S Y P H I L I S .

Thesis presented by JOSEPH THORNLEY, M.B., C.M.

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Joseph Thornley M.B., C.M.

Bolton, Lancashire.

ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 – 1346

VENEREAL DISEASES.

The contagious diseases which are communicated from one individual to another during sexual intercourse, & exceptionally by such means as kissing & other venal pleasures, have been termed the venereal diseases.

The principal forms of the disease, in the order of their importance, are:-

1. Gonorrhœa.
2. The venereal ulcer,
   (Chancroid or soft chancre.)
3. Syphilis.

The exact nature of these diseases have not always been clearly defined, & the distinction between one & the others, with their producing cause has not always been understood, especially the difference which we now know exists between the two latter.

Much has been said & written on the subject, & even during this Century the two latter diseases were supposed to be due to one & the same cause, &, that the varying symptoms were simply accidental manifestations of the same

disease. No question, I feel sure, in the whole history of Medicine, has been more keenly debated than the character & history of this disease.

THE HISTORY OF SYPHILIS.

In the brief compass of a Thesis it is scarcely possible even to enumerate the various theories upon the origin of Syphilis, or to enter into the points of the discussions as to what nation can lay claim to the doubtful honour of being its originator. On no subject is there greater divergence of opinion, & in few perhaps is there less likelihood of a satisfactory settlement being arrived at. When we find that so lately as in the present Century catarrhal inflammation of the genital organs was included under Syphilis, we cannot wonder that the ancients should have lacked the knowledge necessary to a right comprehension of the manifestations of the disease. What we are certain of, however, is that the earliest records show the disease was communicated by sexual intercourse, & that the symptoms were to some extent analagous to those of Syphilis, & the other more frequently met with venereal diseases. That other diseases became confounded

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with these is scarcely to be wondered at, & perhaps still less ought we to be surprised that the secondary symptoms of Syphilis were for a time treated & regarded as altogether different from the primary symptoms. It is more than probable that the presence of a large army, given up to license, as in the case of the invasion of Italy, by Charles 8th of France, (see Bumstead & Taylor) & the gathering together at Spanish seaports on the return of Columbus from the discovery of America, of numbers of reckless adventurers, afforded greater facilities, possibly to a better informed class & more discriminating medical men, than had previously existed together, for the study of the disease. At all events, in the fifteenth century we find its symptoms very fully described, & to this fact I attribute the theory that the disease originated at that time. Good service has been rendered to the profession by a few investigators, who have discovered traces of Syphilis in bones obtained from the burial grounds of the Aborigines of America, who had died before the visit of Columbus, & also in the bones of Europeans of a still earlier date.

My own opinion is that Syphilis has existed from the very earliest ages, & that we are on the right track in searching for the first records of its appearance in the histories - legendary though some of them may be - of Hindoos, Chinese, & other Eastern nations.

The intercourse of the sexes has undergone no change in the lapse of Centuries, & we know that this intercourse under certain unhealthy conditions invariably precedes the outbreak of the disease.

What we now speak authoritatively of as Syphilis, was, at a period when medical science was much less advanced than it is at present , classed as an entirely different affection , being confounded with Lepra, Cancer, & ulcers of the genitals. I believe the disease was first known in Asia & that from thence, it was conveyed to all parts of the Earth.

CLASSIFICATION.

In the classification of Syphilis, I think it must be looked upon as a specific fever, which differs from the specific fevers generally, simply in the prolongation of the duration of its different stages. Like Smallpox, Measles, Scarlet fever, &c., it is communicable from the diseased to the healthy, & can be produced by no other means; like them it has its period of incubation, eruption, & decline; & it is also liable to be attended by relapses & sequelae. As in them, so in Syphilis, the cutaneous rash is the most prominent & definite symptom. Like them also, a well developed attack affords immunity from a second attack, but just as in the other forms of specific fever, this rule is liable to exceptions. The poison of Syphilis has also the power of breeding in the patient's body, just the same as in other zymotic diseases; a most minute quantity of the virus serving to infect the whole of the solids & liquids of the body. The time required, is, however, much longer, & the different stages of the disease are much more protracted. Instead of counting

the duration of the stages by days, we have to count them by weeks & months. And thus we have in this disease one extreme in the different forms of the exanthematous fevers, & an explanation of its non-fatality. On the other hand, in Scarlet fever we have a very high temperature & fever, but the attack is very short in duration, & on this account the fatality of scarlet fever is lessened. And what are called the tertiary symptoms of Syphilis find their analogies in many cases of Smallpox, Scarlet fever, Measles, &c., in what are known as the sequelae of those diseases.

SYPHILIS.

