Medical Thesis for M. D. 1886. J. H. Haer

Having since leaving the University in 1882 been more of my time engaged in practice in Sagamore town and
now settled in one, I have endeavored to bring before you
a subject which you must meet in your daily practice
and which is of the greatest interest to medical men.
Meeting in Sagamore town, taking into consideration
how important a factor it is in the treatment of our
patients. This subject is Syphilis.

Though the subject I have chosen may seem an ordinary
one yet I venture to think it deserves far more
consideration than is at present given it owing to its
very importance from the Dangers in our
and prognosis of Syphilitic Disease.

It is one of the commonest diseases we meet with
in daily practice affecting persons in all grades
of society and both sexes and taking into consideration
the large percentage of infantile deaths registered
annually, it will be in part the cause I think
it is deserving of more prominence.

The population of a large Sagamore town being very
coastal and as regards the male element a
floating one and knowing how careless seafaring
men are of their persons and often indifferent to
syphilitic treatment we witness some of the most serious
results of Syphilis both in the sexes and their families.

It has continually to be asking himself the question
"Is there Syphilis in the family?"

Knowing also how some of the severer forms of syphilis
become in the Glandular district of disease it is very
important that we should inquire strictly into the history
of the patient, before entering on a diagnosis as on this
point it will often depend whether the cure can be
made to avert of help to the patient and his friends and it
is a matter for congratulation that we are sometimes
to do this, and to reassure them that under proper treatment there is great hope for ultimate recovery.

Many also how often the medical men overlook the presence of a Syphilitic taint in a patient through not taking sufficient interest in the case. I have collected some interesting cases from the Journals, and other books, and some I have personally had under my care. Unfortunately the literature on General Syphilis is not very extensive, but our friends are due to such men as Dr. Biddle, Dr. Angell, Hutchinson, and Colt, in this country, Liebfrau, Wagner, Girton, Rich and others abroad.

Professor Dutton in his book on the Practice of Medicine speaks thus of the importance of Syphilis. Syphilis must therefore be looked upon as a special and peculiar disease, as a disease first.

There is no other disease like it.

It is one of such vital importance to the community (both military and civil) in its prevalence, in its social relations, and to the state and a disease of such intense pathological interest, that he who knows the history of Syphilis and can appreciate its phenomena, possesses in himself, it has truly been said the key to all pathology.

Its principal seats are the great centres of traffic and luxury, whence the disease is continually being conveyed to other and remote parts. Especially in the case of the great seaports towns of Europe, Iceland and certain portion of Central Africa. Race appears to have no particular bearing upon susceptibility to the poison.

According to various informers the disease appears to be more severe when communicated to a person of another race. Climate is but of secondary moment in the disease.
Statistics. In 1867 the Statistical Society of London appointed a committee of its members to collect information regarding the prevalence of venereal disease among the sick population of one class towns.

In regard to London I quote the following statement. At Guy's Hospital 43 per cent of all the male patients of the out-patient list had annually suffered from Syphilis.

At the Skin Hospital 40 per cent.
At the throat hospital 15 per cent.
At the Tavistock St. Hospital 20 per cent.
At the Eye department of the London Hospital 80 per cent.

Jonathan Hutchinson in one day saw 80 patients of whom 60 were suffering from syphilitic affection of the eye, an average of 1 in 3.

In the year 1857 to 66 there were 404 through Syphilis in England and Wales, 127 96 lives.
In 1864-65, 13,914 lives were lost and out of the total 2577 were infants under one year, so that the mortality from Syphilis alone is very great.

But 10 per cent Syphilis as a cause of death is left out of the certificate.

It would be interesting from a statistical point of view if medical men would note on the certificate of death all the cases where there is a history of Syphilis.

Prevalence. It is very prevalent in Russia and the mortality is great and according to report many few of the infected families pass the age of 30, whereas the death rate of the Syphilitic families is more than one half greater than that of the remaining population.
As regards the period at which splanchnic affections may occur opinions have very much changed, as Dr. Jonathan Hutchinson in his Leprosy Lectures, brought forward some interesting cases to prove that the Disease might be affected very early.

He quotes a case of a young man not faintly over the secondary stage who died of Sclerosis of the heart.

Many of the phenomena of Lepra are usually considered as leprosy really occur as a rule in its early periods, and there is no structure of the body which may not be attacked in the secondary stage.

Secondary and tertiary symptoms applicable to different periods of time and not to different phenomena, one should never too readily believe the Patient own. I am sure if the physician were always in ignorance as usually they have been, every patient, for instance of one of my patients, though he had undoubted primary and secondary symptoms, it often requires great tact and skill in the doctor’s part to win out of his patient the whole truth.

From propinquity of the place disease, one should never lose sight of the presence of Syphilis.

