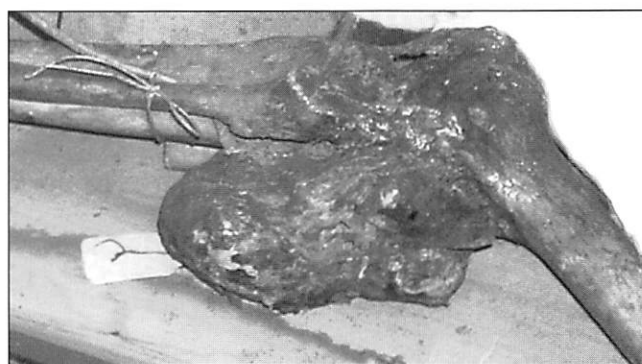


Fig. 2. Aneurism and syphilitic gumma, located in the medial area of the knee articulation, likely originating from the deep femoral artery. Sacciform formation which in origin was spindle-shaped.



Fig. 3. This gumma includes an aneurismal formation involving the whole knee. It likely originates from the popliteal artery.

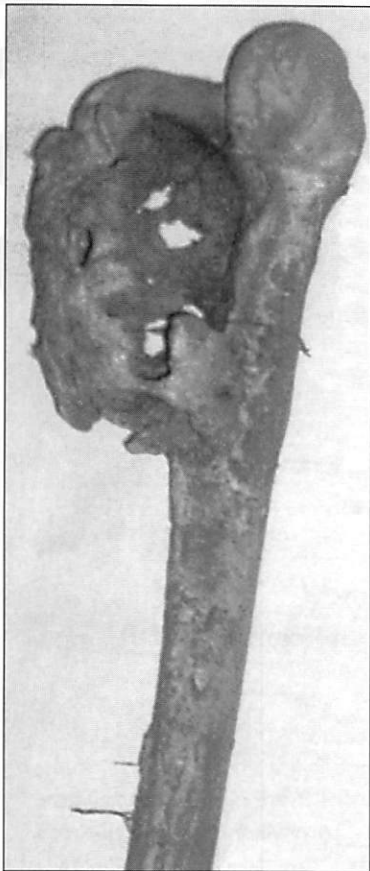


Fig. 4. Saccular aneurismal formation with deteriorated walls which belongs to the brachial artery.

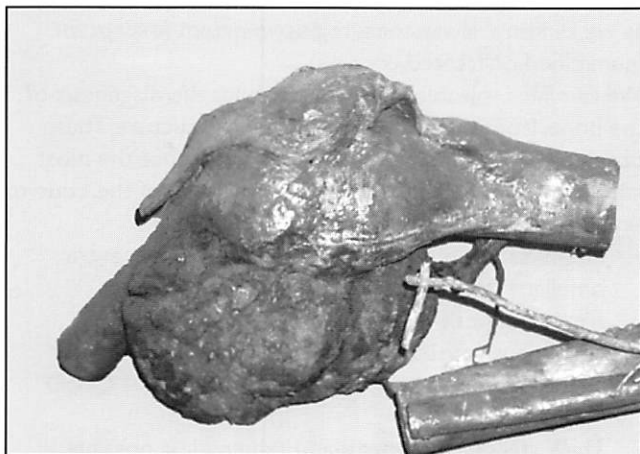


Fig. 5. Saccular aneurism located in the posterior area of the knee, and originated in the arterial system of the popliteal artery.

(due to their large dimensions) in the past, and extremely uncommon even nowadays.

The gumma appears in the tertiary syphilis and consists of a circumscribed and isolated swelling. It is possible to find it everywhere, (internal organs, at the subcutaneous level, cutis, mucosa). Usually it appears some years after the onset of the disease. Gummas, which form in the arteries, initially generate occlusive arthritis which can easily turn into aneurism or ectasia. They can reach the size of the head of a fetus. Aneurisms may also be many different sizes, but generally they have a sacciform morphology, and appear at about the tenth year after the onset of the disease. Regarding the techniques of conservation of these preparations, we have no specific description. However it

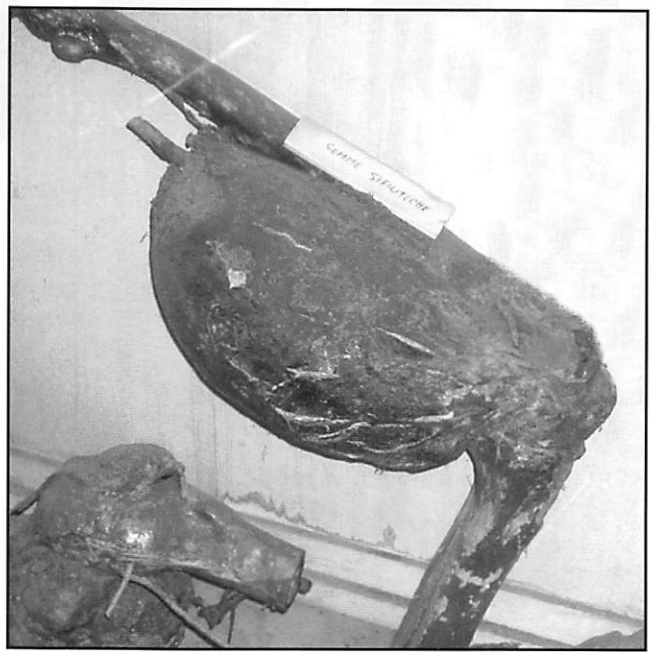


Fig. 6. Huge sacciform aneurism which in origin was spindle-shaped belonging to the deep femoral artery.

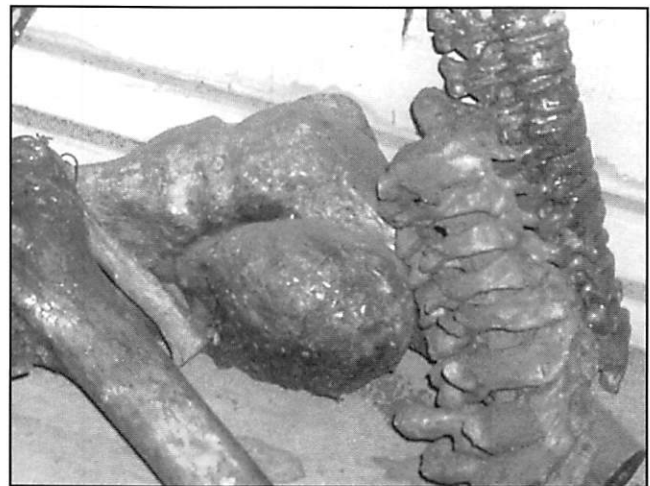


Fig. 7. Sacciform aneurism which probably originated from the popliteal artery. It is located in the posterior lateral side of the knee.

seems probable that preparations, at first dehydrated, were subsequently treated with paraffin-based resins, or with turpentine associated with beeswax.

## References

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