But it is now necessary to define what I mean by Syphilis. Syphilis, as you know, has been considered as a local & also as a constitutional disease. The sores which are produced are said to be hard & infecting- that is, are followed by constitutional disturbance; or, on the other hand, they are soft, non-infecting, or local.

SOFT SORES.

Now let us examine in the first place the soft or non-infecting sore, as the most simple. This must not be looked upon as a syphilitic, but as a purely local

venereal sore, which may be produced in any other part of the body by inoculation, even while the patient has a sore upon the genital organs. Like all other ulcers, a chancre presents two distinct periods, the first in which it is either spreading or is stationary - in which stage alone it is specific. This stage may be of indefinite duration. The second period is that in which it has commenced to granulate, & a process of repair is set up in it. Ricord made the important observation that if you take the pus from a soft chancre during the first period, & inoculate it into any part of the surface of the body, it will invariably produce another specific syphilitic or venereal sore or chancre, & he further demonstrated that no pus that is not chancrous can under any circumstances occasion a specific venereal ulcer. In this way the fingers of medical men are liable to become inoculated while engaged in the dressing of chancrous ulcers. Ricord had in his wards a case of a man labouring under eczema of the leg, in whom this disease was converted into an immense number of chancres from inoculation from a sore upon his penis.

The character & peculiarities of the simple soft chancre are:- It consists of a sore, or more usually of multiple sores, of a very shallow character, resembling more an abrasion, with sharp cut edges, somewhat circular in shape, & having a tawny, greyish, or yellowish surface, with a narrow red areola around the edges. In many cases this is attended with much heat & itching. These sores are usually seated about the cleft under the corona of the glans, or the whole glans may be studded with them, & the foreskin implicated also. In no case are they indurated. It frequently happens that these chancres are attended with much general inflammation of the penis - this organ becoming in many cases enormously swollen, red, semi-transparent (from sub-cutaneous oedema) usually in a state of phymosis, with a good deal of purulent secretion between the prepuce & the glans. Now the question may be asked, are these sores syphilitic? To this question the answer is NO. In the whole of my experience as house surgeon to the Glasgow Lock, Hospital & in private practice extending over a period of ten years, I have never seen a case in

which the ordinary soft multiple chancre, or venereal sore, was followed by the symptoms of secondary syphilis.

In support of this view, I will give you the opinion of three medical men who were examined before the Committee appointed to enquire into the pathology & treatment of venereal disease, with the view of diminishing its injurious effects on the men of the Army & Navy.

Dr Jeffrey Marston, assistant surgeon, 6th Brigade R. A. says:- "The term 'syphilis,' being limited to that sore which is followed by the manifestations of constitutional syphilis- & I don't call the common soft sore syphilis-". (Committee on Syphilis, page I8.)

Dr T. Longmore, professor of Military Surgery, of the Army Medical School, Netley, says:- "My opinion very strongly is that the term 'syphilis' should be restricted entirely to those sores which are followed by secondary symptoms, or in other words, those sores which do infect the constitution, whether accompanied by perceptible <u>local hardness or not</u>." (Committee on Venereal Disease, page32.)

Dr Perry, surgeon, R. A. says:- "I understand by the term 'syphilis,' a special disease, producing eventually

constitutional mischief, obtained by contagion from impure sexual congress." (Committee on Venereal Disease, page 48.)

TRUE SYPHILIS.

Now, having considered the nature of the soft chancre, we come to the consideration of our subject: viz, True Syphilis. A successful inoculation having been effected, a period of incubation ensues, which may last from one to three months, but which usually lasts six weeks, & during the latter part of the period the patient suffers from slight malaise & discomfort. At length a sore appears at the seat of infection, followed by an exanthematous eruption, which affects both skin & mucous membrane.

It may be as well at this point to see if it be necessary to have an infecting chancre developed before the eruption appears upon the body, or, in the common phraseology, need we have a primary sore before the eruption appears upon the skin? My opinion is that you need not have any sore upon the genital organs, nipple, lips, or other part of the body. The glans penis, as we know, is covered with a mucous membrane. So also is the

vagina, labia, nipple, lips, &C . We are also aware, from our knowledge of physiology, that a mucous membrane is a powerfully absorbent membrane, & if the poison be placed upon the membrane & allowed to remain it becomes absorbed into the blood, & it may make its first appearance either upon the skin , in the form of what is called the secondary eruption, or upon the genital organs, in the form of a hard infecting chancre.

While acting as house surgeon to the Glasgow Lock Hospital, in I879, I saw four cases of well marked secondary eruptions, in which there was not the slightest trace of a sore upon the genitals, nor was there any history of any having been there. But during the course of the disease, & while the patients were still under treatment, hard indurated sores made their appearance upon the labia. The sore upon the genitals is simply a local manifestation of a constitutional disease, & may or may not make its appearance at the point of absorption of the virus.

