1860

Syphilis.
Its
History,
Nature,
and
Treatment

By

Edwin Brown

Shelby 179, 12 20, 85, 95. 11

Specify; e.g., variola, hama, de novo.

Malignant; unproved.

Grenade.

EXHIBIT FOR EXHIBIT LEWIS (LEWIS)

Sarsaparilla: ferric citrate, corrosive salicylate.

Sulfuric, uric, and acetic acids.

Symptoms: we did not witness. 175

Secondary symptoms: necrosis, etc.
In the earlier years of my medical studies I looked upon a "Thesis" as a structure, the materials of which were to be prepared by myself, & the building to be raised by me, though the design of the edifice had been conceived or its foundations laid by another. This being my idea, I expected to have had time during my last Session, for original research & observation; thinking that then my mind would be more fully matured & better able, after following my teachers through well trodden paths, to find out the windings & intricacies of a new one, but having so many different subjects to attend to this winter, all essential to a Graduate in Medicine, I find it completely impossible, to devote the time necessary to unravel the difficulties of a new subject; though it may be very plain & simple, when laid down in systematic order before the reader.

There is however another method by which good service may be rendered to Medical Science; viz., to study, & carefully analyze the different, & often contradictory statements, that have been made on a particular disease, & then, summing these up, give a condensed view, of what after careful consideration, has most evidence in its support.

This last is my object, & though I cannot flatter
myself of having done so, in the following pages: yet as the attempt is laudable, I may hope to obviate the censure, if I cannot gain the approbation, of the learned body to which it is presented.

The subject that I have chosen to write upon, possesses great interest to the Medical Mind, in its history; in its universality; in the undecided state of its Pathology & Treatments; & from the great attention it is attracting at the present time from the members of the Medical Profession.

SYPHILIS

The history of any disease is interesting; but that of syphilis is peculiarly so: from the variety of opinions that have been, & are still held, in regard to it; & from the many contradictory statements, made by members of the Medical Profession equally with those who did not belong to it, but whom the great prevalence of the disease & its wide & rapid diffusion, caused to take up their pens in their offices of historians; & describe the wonders of what a writer of that time called "Tabidemones et horrendus morbus."

The history of some other diseases, as well as those of
the genital organs, show that the fathers of the Medical
Regimen did not notice symptoms to describe appear-
ances, with sufficient minuteness & accuracy, to enable
us to decide conclusively whether some of the diseases they
were acquainted with, are the same as those that can a now
blame to them at the present time. That they were
acquainted with diseases, bearing a close resemblance to
Syphilis, there can be no doubt, for we find even Josephus
the historian, relating that Apion was punished with an
alteration of the prepuce; for approaching the Jews for
circumcision; & from the same source we learn, that
Herod had a son of the same sort, & that his breath was
loathsome from the severity of the disease. Apion
mentions the prevalence of ulcers among the Egyptians,
& he says, that the inhabitants of Coeleia, with the
Jews & Egyptians, circumcised themselves themselves
to prevent sores attacking the genital organs. The
efficacy of the plan is shown from the very few Jews
affected with venereal sores, though they are by no
means, the most particular individuals in their
morality.

Most of the affections of the organs of generation,
mentioned by the Greek authors, are those which bear
the closest resemblance to what is generally called.
the Secondary Symptoms of Syphilis, as Condylomata, Tubercular eruptions, &c. Galen, however, mentions ulcers, which first broke out in superficial pustules on the prepuce, of eruptions following them on the neck & face. Severe cases mention medecines which were good for sores on the genitals, & Actarius one of the Ultime Graecorum takes notice of thymus, vegetations, giez, & Condylomata— affecting those parts.

It would also seem from numerous remarks made by the writers of that period, that they supposed ulcerations of the genital organs, generally, to take place after sexual intercourse.

It is said that Pompey bought the disease called Leprosy from Egypt where it had been from time immemorial to Rome; & that shortly after that, it spread over the whole of the wide Empire. This could not be the Greek or Arabian Leprosy, as they are not contagious; it is to be borne in mind, that they applied the term Leprosy to almost all cutaneous diseases. This disease was said to have been commonly communicated by sexual intercourse, so must be like none of the cutaneous diseases of the present day, except Tubies, Erysips, Sypplies.