Could one include in this paper Syphilis as affecting the pregnant woman and its relation to the leprosy, one might collect some interesting cases to hear on the subject, and think it may be not amiss if I mention how much good may be done by inquiring into the family history and past pregnancy, and much good can be done by this and then putting the woman under proper treatment and have the pleasure of seeing her at her next pregnancy, bring forth at the full period a well developed and healthy child.
Before relating any cases, I should like to mention how very prevalent Syphilis is in Cork or and Paris, and I have now 3 families under my care in all of whom there are well-marked symptoms of Syphilis.

As the first case I have to report is one affecting the Nervous System, I have brought forward this interesting report from one of the Journals:

**Syphilitic Affections of Nervous System.**

Retrospect. By Thomas Reade, M.D. Belfast.

July 23, 1870. Since Dr. Todd of London, and I published cases of syphilitic disease of the Brain and its Meninges, respectively in 1851-52 the subject has attained a high degree of importance. In the Dublin Quarterly Journal 1862, Dr. Reade unequivocally proved that epilepsy, mania, hemiplegia, paralympia, amnesia, and general paralysis, are all due to the same disturbing cause viz. syphilis affecting the Nervous System.

For this reason, the author acknowledges the observation and judgment of eminent medical men. I can give no account for which in this way, that the surgeon had discharged his patient on the disappearance of all local and visible disorders, and then they were rechecked with the latter stages. I have therefore emulated the Brain exempt from Syphilitic forces. The subsequent injuries of the Nervous System were attributed to the recognized specialty of physicians whose neurological knowledge the Nervous System gave no place in its rôle. So that in true diagnosis, will recent hints supplied the defect. In the Dublin Quarterly Journal of 1864, Dr. Reade first published his cases of Syphilitic diseases of the Nervous System, Dr. Todd of London having drawn attention to it in 1857, but to Dr. Reade...
S. Blaue undoubtedly belongs the credit of first working out this important subject.

In 1837 he was requested to visit a Military Officer from the Russian Army who had been under treatment for persistent gonorrhoea for eleven months. He was apparently in the most abject state of prostration, a strict examination of the case led him to ignore the disease and conclude he was suffering from syphilis. His state precluded hesitation measures so Torricelliup of medicinal ointment to be rubbed in daily. The success was wonderful as on the third night he slept an unbroken sleep, on the fifth day his appetite was ravenous and the secretion of braun and other functions were restored. He was under treatment for one year after which he married, had a family and for his years is now rather plethoric and healthy. The frequent occurrence of private practice suffice one will the cases and up to 1847 so characteristic and pronounced that the subject of Brauns and its membranes being affected with Syphilis became required into.

In 1847 the Irish Dublin Magazine referred to recent two papers on the subject that the Duke's & Yale's accepted them and in the year 1847 to 1860 to published 114 cases bearing on this point.

In 1867 it received full recognition in England and on the Continent. Subsequently to 1847 S. Todd of London whilst on a visit to Blaue discussed the matter with and there results coincided.

In 1851 S. Todd delivered in London his remarkable lectures and was listened to with great attention whilst separating Syphilis as affecting the nervous system, if we note to these few gentlemen who in spite of opposition taught their doctrine prominently before the Medical World and were at last honored by being them accepted as positive truths.
Case 1. Syphilis affecting the Nervous System.

J. F. aged 27 years, a Marine Engineer.

He contracted a chancre in Rovani in 1870 and after returning home was under treatment for three months. He then went on a voyage to Africa and during this he had ulceration of mouth and sore throat but soon got well under treatment. He then was clear of any symptoms until spring of 1873. When after working very hard in the engine room and perspiring profusely, he came on deck to cool himself and next morning he had severe pain on back of head (posterior fontanel): this pain lasted with great intensity for six weeks and then became less for another ten weeks and when he reached home 2 months from the beginning it had altogether disappeared.

He underwent no treatment inboard beyond the usual remedy of tiffs of saltpetre and black draught.

In May 1873 whilst in America he had ulceration of foot but this soon got well under treatment.

In June 1874 after returning home from his voyage he suffered again from severe pain in the occipital region of head and he then consulted two medical men in Cardiff, one of whom told him he was shamming and the other diagnosed a tumour of the brain but did not account for it.

In September 1874 he consulted my brother when I happened to be staying there. He then presented the following symptoms: Intense pain on back of head and neck, pins and needles, loss of memory and very much inclined to cry and conducted himself in a very childlike manner. Tongue talked and breathed very fast. Loss of appetite. He was quite unable to sleep and kept mumbling the whole time.

We gave him 3 grains of Spirit of Potassium daily for two weeks and whilst taking this, partial hemiplegia in left side came on, in left arm and leg and side of face.
Case 1. Slight very indistinct and uncertain.

Pupil of right eye dilated and acting very sluggishly. Grip of right hand much weaker than the left. If he was urged he merely moaned and withdrew the part touched. The skin of buttocks was increased to 20 points and in consensus with another. Dr. Dr. [illegible] Khyatipita, Hydrophygmum was ordered as an injection but after a few days we had to discontinue this as he suffered severely from tremors and delirium.