This view is, I think, corroborated by the following extract:- "It should not be forgotten that it is the

virus which infects the system, & that the sore is the mere local lesion, & not a necessary antecedent to infection." (Committee on Syphilis, page8.) Again, the Committee on Venereal Disease, say:- "It is possible that the poison of Syphilis may be carried into the circulation from the moment of contact, in whatever way that is effected; but it is more probable that time is required to this end." (Committee on Venereal Disease, page 8.) Dr Marston also states:- That he saw four cases of soldiers in whom he could find no trace of any sore upon the penis, & that he had positive assurances from the men that there never had been any, & still there were well marked secondary manifestations of Syphilis. (Page 27, Committee on Venereal Disease.)

Bumstead however does not share this opinion. In his work on Syphilis, page 451, he says:-"Acquired Syphilis is the disease communicated by an infected person to one free from Syphilis, & always manifests itself first at the point of inoculation by an initial lesion or chancre. Acquired syphilis, without a chancre, or as some French authorities have called it, 'Syphilis d'emblee,' is a

myth."

I still rely on my own opinion given above, which opinion I have formed as the result of personal observation.

The above facts are important , as a patient may present himself for treatment for the secondary rash, or sore throat, & on questioning him he may say he had no sore whatever upon his genital organs, which may be quite true. Hence the necessity of being upon our guard, & also of learning to give a correct value to the characteristic syphilitic skin eruption. The same question might arise in a criminal court, & it is well to remember that there may have been no sore upon the genitals, or if so it was only so slight as to have been overlooked.

HARD SORE.

Let us now examine the characters of the hard or infecting sore. This is called the indurated, or true Hunterian Chancre. It is not by any means so frequent as the last described variety. The great characteristic feature of this sore is considered to be the indurated edges and base- hence its name, "hard chancre". Erichsen believes this to be present from the first, but Dr Jeffrey Marston states that the absence of induration would not lead him to say that it would not be followed by secondary

symptoms. (Committee on Venereal Disease.) Besides the presence of induration, the Hunterian chancre is further characterised by its circular shape, its elevation above the surrounding parts, & the very adherent grey slough that covers its surface. It is usually situated upon the glans, but not infrequently upon the skin of the prepuce, or at the root of the penis. Further , this sore is usually single, or if multiple it is so from the beginning. It is preceded by a relatively long period of incubation, with symmetrical affection of multiple inguinal glands, & without any tendency on their part to suppurate.

A sore of this character & which is not auto-inoculable, is surely followed by constitutional symptoms, while the multiple soft suppurating chancre follows almost immediately after exposure to contagion, with open bubo, & both the chancres & bubo are auto-inoculable, & give off a highly inoculable pus.

THE PHAGEDENIC SORE.

There is yet one other chancre which I may be permitted to describe - viz., the phagedenic chancre. This has been named "an eroding syphilitic ulcer". These chancres vary in colour from red to black. They are accompanied by great & rapid destruction of tissue, & frequently by very severe haemorrhage. This condition is usually attended with severe pain, high fever, great restlessness, & want of sleep, followed by rapid prostration, &, if the disease is not arrested, death may step in & close the scene.

In two cases which I have seen , one a female who was admitted into the Glasgow Lock Hospital, in whom there was a large fungus looking, foul smelling ulcer, in the left groin - in which you could have deposited an ordinary sized orange. This was accompanied with a pulse of I30 beats per minute, sordes on the teeth, gums, & lips, tongue black & dry. The whole of this condition had taken place in two days. The other case I saw with Dr Mather, Glasgow, was that of a young man, aged twenty, in whom there

was copious haemorrhage, & almost complete destruction of the glans penis, from the prostrating effects of which he was confined to bed for three weeks. This also had taken place in two days.

In a case I saw in the Syphilitic Wards of the Glasgow Royal Infirmary, the glans penis had forced its way through the prepuce. The prepuce hanging down below the glans penis, gave the organ a most remarkable & at first sight a puzzling appearance.

In the preceding cases, nothing more followed, but since then I have seen in my own private practice in this town - Bolton - three cases which have struck me as being very remarkable, inasmuch as they have not followed the simple course usually ascribed to this particular sore, but have contrary to my expectations being followed by secondary symptoms. Thus showing that the infecting chancre has not always the characteristics given to the Hunterian chancre. And further that the Hunterian is not the only infecting sore, as will be seen from the report of the cases at the end of this article.

THE SECONDARY ERUPTION.