John of Ydcolorne, Author of the Rosa Anglicia, mentions a Contagious Leprosy in the Fourteenth
Century; being caught from having intercourse with an affected woman; and a little after that in 1560 Gilbertus mentions a case of the same kind. That this disease was very common, may be learned from the fact, that there were 258aster houses in England, in the time of Henry the Eighth, among which, curious enough, was the Lothos Hospital, now used as a house of refuge for the Syphilitic.

That this disease was contagious, there is abundant proof, and does not appear to have been disputed; how was it, then, that it disappeared so suddenly in England and elsewhere? The enquiry is rendered more interesting when we consider, that the Syphilitic disease made its appearance, much at the same time. Some say, that it was purged away by the new disease, as Variola is said to be done now by Vaccinia. After this time we hear no more of Lepra, but there were some who wrote of the Syphilitic disease, immediately after its appearance, who called it a species of Lepra. This shows how vaguely the term was used. I can hardly think it possible, however, that Physicians and intelligent men of the period when Syphilis broke out, according to others became unusually avaricious—should have been so astonished, at what they all appeared to consider a new disease, if it was only the old
one in a more severe form. Besides, the historian, who was a person of the highest authority, expresses a fear of it. Again, Alexander Panaetius, in his «Institutiones medicinae», describes a disease which is similar to syphilis. He states that physicians and other professionals, bear evidence to the same effect.

There is much abundance of evidence of the same kind, that we can hardly believe, but that it was a disease unknown to them, till then. In judging of this case, we must bear in mind, that these authors lived in the time when syphilis made its appearance, and were eye-witnesses to the diseases which had previously affected the genital organs. They saw the outbreak of what some thought to be a terrible disease, as to regard it as a direct manifestation of the wrath of God, on account of their sins.

It may be asked: how was it that the old authors living before 1493 or 1494, — the date of its so-called appearance, described ulcers, on the organs of generation, possessing characters so like those produced by syphilis, at the present time? But when we answer that question, we ought to take into consideration the circumstances in which the people of that time were placed. They were coarse, irritating material,
met their skin, which would tend to aggravate any cutaneous disease. They were so little attentive to cleanliness that they allowed their clothes to rot off, instead of changing them; this, combined with their bad food, & exposure to the weather, was amply sufficient to give all the characters described to a sore resulting from a common accidental cause. And even at the present time, we have Mr. Ricardo — who is regarded as one of the best authorities, on the venereal disease — stating, that we cannot by external appearances, till a specific, from a non-specific sore, & that inoculation is the only test. It is all known to those having large experience in the venereal disease, how difficult it is, to judge from external appearance whether a disease is or is not syphilitic, whether it proceeds from impure sexual intercourse, or from filthiness (see Actor). It may be advanced by those, who think the disease affected man from time immemorial, that, as the disease is comparatively mild now, to what it was on its alleged appearance; it is possible & probable that it was mild before the year 1494; but that the meeting with circumstances favorable to its development, it committed such dreadful ravages. The same conditions however were
were in operation before that time; the food, clothing, &c. of the people, were the same, where as now, they're quite different. The people then lived on salted provisions for the greater part of the year; vegetables were in little use; & used only by the higher classes; for that important article of food—the potato—was unknown then. Their habits were those, which would nowaday be called galling in the extreme.

Lawrence Philipps says, that lepers refused to cohabit with such as were affected with this malady. In the Senate of Paris, in the regency of the de Stenoper, never thought of placing those affected with it, in the houses provided previous to this, for lepers. When they wished to cut short the progress of this disease, by isolating those affected with it.

Again it cannot be supposed, such writers as Horace would have omitted it, to make mention of it; & though it has been said he has done so, there is not a passage, brought forward to show it, that tends in the slightest degree, to prove that he was aware of such a disease. Nor would authors likeTacitus, have passed it over in silence, in speaking of the times of their age.