He remained for about 4 days without sleep or much Improvement in his condition as follows. He was unable to walk; if placed upright on the floor he immediately staggered. When his eyes were shut or open, his speech was still indistinct, and the tendency to cry remained. The size of buttocks was almost nil he was taking no drugs or drugs and after 5 days he slowly improved. I should have mentioned that Bromhidric Acid in drastic doses can procure him to procure sleep, and it acted well.

He began to sleep well and had more rest for food. He was able to walk about the room with the aid of a stick but still very weak and shaky. The improvement from this line continued daily and at the beginning of October the paralytic disappeared and he was able to take short walks daily. In November he was in better health than he had been for years, and when last seen all his faculties, were restored and he was enabled himself to be married though strongly advised to postpone this event for at least a year.

Depression was pretty evident in this case.

Her: He was 27 years old, and Brain delirium.

Second: Persians history. Very marked in respect to Syphilis.
Case 1. This is a case of specific remittent.

Complete cure under doses of Potassium.

Nature of the lesion.

It was thought there was a previous history, some important part of the brain, especially the middle parts of the left side. Taking into consideration the sudden onset of the hemiplegia, would it not very probably have been a case of arterial occlusion due to a syphilitic deposit, as the man had undoubted premonitory symptoms, severe headache, stiffness in the limbs and slight leprous.

In candida marcula was made out. On August 1st, the right Central artery was affected and the right arm and left foot on vessels disturbed, speaking of arterial disease.

But it is met with as a rule some time after the primary affection and also very sudden hemiplegia after a peeling has suffered usually for some time from headache points to this affection. This may be slight, followed in a man loss of consciousness before the attack comes on.

Whereas the lesion may have been a missed we had a right to comprehend ourselves when the complete case occurred. Then that since that time the patient has been in candida leprous.

I guess this case is it bears some resemblance to Case 1.

No. 3, aged 25 years, married.

The patient was under the care of Dr. O. S. Hill. He was under a case of left hemiplegia of sudden onset, in hemiplegia one of two months duration. Preceding the attack the bed suffered from severe pain in the head for some months, it would take place at night, he went to bed well and woke up in the morning hemiplegia. The arm and leg were completely paralyzed but after some months the leg recovered, when seen the arm alone.
Case 2. Convulsion, the arm alone was affected. There was slight paralysis of lower part of face on left side, no deviation of tongue, no hemiplegia. Sensation in paralyzed limbs normal. No unusual history obtained. The case was diagnosed as softenings in the right cardiac hemisphere due to syphilitic disease of middle cerebral artery with descending degeneration of left side of spinal cord. She was treated with solution of Potassium and Mercury. But a month later produced no improvement. She was not seen again for six months, then the left hemiplegia remained nearly the same but there was recent weakness of the right leg with marked atrophy, right arm unaffected. A few weeks later, the right leg became rapidly weaker, severe headache and delirium came on. She was admitted into hospital and died a week later.

Post Mortem. The right middle cerebral artery was found occluded near its entrance into fundus of Sylvius, it was thickened and opaque. Copious thick blood involvged by softenings. Dural region of this affected lobe chonic encrusted. Syphilis causing spots of ill defined degeneration. Left lateral column selected and right partly so.

Case 3. This case is rather interesting in that the husband denies having ever contracted the disease though there cannot be the slightest doubt of his having done so and there is no doubt he was treated both for primary and secondary symptoms. His wife is a woman of doubtless virtue. F.B. aged 31 yrs. Married. She has two children living, the elder a girl 9 yrs. and the boy 7. Another miscarriage 6 years ago and since that time has borne no children. Both living children are delicate and present marked syphilitic blemish in the shape of the nose, and the girl has been treated as described by Dr. L. Hutchinson. The lady says she has been suffering more or less for the
Case 3.  Suffered from a cold for last 7 years, and the patient first came to see me, she had been told by a friend who had got it from her then Medical attendant who deemed it necessary under certain circumstances to inform her. He tells me that once she had a duplicate head of hair but now it is very scanty and brittle with great tendency to come away in tufts. She also suffered severely some time ago from one throat which her permanently affected her throat and also her breath.

Present Condition. March 1815.

Patient is thin and anaemic-looking. Left side of face covered with a popular eruption which is very painful. Right eye affected, pupil dilated and cannot reflect well to light, and is painful after she has been reading for some time. Features and by virtue of right side very claim. Poplar vein on right side and the left so far as knee and at left hand and knee joints were swollen and tend to the back and difficulty experienced in moving them. Patient is correct reprint in every.

Complained of great pain in head severe in frontal and occipital regions; this was so great at times that she got quite chilly and was unable to stand without laying hold of some object to support herself. She is exceedingly nervous and suffer from tremor. A short time ago she experienced some difficulty in moving her right arm and leg but these never was at any time hemiplegia.