Now let us consider the secondary eruption. This may be merely congestive roseola, very much esembling measles. At first it is red, but afterwards it becomes copper coloured. Or the eruption may be papular, eczematous, pustular, or bullous. During the secondary stage these usually only affect the superficial layers of the skin. Simultaneously with the eruption upon the skin we have evidence of similar implications of the mucous membranes. In the tonsils symmetrical ulcers form. These are kidney or horse shoe shaped, & have a tawny grey base, & abrupt edges. They are not attended with severe pain, & do not as a rule spread. These tonsil ulcers are rarely absent during the eruptive stage; at the same time the tongue, lips, gums, inner surface of the cheeks, pharynx, & soft palate may also be implicated, & condylomata form about the anus & labia.

The eruption takes from two to four weeks to come out, & from eight to ten weeks to decline - in some cases this may be prolonged into months. Just about the time when the eruption begins to decline, the iris may become

implicated. This also is usually symmetrical, & it is interesting to observe a case of this kind, as we can plainly see by the unaided eye, the little nodules of lymph deposited around the irregular pupil. Retinitis may also occur, but this is not so common. The patient loses flesh, he is restless, slightly feverish, the appetite is deficient, the bones & joints ache, & the hair becomes dry, thin, & falls out. These are the principal symptoms which go to form secondary syphilis. I have frequently seen all these symptoms pass away without any treatment, & the patient undergo a spontaneous cure.

This condition is followed by a period of apparently good health, during which the patient thinks himself wholly cured. The patient may remain in good health for [redacted] months or years, or he may never suffer any ill effects; but in many cases after a variable time, symptoms of an entirely different kind ensue. These have been named the tertiary manifestations, &, as I said in a previous part of this paper, they correspond to the sequelae of Smallpox, Scarlet fever, &c.

A remarkable difference may here be noticed between the secondary & tertiary manifestations of the disease. In the secondary stage there is often a tendency to very exact symmetry observed, proving that the producing cause is circulating freely in the blood, & is supplied alike to both halves of the body. While in the tertiary stage the lesions are often single, or if multiple they display little or no tendency to symmetry. And I think the best explanation of this is the fact that during the eruptive stage the whole of the blood was loaded with the virus, & the various solids have received from that poisoned blood the elements necessary for their growth & development, & thus they have been built up, so to speak, with suphilised plasma. Hence, an impairment of their organisation, & a tendency to take on specific forms of inflammation. It is easy to see that in a condition of prolonged blood poisoning, such as we get in syphilis, that there is a great risk of permanent tissue modification.

TERTIARY SYPHILIS.

We must now briefly consider what these tertiary forms are, & we will do this in the relation to the structures specially affected.

First, the skin & mucous membrane are often affected. especially in the palms of the hands & the soles of the feet, as palmer & plantar psoriasis; then there is the serpiginous, or horse shoe ulcer, which often affects the lower limbs, & we not infrequently get pemphigus & rupia. The mucous membranes & soft palate may ulcerate, & ulcers may also form within the anus & vagina. A case I saw of this kind ended in a large recto-vaginal fistula.

Second, the muscles & cellular tissue are very liable to gummatous tumours. Thes frequently form in the arm, leg, thigh, buttocks, & even in the face, thus giving rise to serious deformity.

Third , the periosteum is also very liable to take on inflammation & nodes, a painful form of bony tumour is developed. These are very frequently found upon the tibia, clavicle, or even upon the skull. Thes latter sometimes form upon the inner table of the skull, giving

rise to pressure on the brain. Sometimes they break down & ulcerate, & thus end in the death of the patient, in its most hideous aspect.

Fourth, the internal viscera are very liable to modifications due to this poison, giving rise to amyloid degeneration, notably of the liver, kidneys, & spleen.

Fifth, the glandular system does not escape the ravages of the poison, & syphilitic orchitis - a most hopeless & distressing disease takes place.

Sixth & last, though not least, there is the case of the nervous system. Besides the intercranial nodes, of which I before made mention, we have syphilitis neuromas, or syphilitic nerve tumours, formed, giving rise to severe & excruciating pains, & in other cases to various forms of paralysis.

Now let us examine the ways by which the poison is communicated to the healthy body. This takes place by one of the three following ways. First by direct contact with the poison. This is most frequently followed by an attack ~~of the disease~~ of the disease in all its forms. But under certain circumstances the course of the disease

may be modified to a very great extent. In two cases which I have had under my own private care, of pregnant women, who had been infected by their husbands, after the sore on the penis had healed, the mothers suffered from large phagedenic sores of the labia, in one case extending to the perineum, & in this case with a slight sore throat, which only lasted a few days. But in neither case was there any of the secondary eruptions. At the full term of gestation both mothers gave birth to infants & in both cases the children were full of the rash, & both afterwards died of syphilis, one at the end of five weeks, while the other dragged out an existence of eleven months of the greatest misery possible. I might here add that both mothers have since been pregnant. The one whose child lived longest I attended three weeks ago. She went on to her full time, & her child is a strong boy & apparently healthy. The other mother is now pregnant. I am engaged to attend her in confinement. She shows no indication at present to miscarriage, which so frequently takes place with those in whose bodies are the remains of the syphilitic virus.