All the diseases referred to, before 1494, can easily be conceived to be the result of causes, quite distinct from...
the Syphilis; in fact the manner in which they supposed them to originate, show they were but the consequence of daily occurring Causes, & not even necessarily connected with sexual intercourse: for Bernard Gordon, Professor of Physic in the University of Montpellier, says that the causes of affections of the voice, are either external or internal; external as falls, blows, &; lying with a woman whose womb is unclean; and internal, as corrupt and humours of the body, setting on those parts. John of Godardus says, in 1320, that sores on the penis result from having intercourse with a maid, during the Catamenical period. Ofalescus de Taranta says, that the sores may result from wearing "black, nasty, or dirty breeches." Iow, though it is allowed, that the authors, before the end of the Fifteenth Century, made mention of it, as following most commonly sexual intercourse; do we not see the same thing take place at the present time? Simple non-virulent Gonorrhoea, resulting from sexual intercourse, &; sores on the penis caused by friction, &; the application of acidia matter during Coitus. And where we see the other divisions of the General Disease, as Gonorrhoea, Balanitis, Bumm, &; Paraphimosis, &; even Boils (sympathetic), arising from Causes, where we cannot suppose there could be any
Syphilitic taint, we are justified in concluding, that they would arise in the same way in former periods. And the same may be said of sores on the genital organs, accounts of which—like to specific sores, but which cannot be so—we see in almost every volume of a Medical Journal. We never hear of Syphilis arising from them.

All the diseases of the genital organs would be much intensified no doubt by the manner of living common at that time.

It is not likely that the disease was ever in itself more severe than it is at present, but owing to the Physicians of the time of its commencement, giving up, in their astonishment, the treatment of it, to greater & moreontearted, it was likely, may sure, to be greatly aggravated thereby: being too to the mischiefous error concerned, of it being propagated through the air like the infectious diseases, at the present time; those labouring under the disease were driven from their homes, or left to perish in the fields, from starvation, or if they belonged to the opulent classes were deserted by their attendants, or consequently were exposed to unusual severities. All these things would not fail of greatly intensifying a disease, in which the main dependance in treatment, is to be placed on careful regulation of the diet, & avoidance of exposure to cold.
That this is the case: we can see, from the comparative mildness of the disease, in those who were not thus unfavourably situated. We learn from Orycio & Nicollis Postauteur, that the Inhabitants of St Domingo, cured themselves in 10 days by the use of Gueracum alone. Ser Africano states, that the Romanians got well with nothing but good air, diet, & exercise: things too little attended to now-a-days, in the treatment of this disease. The Syphilis disease appears to be completely distinct from the Leprone; maximal, as it appears, that Leprony was capable of being communicated by, not only staying in the same house, but even by visiting the affected person, as we may judge from the strict separation of the Lepers, from the rest of the Community in England. This being the case, it is not to be wondered at, that the direct contact of sexual intercourse should be a frequent means of communicating the disease. Syphilis, though it was thought to be infectious, when it first made its appearance, was in no long time thought not to be so, but that Leprony was infectious nobody ever seems to have doubted. The celebrated Galenius says, "the ancients in their times, saw alarms arise about the Judenda; which were called lepra;" but I well affirm, that there is the
greatest difference between the French Pet (Carum Gallinum) & those heats. The “burning,” or “stenuching,” spoken of by the English Physicians, seems to have been of the same nature, as simple gonorrhea, which causes, it is well known, an intense burning sensation in the parts affected.

The great mistake that Celsus & fell into, when writing to prove the uncommon of the Syphilitic disease, arose from the mistake of thinking, that Gonorrhea was the result of the Syphilitic syneur, whereas now we know, that it is seldom so, & when it is, is owing, according to Mr. Ricord, to a chancre in the mucous canal, a chancre (as it is)

I think therefore, there can be no doubt, but that there were venereal diseases, before the latter part of the fifteenth century, but at the same time, I think there can be as little doubt left on the mind of the unprejudiced investigator, that it was only then, that a new form of it—the Syphilis—made its appearance.