She is very forgetful and will repeat the same thing over several times, with a tendency to apprehension and hypochondria of small and waste at this time completely gone. She has a very bad sleeping cough but no expectoration. Type of left leg slightly affected, dull on percussion with hard breathing. Heart. After heat weak and intermittent with slight flapping more. Pulmonary sounds accentuated.
F. B. When the first came under my treatment I put her on Joan and企业 with the idea of 
juvenile tone and she improved for some time but 
not to continue. This did not last and 
the pain in the pain of the chest of Potassium 
with separate doses of Potassium and continued this for 
2 months and the patient over the left side of 
the face was very painful. The still complaint of 
emphasis and at time was very shaped. 
Sleepiness came set in and after a time I was obliged to give her injections 
of morphine to procure sleep as the constant 
complaint was rapidly increasing because she lost flesh daily. 
I now gave her Liniment with Potassium and plenty of nourishing diet and light wines. 
Under this treatment she gradually picked up and had 
some good nights.

Continue in July 1873. The patient over the left side of face, 
right eye much better and patient better to look. She could 
now walk very steadily and able to move her arms and 
legs. I left her under treatment until December 1873 and at that time she had made wonderful improvement 
being gained in weight etc. This was at one time a 
very bad case e in her own family thought she was going 
in for consumption but taking into consideration the absence 
of marked physical sign I let that aside 
the sense of smell returned as also that of taste. 
I should think that there might be pointer of the nature 
of pneumonia appearing on certain important point if brain 
but with my limited experience I could not define them. 
In January 1874 the patient was looking remarkably well 
and returned from Cheltenham and she had now lost 
all trace of the accident. The symptom of 
the treatment with Potassium was invariably successful in this case.
I may here remark in regard to treatment of these cases, how very necessary it is to have patience as though after giving the specific remedies for some time no improvement is visible yet if we preserve and judge the case we shall in the end be rewarded by seeing our patient return to apparent good health. It is also advisable to make changes, giving iron and arsenic if anaemia be a prominent symptom especially in chronic cases.

Before relating any more cases I should like to mention that I have at present under my care a whole family suffering from SYPHILIS. Grandfather, grandmother, two daughters of female with the latter children all of whom present well marked symptoms of the disease, the grandmother has a well marked Syphilitic ease with movable teeth so she may have inherited it from her parents but apart from this her husband contracted the disease and transmitted it to the progeny. The eldest daughter has had several children all of whom died in infancy and these living are healthy. She also had several miscarriages, the second daughter has one healthy child and two well marked Syphilitic ones, she has also with the symptoms alteration of the roof of the mouth. Of the third generation yet married where will the transmission end and as far as she can see they will cause nothing but misery. These people are all of the Brittany class.

I have the one little baby girl of three and a half months old under my care who is from a Syphilitic father and she presents symptoms found around the buttocks and thighs and had snuffles when she was born. She is now in a most infected condition, quite wasted away and the mother is very much bewildered. I am nursing her with great care of every part keeping dirty and have reduced her mother to rub Cod Liver Oil in daily as an invigorant. I will now resume relating some more cases.
Case 4. This is a case chiefly affecting the glandular system and more particularly the bladder.

J. C. Aged 17 years. He contracted dysphilia 8 years ago and was under treatment for 12 months, but during that time did not lead a very healthy life. He had the usual secondary symptoms 7 years ago.

Six years ago he made mucus patches on his tongue which were slow to yield under treatment.

Four years ago he suffered much from dyspepsia and vomiting and complained of sharp pains in the region of the liver. The year before, when seen here, he complained during the autumn of 1873 of pain in his left shoulder which he put down to a knock after receiving a kick from a companion in horseplay: up to that time he had been free of any symptoms. On examination the bladder was very enlarged at least four times its normal size, tense to the touch and the different structure could not be made out. The glands in the suprarenal region were enlarged and knotty, and the cervical glands were in the same condition. He had an old cicatrix of a suppurated ulceration in the right lumbar region, no indication could be detected in the penis. He was put on pure grain diet and potash, and he was ordered to leave the bed and suspend. Under this treatment the bladder got smaller but still felt hard and nodular, so he was given Ephedrinum hydrochloricum, but in vain. The bladder was still enlarged, he remained under treatment for months and his general health was found much during that time. Twelve months ago, after severe fevers the bladder again enlarged and with this he had felt pain in the Liver which was found to be enlarged and tender to the touch. He was again put on the Potash and Mercury treatment, and under this treatment the liver symptoms cleared and the bladder got much less in bulk but was now more nodular and the dyspepsia...
Case 4. Phthisis could not be made out.

As condition in November was as follows. Patient fairly well nourished but unfit for much
exercising. Great tendency to head aches and moist as of
rushing waters in ears, his sleep was disturbed by
horrible dreams. No paralysing symptoms but seemed
walk very steadily, slight tendency to lumbago
stroke symptoms.

Heart beat weak and intermittent.