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Second- by indirect contact through a foetus, this being only possible in women, & it is interesting to examine these cases. A man may have had syphilis, & all external trace of the disease have passed away. He marries, his wife becomes pregnant; the child springing as it does from syphilised semen, is syphilitic, & its blood circulating through the mother, infects her, & she gets secondary syphilis. Or the man may have had a chancre, & it may have been perfectly healed for some time, so long indeed that all trace of it may have disappeared, & yet he may convey to the woman syphilis without her becoming pregnant.

The explanation which I am disposed to give is the absorption of the semen of the man, whose blood is charged with the syphilitic virus, & no evidence of the secondary symptoms may be manifest in him. (See cases reported at the end of this Thesis.)

Third - by hereditary transmission, the child becoming affected from one or both parents.

Before entering upon the consideration of this, it may be as well to give a few words upon the diagnosis of hereditary syphilis. And this we may consider with reference to its

three stages.

The first stage is that which occurs in the infant, & may consist in an eruption on the skin, usually situated about the nates, but in a case which I saw two months ago, the whole body was covered with a dusky copper coloured eruption. The mucous membrane of the nose & mouth are affected, the child suffers from coryza, or "snuffles," & the eyes also may be implicated. During the outbreak of the eruption the child wails & cries constantly, becomes pale & emaciated, growth is arrested, & the shrivelled features have been likened to those of an old man. This condition appears from the first to the fifth month, & as a rule readily gives way to appropriate treatment.

The second stage is that of latency, in which the child appears to be well. This condition of health may last until about the fifth year.

The third, or tertiary stage, begins about this period & ends at puberty. It is characterised by the sunken nose, the scars of former eruptions, traces of the iritis, but above all by the notched & pegged shaped teeth(more

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particularly the upper incisors & canines) they are known as Hutchinson's teeth.

Before closing this part of the paper I may just add that the syphilitic skin eruptions so much resemble many of the forms of simple exanthematous diseases, that there is a great danger of mistaking them. Syphilitic roseola exactly resembles measles, & when this occurs in a young child may easily be mistaken - nay, it has been mistaken for it. In an address by Jonathan Hutchinson, on Syphilis as an Imitator, he states that the anatomical lesiona are the same, & that certain forms of diffuse exanthematous lichen, closely resemble Scarlet fever, & there is a pustular rash which resembles Variola or Smallpox. And in this form of syphilitic eruption the rash is scattered symmetrically over face, limbs, & trunk. It may be discrete or confluent, according to its abundance. The pimples are hard & shotty. At first they have depressed centres, they form adherent scabs, & they leave scars. In fact so great is the resemblance that Mr Hutchinson himself once mistook a case for that of Smallpox. I will here give you the case in his own words. He states:-

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" One day in the summer of 1877, I was hastily summoned to see a gentleman at his own house, who had just been landed from a sea voyage, during the whole of which he had been ill. He had been carried from the vessel to his house & put to bed; & I found him covered from head to foot with crusts exactly like those of Smallpox in the third stage. Some had fallen & where this had happened deep scars were left. The eruption had begun to come out on the day that he went on board, & he had been feeling ill a few days before. The stages had been unusually long, but still had not exceeded possible limits. I questioned him as to syphilis, & examined his penis & throat; but without finding any reason to doubt his denial. In a word, after a careful & sceptical examination, I thought that the eruption was Variola. The sequel proved that it was syphilis. The scabs took months to fall, & just when he was recovering from the eruption he had iritis, which I could not doubt was specific. At this stage, two or four months after I had seen him at home in bed, he came to Moorfields Hospital, His face was pitted all over, & I had much difficulty in convincing those who then saw him that he had not really Smallpox." (B M Journal, 1879.)

But the small amount of fever, the absence of back ache, & above all the slow progress of the disease, distinguish the cases from the simple forms of exanthematous fever.

TREATMENT.

Let us briefly consider the treatment of the various forms of the disease which we have directed attention to.

First of all we will speak of the treatment of the soft non-infecting chancre. This as before stated is a specific local sore, & on account of its specific nature & the inoculability of its pus, it is very liable to spread. Therefore the indications of treatment are, first, to destroy its specific nature, & second, to favour healthy granulation.