Though it is the generally received opinion, that Syphilis is now, & has been gradually growing, a milder disease, from the time of Petru Rerunda (a. d. 1518) who prognosticated its entire extinction down to Sydenham, yet I must say, that I find no evidence brought forward to prove it.
The horror into which people were thrown at the first outbreak of the disease, would tend to make them exaggerate it beyond its real limits. They were improperly attended to, when labouring under the disease; in fact, they would have been far better without the interference of those, who took charge of such cases, such as barbers, tailors, gashiers. For the regular physicians refused to interfere with it, on its first outbreak. Their method of living would have great effect, as has been previously mentioned. And lastly, the use of mercury in improper ways: when it came into fashion, for they took no precautions to protect the patient from the cold, which could not fail to have an injurious effect on the patient. Granbeck speaks of syphilitic ulcers remaining for two, three, four or five years, which though they might be very disagreeable, shows us, that it was not so fatal a disease, as it was represented. Sorella says, that the disease was easily cured by simple aperients, & says he cured “great numbers” in that way. Jovius speaks so of it, “Ulique tamen e argente vino, atunge perrute triduum ministione Convallarii” & several other authors of that period speak to the same effect.
We have to take into consideration too, that as is likely the Syphilitic virus though it may be mild in its own country–so to speak–shows much more virulence to a nature of that of another. This would seem probable from the observations of Dr Ferguson in the Peninsular war, as well as those of others.

At the siege of Naples, where it is said to have first committed its ravages, there would be a great number of men of different nations, brought under this condition for aggravating it, so we need not wonder it being intensified.

Thus far, we have considered in a short manner, for the extent of the question, the time of the appearance of the Syphilitic disease; we have now to consider whence it came, what was its origin.

I cannot but think, that there would have been far less diversity of opinion about the origin of this disease amongst the physicians and historians of that period, if it had come from St Domingo, as has been asserted by many, among whom, we may mention Astruc, & Withhead, indeed, this was the generally received opinion, for a long time; but I think they rested their grounds
of bleff; more on the fact, that America was discovered, about the same time, than from any historical data going to prove it. —

Baptist Triloso says, that a new distemper broke out 2 years before the invasion of Italy by Charles the VIII of France, that is, in the year 1492, a date not far from, if not a year, to the return of Columbus, from the New World in 1493. — Peter Martyr, in a letter dated 1486, which he wrote to Aureus Sustantinius, Bishop of Placentia, at Salamanca, makes the following decisive statement: in peculiarum to nostre temperates morbum qui appellatse Hispania bularem auctum (habitat; morbus Gallicius, medecorum eliphantias in ali; aliter appellans) medicus praecipitem liberis scribita pede 75. When Grenada was taken by Ferdinand & Isabella, great numbers of the Moors fled into Italy, where, according to Stephen Inquisition, they propagated the disease; this was in the year 1492. The Pope, early in 1494, wrote to Charles of France, to dissuade him from his intended expedition into Italy; urging as a reason, that the plague was at that time, raging in Rome, & it has been said by those who contend for the American origin of the disease, that this plague could not be syphilis, from its mortality,
but the mortality of it would, no doubt, be greatly exaggerated. As Pope Alexander wished anything, but the French in Italy, he certainly would heighten it, to a considerable extent, in his forementioned letter. To be impartial, however, it must be owned, that Mr. Bost, and some other writers against the American origin of this malady, are wrong when they assert, that Ferdinand, son of Columbus, says nothing of it, in the History of his father's life; for Ferdinand says distinctly, that 160 men of the crew had the "French disease," but from the fact of him calling it, by such a name, we may reasonably suppose, that he did not suppose it to be of American origin. Again, however, we must add, though it may seem to support the contrary side of the argument, that although no assertion is made, by any of the writers on America, of the disease being found there, for the first 35 years of its discovery, yet Lope de Gomara, who published his "History of the Indies" in 1562, but who first visited the country, along with Cortes in 1515, speaks of the disease, as if it had been there when he went; and says that the Spanish soldiers carried it to Spain. It is likely, however, that it was carried to America before this, and spread there, with great
rapidity; as we learn that the women were not very select in their amours; but according to an old author, "admitted all who came." Guaiacum was not intro-
duced into Europe till 1559; it being the remedy
the Indians are paid for the disease; but it is not likely,
that its high praised virtues, would have
remained so long hid, had it & the Syphilitic
disease come from the same place. It is more
likely that this method of treating the leprosy,
was found out by the Indians, after they became
acquainted with the disease.