Pulse soft, irregular, and compressible
Great tendency to Bronchial Catarrh.

Kepitel in general depriam of speech had almost appeared
Left side much smaller than right, nodules on
surface but Phthisis quite free, Throat is also more
swollen. He was now taking five minims doses of
Peron (French's Solution) and also the Throat and when
I last saw him his condition was much improved and I
had hopes that he might return to its
normal condition with this treatment But I fear it
that has elapsed since it was first affected
might mention that he had gained over a stone in
weight since 1853 and had put up of the dyspepsia
and lung symptoms.

Dr. Barlow in 1850 published some case of Syphilis one of which had some recent cause to
be once quoted and also another case of intercostal
pain with Stomach of Motanical Seals gave
and this in French of Chest and abdomen which
has shown some relief in a struggling case. In conjunction
with my brother led under same case the previous
supply and while found me patience severely.
In the lecture of February 28 1875 Dr. Briscoe gave the following case which bears some resemblance to the case I have previously quoted though the history in that case was very clear and the treatment proved the correctness of the diagnosis.

Case 5. Charles H. Butcher aged 36. History: formerly he did not acknowledge being hard syphilitic, but said he had been liable to colds until he was arrested for six years, that nine years previously he had suffered one of his testicles which became swollen and then diminished in size, and that six years ago it again damaged the organ once which time it had gradually healed, and in which about thirty months ago one of his lips and the tongue from lumbous pain and stiffness. He was a well nourished man with edema of face and lips, pain and stiffness.

It had a large hard lump behind the left sternomastoid muscle and a similar one under angle of right jaw.

The left testicle is the size of a child's fist; it is very hard and irregular in shape, adherent to skin. Its red shape and bulk an since not masked by the edema of face, and it is impossible to distinguish testicle and testicular. Breath sounds harsh and right apex. Urine specific gravity 1013 containing a large quantity of albumina.

With these symptoms, there is no evidence of original disease. The tongue is of a general deep red color with coarse papillae, deeply furrowed and streaked here and there with patches of fur.

What is the nature of the disease?

He is suffering from tubercle, infecient joint or syphilis. He was treated with testicle of Potassium and Bismuth and he improved somewhat under this that he was able to leave the hospital. Dr. Briscoe adds the remark that tubercle syphilis may be present in a patient who since remembers having been confined to the air to eat and not causing much with much case though often the patient is fully aware his medical man.
The next case I am proud to relate is one of great interest published in the winter 1825, (and it bears a close likeness to case I had under treatment in 1824) and which has certainly thrown some light on my case.

Case 6.
Rachel M., 42 years old. Was received into St. Thomas Hospital under Dr. Beith's care.

She had been married 25 years, and a short time after the marriage attended St. Bartholomew's Hospital suffering from a reaction which lasted for some time.

She had a child ten years after marriage and then after an interval of two years, all four reached the full period but died either in bed or shortly afterwards. The fifth and last child was born some years after and is healthy.

The history seemed to be of Syphilis. She had had a little sleep after childbirth and there was no definite history of Syphilis. The last child was healthy.

She was admitted in a condition of abdominal and thoracic wasting.

The so-called Rheumatic Fever lasted some weeks and several joints were inflamed, all the joint with joint pain, but the left knee which remained painful and tender, and Swollen since.

The pain in the thigh and joint, for one joint at a time, to the thigh is swollen and tender and bitterly abnormally hot, been recognised in. Three months ago, the middle joint three weeks before admission the left knee became swollen, painful. She was a rather dark complexion, cachectic state, looking women complaining of weakness, loss of appetite, diarrhea, pain and tenderness in the thigh and knee, and of abdomen enlarged.

It was assumed that the last case was contracted and that the block returning from the lower abdomen was caused mainly through the thigh pain to the internal and external vessels and to the inner veins below. A thing happens here could be heard in the dilated veins.
Part 5. Continued. The abdomen was full in peritoneal region and for most part soft. The peritoneum itself occupied by a large hard and very irregular tumour which ascended to within an inch and a half of umbilicus. This tumour appeared to be continuous with the line of and would slightly with the respiratory movements. The spleen appeared to be enlarged. Evidence of preaee disease the tongue was clean and moist, pulse 100, temperature 99.8, respirations 24. Blood, regular, urine with a trace of albumin. Asthenia about four years.

Dr. Brodie at first thought she was suffering from some form of malignant disease. Probably, Seurina.

Account. She was treated with Bromide of Potassium, Oxygen, Carbonic acid, tonics and liberal diet—but very little change took place for six weeks. In consultation with Dr. Pitt it was suggested that the disease might be Syphilis and Iodide of Potassium and Mercuric oxide was given and great improvement took place under this treatment as the tumour in the peritoneum became smaller and softer and the joints got better.

Diagnosis. Lastly that there was a tumourous growth in the neighborhood of the Bladder Cavity. Ascertainment involving the view by pressure or directly and that the peritoneal growth was probably a tumour of small sarcoma in the substance of the liver.