The first is best accomplished by carefully yet thoroughly destroying its specific nature, by means of Nitric Acid. By this agent we convert it into a simple sore, & then afterwards we may favour granulation by an ordinary water dressing, or "black wash". What does very well indeed & is especially applicable in females, is to dust the sores over with calomel. Above all keep the parts perfectly clean by washing them several times a day with tepid water.

The diet should be plain & nourishing, & no stimulants allowed, except in very special cases.

The treatment of the Phagadenic Chancre. To relieve the pain & procure rest nothing is of so much value in these cases as some form of opium. Besides, this drug is believed to have a special preference in the treatment of phagedena, both internally & dusted upon the sore as a dressing. To the sore apply a charcoal & bread poultice, & when the granulations begin to form a lotion may be applied made of the potassi tartarate of iron.

Give stimulants with due care, beef tea, milk, & other light nourishing foods, & afterwards tonics.

For hereditary infantile syphilis, the most successful mode of treatment is perfect cleanliness, warm woollen clothing, fresh air, plain nourishing food. As a medicine, one grain of grey powder once or twice daily. This will in most cases rapidly effect a cure.

We now come to the consideration of the treatment of constitutional syphilis, & in considering this question we must not lose sight of the nature of the disease. The question should be what treatment should we adopt in the exanthematous stage, & what steps should we take to

prevent the sequelae, which constitute the tertiary form of the disease. Can we by giving remedies at any time modify the development of the secondary & tertiary forms of the eruption.

Mercury for many years was looked upon as a specific for this disease. So great was the belief in the drug that it was almost in all cases pushed to the extent of producing profuse salivation, & often after that condition was produced the drug was continued in smaller doses for a longer or shorter period, & in many cases extensive ulceration of the bones resulted. This practice, has however, fortunately for the patient's constitution, & the physician's reputation, been almost entirely abandoned, & Mercury has found its proper place in the treatment of this disease.

By some, Mercury is still believed to be an antidote to the syphilitic virus; but this I think is far from being the case. But that it is a potent remedy no one now-a-days will deny. The question may arise, can we by giving Mercury prevent the development of the secondary eruption? While acting in the Glasgow Lock Hospital I frequently

noticed that patients who came to be treated for what they termed "sores" often had secondary xxxxxxxx eruptions developed while they were taking the bi-chloride of mercury & iodide of potassium. This view is also borne out by the experience of Mr Hutchinson. He states:-"I fear we have but little proof that Mercury tends on the whole to abridge the duration or mitigate the severity of the syphilitic fever & its sequelae". (Reynolds Practice of Medecine, page 386). He further states that his impression is that the course of Syphilis is on the whole rendered somewhat milder by early mercurial treatment.

Then it may be asked, what is the influence of Mercury upon Syphilis? & why use a drug which has produced such disastrous results as those which were formerly seen to follow its use? The answer is that there is no drug which will produce the absorption of syphilitic lymph so rapidly as Mercury, & when that lymph is effused upon the iris or retina it is of the utmost importance that it shall be removed as quickly & as effectually as possible, & that drug which will produce its absorption most readily is the drug we ought to use. And I may say that it is the only drug which is relied upon for this purpose in the

Glasgow Eye Infirmary, in the Opthalmic Institution, in the Lock Hospital, & also in the Syphilitic Ward of the Glasgow Royal Infirmary. When the lymph is effused into the skin it is not a question of so much importance how soon it may be removed- as there is no immediate danger to that structure; but when the lymph is effused into the iris or retina, if not speedily removed permanent injury or even blindness may quickly result, & this also applies, but in a slightly less degree, when the palate, larynx, &c are affected. In these cases we shall be perfectly justified in pushing this remedy to the extent of making the gums sore in a short time, & indeed in many cases it does not seem to have any good effect until after that condition has been produced. The following is perhaps the best mode of administering the drug:-

R Hydrarg Perchlorid gr i

Potassi Iodidi ʒ ii

Syrupi Symplicas ʒ i

Aqua ad ʒvi

Sig: One table spoonful three times a day after food.

In the treatment of tertiary syphilis, Iodide of Potassium is decidedly our best remedy, & this may be combined with ammonia, which seems to improve its action.

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Always beginning with small doses, say from 5 to 10 grs., three times a day after food, gradually increasing the doses to 15 or even up to 60 grs. But there are certain constitutions which do not bear with this mode of treatment. A case which I saw with Dr Mather, Glasgow, of Syphilitic sore throat, & which was treated for some time with the Bichloride of Mercury & Iodide of Potassium with out any good result, was next tried with Iodide of Potassium alone. This seemed to act even worse; but the disease ultimately made a rapid recovery under the follow ing treatment:-

R Acidi Nitri Muriat dil ℥ii

Decoc Sarsaparilla Co ℥ss

Aqua. ad ℥vi

Sig. One tablespoonful three times a day a ter food.