I cannot think this question satisfactorily settled,
however, though certainly the probabilities are: that
it was an Epidemic disease, first making its
appearance in Italy, & then the invasion of
that country by the French, & the subsequent
seige & capture of Naples, where large bodies of
men, from various parts of the world, were assem-
bled, would ensure its speedy & wide dissemination,
even though we suppose it to radicate from this
place. It caused the greatest alarm & aston-
ishment, of which we may judge by the famous
Arrêsté du Parlement de Paris, whereby the people
afflicted with this disease, were to be separated
from the rest of the community, thinking in this way, to stop the progress of the complaint; & also from the Proclamation of James IV of Scotland, in which it is ordered, that all persons "incurit with this said contagious plague called the Grandgar" should not "pass forth of this town" unless "& compair upon the sandis of South ten hours before none." From this they were to be transported to Inch Keith, or those evading the order "sall be lynct on the cheek with the markting sone, that they may be tennet in tym to come" at a very light penalty. --

There is nothing improbable in thinking that this disease was an epidemic. Coming on at the end of the fifteenth century, we cannot tell from whence it came; but can we do more in other epidemics? Though there were conditions found at the siege of Naples which, as has been mentioned, would ensure its speedy dissemination, yet it seems to have made its appearance in Italy, Madrid, Paris; the then isolated city of London—simultaneously; making it probable that it was not disseminated by individual contact. The Theory of Van Helmont revered, & believed by Dr. Record, of Syphilis having arisen.
from glanders, transmitted from the horse to man, is a mere assertion; no arguments or facts being brought forward, to favor such a supposition. In no resemblance being between glanders and smallpox, it may be dismissed as a mere vague assertion, requiring no arguments against it, as none have been brought forward in its favor; nor would I have mentioned it at all, had I not been afraid of being accused of ignorance, of such a hypothesis, having been advanced.

Such then is a short sketch of the history of this disease; though it is, I probably will to be, at the best, very imperfect, and unsatisfactory; yet it possesses great interest, as it shows very well the different views that may be taken on one and the same subject. "Many minds, many minds."
Preliminary observations on
Syphilis

Before I go on to treat of Syphilis & of its so called Primary, Secondary, & Tertiary Symptoms; it may not harm to say a few words of its Specific identity.

It has been a deeply disputed point, whether the Symptoms produced by the Syphilis virus, arose from the same virus as that which produces Gonorrhoea; i.e. do they arise from one & the same poison, or are they identical in their origin?

We find able men ranged on opposite sides of the question. John Hunter concluded, from his experience & experiments, that Syphilis, arose from the same virus, but the no doubt, was led in a great measure to this conclusion, by supposing Mercury a diagnostic, any disease which got well without the use of that drug, could not possibly be of a Syphilitic character; whereas now, we know, that this is not at all the case. That many got well without any treatment, & as far Guttier observes, nothing will on the other hand prevent it from running its course, in some constitutions, when it is fairly admitted into their systems.

Hunter was supported in this view, by Severdin, Retlet, & many others, who, I suppose, were led into error, by finding the matter of a Gonorrhoea produce a Chancre, when it was unaccompanied; & from seeing several men having
Connection with the same woman, with the result of one having chancre, one gonorrhoea. This, on a superficial view, would almost induce one to take their side of the question, but it may be easily & satisfactorily explained; for the person by whom they were affected, might & no doubt would, have a true specific ulcer; & it acted on one producing a chancre & on another by producing a gonorrhoea, owing to the particular idiosyncrasy of those affected; in the last causing it in the same way, as any other irritative matter would.

A person may have a chancre, from communication with another, having only gonorrhoea; but in this case, the matter of the gonorrhoea is capable of producing a chancre, on inoculation, & when this is the case, as has been well shown by M. Perdria, it proceeds from a true chancre, concealed in some of the mucous passages - or as he calls it, a chancre latent.

The opposite side of the question, that for the non-identity of the causes of the syphilitic & gonorrhoeal diseases - was satisfactorily proved by Redhead, previous to the time of Hunter, & he has been supported in this, in later periods by Bell, Andrews, John L. Todd & co.

There can be no doubt, but constitutional syphilis, will arise from one kind of gonorrhoea, viz, that proceeding from a chancre concealed in the urethra - or
vagina or at least complicated with it. But this is not a simple gonorrhoea, it is really & truly Syphilis, as well with the former, produced by the peculiarity of situation of the latter. That there is a non-identity of the causes of these two diseases may, I suppose, be taken as settled by the many careful experiments of Mr. Reeder; who in a great many trials with the matter of a Gonorrhoea never found it to produce a Chancre, unless there was a concealed Chancre, (Chancre latent) he was the first who pointed out, how the former writers, for the identity of Causation, of the two diseases were led into error, not knowing that Chancre were found in situations concealed from observation.