It does not mention whether the case was completed in his case me whether the case was
completely in this case me whether the case was
afterwards.

The case under my care I shall quote at length though the unfortunately treatment was not of much avail as the patient ultimately died.
Case 6. 

She was 55 years of ago. Cured over the history of Syphilis at first. Her same husband is very healthy and deeply religious. He had several miscarriages, 20 children. 

The first came under treatment in August 1894.

The patient. Pain and exacerbated. Skin dark of a dirty yellow color. 

The complaints of being very sick and could not remain from of any kind but 24 letters. 

During the paroxysms of vomiting the stomach contents came and rolled about in his epygy and this pain prevented him sleeping in the paroxysms were worse at night. 

The tongue was very flat and coated with a yellowish film. 

In fact when first seen he presented every appearance of suffering from some malignant mischief and we thought death into the epygy.

Examination. The chest was much enlarged. Projecting beyond the free margin of the ribs and immovably on the left side and umbilical regions, it was tender to the touch, its border sharply defined and its surface irregular and modulated. In passing to this region the splayed out with pain. The stool was also altered.

Kidney. The passed a large quantity of urine which was of a yellowish color and in the jar within contained nearly a third of albumen. The urine of pathological well was not altered. 

His condition at this first was very serious as the urine and the 

The diagnosis on the Stomach, the could not stand and immediately to the bed unless held firmly. 

His intellect was perfectly clear. 

With the idea of having to deal with malignant disease she was given a course of nitrate of silver containing with Bromide, but this thing it caused the pain had no effect in the vomiting which remained as severe as before.
Cast 6. Continued. She was ordered to be fed on broth and soda water with Brest tea and some light milk pud ging. Still she did not improve but daily became weaker. She was now ordered soft to suck and placed in bed with a little brandy.

A consultation was then held and the medical man called in agreed that she was suffering from irritable diabetes of the liver, incroaching upon the stomach, and indeed he suspected pointedly rather strongly to this diagnosis. The daughter who was present shortly after this gave us the history and having some slight suspicion of jaundice, we sent her to prison dues of St. John's Hospital until five o'clock in the morning at which time she could not at first tolerate the Jordice being reject a jeremic patient. The vomiting still continued, even in as severe. After several hours we ordered the patient to sit and the patient gradually picked up, the vomiting ceased and her general appearance was much better. I should have stated that the black invaded a very dark room and judge of our ignorance when one day examining the mouth to find an ulceration of the roof of the mouth which had perforated into the nostril and which the head surgeon ingeniously played with a cork surrounded by linen. The state of affairs was known only to the daughter and myself, and she had not told the medical attendant anything about it. This rather confirms our idea now of the disease being tuberculide, which we thought affected the liver, stomach and kidneys.

Though vomiting ceased under the iodide which the use of casts fifteen grains three times a day, yet her general improvement was not satisfactory.

In December 1864 she was so far better as to be able to get out though very weak and chilly. In February 1865 she was again taken with severe pain and vomiting which of anything was worse than before but she had left off taking medicine as she thought she did not require it and was very2

Taking were the stomach and liver the disease out with pain
Case 6. Continued. She was much ameliorated, albumena in urine nearly one half, at first to the last and at times was quite unrecognizable owing to the severity of the pain. When I last saw her she was very ill, almost a skeleton, but the albumena was smaller and contained less fluid. After this my wife told me she particularly felt worse requiring to take any medicine except hypodermic injections of morphine. She died in May, and unfortunately a post-mortem was refused. This might have been fatal when a very interesting case.

On digestion may have been wrong but taking the peculiar symptoms and the cough of phthisis she was. We think we were justified in assuming syphilis as the cause of the symptoms.

In this case the case roughly undoubtedly resembled the malignant disease of the lungs and stomach.

The treatment in this case was not successful. Though partially so but we had to deal with a most obstinate patient.

Hill Dr. Bruin Hill is speaking of syphilis. The hepatitis because that temporary enlargement of the organ happens, but in this case the liver was permanently enlarged.

Fever she is not a constant symptom but this may have been due to the impaction of the peritoneal carcinomatous tissue in the liver, that in the blood upon the jaundice as due to a connective state in hyperemia of the liver.

Dr. Ditckin we are the discovery of syphilis. The disease of the liver that properly began the study of visceral syphilis.

State of kidneys in Syphilis.

Handy. Union District April 1679 report as follows.

The recurrence of albumen is not directly due to the syphilitic process but merely dependent on it in syphilitic infections. The urethra and thus urine the patient more susceptible to any pathological influence.

Zimmerman. Until the last ten years we have been aware of true syphilitic processes in the kidney. But we have learned that diffuse infiltration as well as complete destruction of kidney may occur.
Case 7

The following interesting case of Deykhius Typhus. I quote it taken from the Medical Journal, February 12, 1870.