In concluding this portion, let me say that in all cases we must carefully regulate the diet. This I prefer to be light but nourishing, total absence of stimulants, with woollen clothing next the skin, warm baths occasionally, & in the secondary stage the Mercurial vapour bath; change of air, &, if convenient, an occasional visit to the sea side.

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In prescribing Mercury & Iodide of Potassium, it is our duty to carefully watch & study its effects, not only upon the disease, but also upon the constitution of the patient.

ILLUSTRATIVE CASES.

Case showing Phagedenic Chancre as an infecting chancre.- - Mr B., aged 36, came to consult me about a sore upon his penis. On making an examination I found a large dark, foul smelling ulcer, two inches in length, on the dorsum of the penis, which was enormously swollen, red & tense. The foreskin was very oedamatous. At this time there was no sore throat, or rash on the body. The man was in a very ~~feverish~~ feverish condition, tongue coated, quick pulse, & expressed himself as being very ill. I applied poltices of charcoal & bread, & gave him a saline mixture internally, & ordered him to bed. The sore gradually cleaned & healed, & the swelling disappeared. After this the rash & sore throat made their appearance, & his hair came off. I placed him under mercury & potassium iodide, & he made a good recovery.

The interest of this case was greatly increased when I got from his wife the history of the attack. One day, when she came to my surgery for the medecine, she said she hoped I would not tell her husband what was the matter with him, as she believed he had caught the disease from her. This was her story. "Six years ago," she said, "my first husband gave me "the bad disorder." I had a rash & sores. My throat was sore & my hair came out. I was under a doctor & got well; but some time ago one of the sores broke out again, & I think my present husband has taken the disease from me." As she desired treatment, I made an examination & found five large mucous tubercles, quite raw & giving off a foul smelling moisture. I treated her also with bichloride of mercury & iodide of potassium, & applied calomel to the tubercles, & separated the labia with cotton wool. She is now perfectly well.

I will at this juncture point out that the disease when cured (?) once, may again break out without any fresh exposure to contagion, & in so violent a form as to communicate to others. Since I saw this case I have

communicated with Dr A Patterson, of the Western Infirmary, Glasgow, & he informs me that he has seen a similar case.

CASES SHOWING INFLUENCE ON MOTHER DURING PREGNANCY.

Mrs R., aged 34, complained of having piles. These made her so sore she could not sit down, & she stated "the skin was all off her". On examination, I found a large ulcer extending from the labia & implicating a portion of the perineum, almost to the anus. I treated her with "black wash". The wound healed quickly; afterwards she had a very slight sore throat, which soon passed away. Two months afterwards she gave birth to a full grown child, The child was covered with the secondary rash, & died in a month in spite of all the treatment we could give. The mother is now in apparently good health, free from any eruption. She is far advanced in pregnancy, & shows no indication of miscarriage.

I ought to say that the husband had contracted the disease (his wife being six months pregnant) & had been told his sore was not catching. He afterwards came to me with secondaries, but gave me no history of his having

had a chancre. After the death of his child I charged him with it, & he said that the sore had healed & that he was then told there was no danger. The mother in this case had never before been exposed to syphilis, yet her baby, born two months afterwards, was syphilitic & died in a month.

Mrs W., aged 2I, complained of having a sore upon her privates. She was six months advanced in pregnancy. I examined & found a very large foul sore of the labia. I treated the sore with "black wash" & it healed very slowly. No sore throat or rash. The child was born suffering from syphilitic rash, "snuffles", & very weakly, crying almost incessantly. I gave hydrg c. cretae for a time, & then minute doses of pot. iodide . The child improved for a time, but never got well. The snuffles would return in a few days if medecine was discontinued. The skin was always dry & scaly. The child had a withered appearance, & wailed nearly the whole of its time. It died at the age of twelve months, to the relief of everyone, & more particularly of itself. The mother has since had another child at full term, which

appears to bear no trace of syphilis. At present there is no evidence of the disease in the mother whatever. In this case the father had had sypyilis just before they were married, but the sore on the mother did not make its appearance until she was six months pregnant. She had no secondary rash.

I have since had another case, which is a striking illustration of the fact that nature in some cases has the power to resist the influence of this most virulent poison.