Epileptic fits, . Intellectual apoplexy, loss of speech.

Resorption of the left Middle cerebral artery.

A man aged 37 years, had led a dissipated life in youth and had contracted Syphilis. In 1867 he was under treatment. In 1868 he had an epileptic fit, a second in a month and a third some time afterwards, the convulsive action was on the right side only. For two years he had severe pain chiefly occipital, in violent paroxysms, of long duration and severe at night, pain also in the parietal sinuses. He derived great benefit from large doses of Sulphur of Potash, done from the bromide.

In August 1868, he had another fit; lost speech for half an hour, intellect altered. Late in December, he suffered from constantly recurring fits of loss of power to articulate, he tried to bring out his words, but could only ask for ordinary things, to what he wanted, object grew in reading.

By January 11th he became worse, he called things by wrong names, but could write his name correctly, still very lost and his speech altered, taste and hearing perfect. Vision poor with right eye; left imperfect; intellect slow and the patient off his feet. He declined rapidly and died at the end of January.

Histology

Universal adhesion of brain to dura mater and much thickening of meninges. arteries of the base of brain were deeply attached to the whitened membrane, but all were previous except the left middle cerebral which lay thickened in its coats and surrounded just above its origin by a dense yellow mass about size of a bean. Spinal cord and membrane healthy. His was a very striking case of Syphilis affecting the brain and little could be hoped for from treatment in such an advanced case.

The important point is regards to Syphilis in affecting the brain and especially in cerebral disease in the position of the pain which is chiefly precordial and as a rule the pain is very severe with the paroxysms worse at night. Another point is the suddenness with which the pain comes on.
Focal Syphilis Continued.

Diagnosis.

The diagnosis is sometimes a matter of much difficulty, owing to the great diversity of symptoms which may be present in the course of the disease and especially to the time of the incubation period when the symptoms are often isolated ones and are not due to external lesions but of internal organs and in these cases we must carefully trace out the former history and look out for signs of former affection especially of the skin, glands and brain.

In doubtful cases it is well worth trying the effect of an arsenical or mercury treatment.

In all cases in which there is any suspicion of syphilis a most careful examination of all parts of the body is which the earliest symptoms then themselves should be instituted.

But in a number of cases mistakes are made as happened in Case 1 where the patient the patient was submodule for himself but was told the patient had a tumor of the brain but there was treatment.

We must always inquire strictly into the family history, especially in regard to the number of children, how many born and how many dead and living.

Prognosis.

The prognosis of focal disease due to syphilis is sometimes a very serious question.

There are undoubtedly a great number of deaths registered annually by which syphilis is in part the cause but are certified as being due to hemorrhage or some other main symptom and this especially happens in affection of the brain, the blood, bones, etc.
Prostate and Kidneys.

Deafness among adults as an immediate result of syphilis is rare, and when it does occur it is due to loss of blood as consequence of ulceration or to inflammation following a putrid ulcerous course of the disease.

Among infants the mortality is very great. It has been observed in cases affecting the nervous system care must be taken not to give a too favorable prognosis for anatomical changes may have occurred which cannot be removed and in these cases there is always the danger of recurrence.

To prevent general condition should always weigh in giving a prognosis so it would be wise place a plea of deranged habit and in those liable to inflammatory affections such as scrofulous or tuberculous, and it is certain, where there is great anemia, atrophy and loss of flesh as prominent symptoms dermatological ulceration especially syphilitic are considered dangerous and I have under my care now such a case and have given a favorable prognosis as her condition at the present time is with every hope full marked macromia especially in those advanced in years is certainty of prone rhinitis.

The influence the type of the disease may alter its intensity. Anemia is a prominent symptom and functional disease of the nervous system and often the symptoms point to polyuria as in the case of Dr. B his friends thought he was going in for consumption or chlorosis. Malnutrition pregnancy and the change of life affect the prognosis especially women.

Finally, technical influence the prognosis as a great deal depends on what has been done in the earlier course of the disease and what was passed afterward.
Treatment. A Resume

First. Strychnia and its compounds.

Mr. Berkeley Hill remarks that it is monstrous to think that it is as much a specific for the late affections as mercury is for the early stages.

He says Strychnia often fails to cure these, but in conjunction

With Mercury or the combination it is the most valuable remedy we have for the late stage of Strychnia. Though too frequently it only palliates them and cannot be relied on as a lasting remedy.

Bearing in this point in the British Medical Journal

for 1869 May 15 3 Mr. Walter Tyrell of Great Malvern

writes as follows:

In Strychnia of long standing large doses of Strychnia of

Phosphoric acid I believe imperatively necessary, and

he quotes two cases. In the first case Strychnia had been

of two years standing and there was considerable

erythema and ulceration of both throat and lips.

It had been under treatment from the first appearance

of the disease and was then taking three grains of the Strychnia.

Mr. Tyrell put him on a dose of two daily and continued it for six weeks, he remained perfectly well since

The second case of seven years standing there was most

extensive necrosis of the floor of the mouth and tongue,

ulceration perforating the soft palate and also complete

pharynx, he began treatment by giving half a drachm

of Strychnia of phosphoric acid increasing it to a drachm

and a half and the result was that in less than two months

he gained nearly twenty-eight pounds in weight, the

recurrent bouts disappeared and the ulceration healed entirely.

In the Journal of May 11 1869 Mr. Parsons of Birmingham

dwells upon the same leucoma and a spot about

Mr. Tyrell upon the salubrity of giving large doses of Strychnia.
Parkes. of Potassium and quicks some cases. If cure effected
by giving large doses, while small ones had no effect
in arresting the disease.

Squire. In the same Journal 1869 P.S. Belmanus Squire
agrees with the above named gentleman as to the necessity
for giving large doses and relates the following case.
A gentleman aged 40 years, for last five years affected
with Extensive herpetic Syphilis like skin affection,
he was taking a daily dose of 2 drachms of Nitrate of Potassium
he had an eruption and he was nearly completely well
after six months, treatment.

I think that large doses of Iodide are sometimes
necessary as in a patient of mine when Surgeon
to a Steamer bound for China, the latter suffered
very intensely from severe Neuralgia (Syphilis). We
were telegraphed to stop and he had severe pains
in skin body. Bromide of Potassium combined with
the Nitrate failed to relieve him but on giving him
30 grains a day of Iodide he quickly improved
and continued well for the rest of the voyage, he
was under treatment six weeks.

Sir James Parkes agrees that Iodide of Potassium
is most useful in tertiary Syphilis but he recommends
small doses. He gives 9 grains daily washed down
with plenty of water and says he never gives more than
50 grains daily even in severe cases.

Hall. In this Journal that Iodine and its compounds are
most valuable in the later stages, the quantity should
depend on the patient's constitution as many can bear
only a small amount without experiencing the
side effects of Iodine. In most if not all cases
the influence soon diminishes, and the same amount of Iodine
can only be secured by largely increasing the dose.
Treatment Continued. Sodium and its Compounds.

The more chronic the disease the larger, as a rule, is the dose required and from my limited experience I agree with this as in severe cases where five grains have been daily given with relief, an increasing the dose till the patient took ninety grains with no deleterious effect great benefit resulted.

In Zimmern's treatise the following occurs:

The dose in which the remedy is usually given to patients who have not yet taken it is from three to five grains daily; in old patients and those who have already used it for some time a larger dose from eight to fifteen grains several times a day must be given.

The cases are not affected by doses of this size and under such circumstances larger quantities are required, viz. forty grains several times a day must be given to attain a cure.

Sodium of Phosphate should always be taken in a large hasty but gentle dose; as in the form it disappears less with the patient comforted and it is a brisk pain after the dose and it is desirable to mix it with the Romance Spirit of French.

In the treatment of rheumatic affections attended with convulsive attacks such as Epilops, Chorea and the like Dr. Huycking, Jackson advises a mixture of Soda and Bismuth of Phosphorus.

In the first book of Treatment 1875, Dr. Alfred Cooper, Dr. Pechet of Lille, recommends treatment by subcutaneous injection of Salt form and says that relaxing and febrile forms are much benefited by such treatment. The treatment may be continued for indefinite periods and is never followed by any bad consequence.

No very recent recommendations have been made for the treatment of Phthisis for the last twelve months but the use of Salt form as an internal remedy is a decided benefit.
Treatment Continued.

In cases of General Syphilis where Anaemia and E cachexia are prominent symptoms, I have found great benefit derived from a pill containing 1 grain each of Sodium and Epsom Salts.

In the last edition of Troup's Bramstead and Taylor's Pathology and Treatment of Venereal Diseases, they recommend Strychnine as an adjuvant in the treatment of Constitutional Syphilis and especially useful in the Anaemic and E cachexia of the secondary period, especially in patients addicted to the use of Alcohol. It is very beneficial in the treatment of Syphilis Mercury. It is very useful in the later stages as an addition to Nitrate of Mercury when the latter alone has lost power of controlling the disease, and in Germany, Litzmann's Decotion has a great reputation, it contains some Mercury and Sarsaparilla.

Henry Lee used to recommend tinctural fumigations in the tertiary stage.

One must be quite sure in giving Mercury that the Kidneys are not affected.

Lastly, Acids. The Histo-Muriatic Acid is a very useful medicine especially in any form of depurative of the liver, spleen and other organs and also acts as a tonic improving the general tone of the patient.

With this I close and only regret that I have not been able to lay before you a more important paper on such an interesting subject, but I trust my labours will not have been in vain seeing that the time at the disposal of a County practitio
J. H. Rees, M.B., C.M. 1862
1 Plymouth Place
Plymouth, Cape
Very faith.
Somewhat unwell.
Having infections of ears.
Copenhagen in South England.