Mrs M., aged 32, - The husband of this woman came to me suffering from syphilis. He was literally covered with the eruption; the sore on the penis remained unhealed; the angles of the mouth were sore & the throat ulcerated. He was under my treatment six months, & it was twelve months before all outward signs of the disease passed away. I warned him not to have sexual intercourse with his wife, but afraid lest total abstention would lead to his detection, he disobeyed my instruction, with the result that his wife became pregnant. I expected of course that she would also take the disease, but, No. She has not

had the least discomfort, & the child , which is now three months old, is strong & well.

CAN THE POISON BE CONVEYED BY THE SEMEN?

The following cases are of interest:-

Mr R., aged 26, a widower, applied to me. He was suffering from an indurated sore on his penis. This was followed by an eruption o n the skin, & afterwards by ulceration of the throat. I treated him in the usual way. The sore on his penis healed in two or three weeks. He was then engaged to be married to a young woman, a spinster,. I warned him against sexual intercourse. During the course of treatment he consulted me as to the time at which he should be married, as the banns had already been published. The sore on the penis was now healed, but I feared the transmission of the disease by the semen, & he postponed the marriage as long as possible. The wound on the penis had been perfectly healed [illegible] some time before the wedding took place. Two months after that event, I was sent for by his wife, who had a sore on the genitals. On examination, I found an indurated sore at the forchette.

This was followed by a mild attack of the eruption & sore throat. She did not become impregnated.

Case II

A young man, aged 21, applied to Dr Johnston, of Bolton, for the treatment of a sore on his penis. This was treated, & healed quickly. Six weeks after the healing, the young man asked the doctor if there would be any danger if he got married of transmitting the disease to his wife - he was then engaged to a young lady in a good position. The penis was very carefully examined, & not the slightest evidence of a sore remained. He had pain at the throat, but no ulceration, & no rash upon the skin whatever, & as the sore had been healed for six ~~months~~ weeks the doctor said he thought he was free from infection. The sequel proved he was not. That night he had connection with his sweetheart, who in due time had one of the very worst attacks of syphilis he had ever seen.

Her body, arms, legs & face, were literally covered with the eruption, the throat became ulcerated, & the hair fell off. The secondary symptoms afterwards developed in the young man, but to a very slight extent. Altogether

he had a very slight attack, but in her case it was the reverse. The doctor ascertained that this was the first & only time he had attempted th have sexual intercourse with her.

It would seem from the above cases that whatever may be the action when the semen is inoculated into the arms or other parts of the body- (& these are said to be nil, see Berkerly Hill & Cooper on Syphilis, page 73) - yet when semen was applied in the natural way to the vagina it was followed by syphilis. Seeing that in both of the above cases the young women were presumably virgins, consequently there may have been some laceration of the hymen, into which the semen found its way, & thus the inoculation took place. Also it might be partially absorbed by the mucous membrane of the vagina.

In the face of the above cases I am disposed to think that syphilis may be transmitted by this particular secretion.

CONCLUDING REMARKS.

God has fixed our being beneath stern yet beautiful laws, which ever bear their testimony to the obedience of virtue, and their witnessing judgment to the disobedience of vice. The man who walks in fellowship with the laws of virtue, will not only have the testimony of his conscience within him, but the witness of purity in his flesh, by the sweet harmony which will run through his physical constitution, holding in healthy balance all the functions of his body. But if he depart therefrom, discord and disunion will be set up in his system, with all the miseries of disease.

We could not make the assertion that all suffering in disease is the fruit, or consequence of sin in the individual. Such a statement would bear down heavily upon many a sufferer. But with the disclosures that the doctrines of heredity make to us, we are clear that there must have been transgression somewhere, in all cases of suffering, from the disease which we have under consideration.

For in regard to these sins of the flesh, nature never fails to take vengeance on all who disobey her injunctions and warnings, by following close upon the heels

of all transgressors, with her quick stinging punishment of disease, for violation of her laws.

For what are these laws of which we are speaking but the immutable laws of God, and what are the immutable laws of God but the laws of our being. The command "Thou shalt not" had its foundation in the constitution of things before Moses uttered it in words. So that there is a conscience in all things: its reign is universal. Conscience is ubiquitous all along the range of sentient life. No law of nature can be violated but a voice will cry out for satisfaction and vengeance.

Then may we not conclude, that it is the duty of all who are skilled in the healing art to indicate to the ignorant, the careless, and the temptable, this beneficent yet stern arrangement of things, beneath which human life is conditioned. Thus emphasising the teachings of the moralist, in chasing this scourge of human life and happiness from the face of the earth.

Joseph Thornley

List of Works consulted.

Bumstead & Taylor on Syphilis.

Berkeley Hill & Cooper "

Erichsen's Surgery

Bryant's Surgery

Holmes' Surgery

Lectures by Professor McLeod.

The Parliamentary Committee on the Venereal Diseases.

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