Although the use of the terms Primary, Secondary & Tertiary Syphilis are obviously not suitable, because we have no true means in the present state of Science, whereby we can distinguish one from another; yet these terms have got into such general use, that it would be productive of much confusion to make a new classification; nor does the present condition of the subject in hand, from its unsettled state, at present admit of such a desirable end. Therefore I shall still retain the old system of division, & treat first of all of the

Primary Symptoms, which are produced by the application of a specific poison to the part. It is impossible to give a good
A great number of able men however deny that you can distinguish them by this means.
apportionment of a syphilitic sore or chancre, & to give it such
character, that it may not be mistaken for sores of a nonspecific
origin. In forming a diagnosis, we must take into consideration
collateral circumstances, as if it appeared after certain;
the date of its appearance & if, & even then, it is impossible to
tell with exactitude, what is & what is not. A syphilitic ulcer,
except it would seem — from the method of inoculation as
recommended by Mr. Reed. This points out to us, that we
ought always to be the patients from constitutional contamina-
tion, when any sore of a doubtful character presents itself. By
periodization, which cannot do much harm, & may be produc-
tive of the greatest benefit. Prevention is better than cure.
It has been thought by some, that there is a plurality
of several poisons, from the differences which primary,
syphilitic ulcers present in appearance; but this is
completely disproved by different men, after connection with
the same woman, having kinds of sores. It is doubt
depends upon the peculiarity of the individual affected,
not from any difference in the virus. We must be
guided in forming our diagnosis, whether it is
a specific sore, or not; by the patient's history elucidated
to the best of our power; the date of its appearance,
if after sexual intercourse; & the appearance it
presents, when we see it for the first time.
There is great diversity of opinion amongst authors, as to the date of appearance of a chancre after exposure to contagion; but no doubt this will be materially affected by the situation of it, application, whether the virus be applied to the cuticle, cutis glans &c. It may be said that the Primary Symptoms, as a general rule, make their appearance in 1 week or 10 days after connexion; & it is likely that these cases mentioned by Hunter of them appearing nine, or ten weeks after exposure to contagion, were gallaceous.

The Primary Symptoms make their appearance as small punctures or pimples, as a general rule; whatever form they may subsequently take on, owing to the different constitutions of the individual affected; & as these different forms require modification of a general treatment, it is necessary that we should be able to distinguish between them.

It is not necessary for the production of a General sore, that the Genital organs be the site; for the virus will so may produce a chancre on any part of the body, when it is applied to it, without the intervention of the cuticle... Its quantity too, is of no importance, when once it has gained admission into the system... The pus furnished by chancres is the vehicle, by which the virus is brought into contact with the sound tissue; & it Pus, differs in no respect, as
far as we can judge by microscopic & chemical examination, from the pus formed under other circumstances, & in other part of the body. This pus may be diluted to a great extent with any of the animalsecretions, as Saliva, Milk, vaginal mucus, without losing its contagious properties; though there can be no doubt, it might be diluted to such an extent, as to make it impossible for it to impart its virulent qualities. When, however, the pus is mixed with strong acids, or alkalies, it becomes completely innoxious; it is not capable, therefore, of forming the secondary sore, probably owing to some chemical action which takes place, thereby destroying the virus. This may explain the great length of time which results from simply cauterizing the newly formed sore, of a syphilitic origin, preventing the spirochete from being contaminated, by destroying the virus.

The number of Primary Sores, bear no relation to the severity of the secondary symptoms, produced, when, unfortunately, it gains admittance into the general system, at least this must be the case if (—) is a second proof of syphilitic tatism, place there, as some say.

It has been advanced by a pupil of Berckhein — a Mr. Bujonew — & readily admitted by him, that there is a difference in the causation of the hard & soft chancrees; that the soft was known in the world, long before the date of the hard, or inoculated, which only
appeared at the end of the fifteenth Century; in fact, meaning that the hard chancre is the only one that owes its origin to the syphilitic virus, truly so called; that it alone is followed by constitutional symptoms. Some affirm, therefore, that there are only two forms of syphilitic sores, one the chancre mevra, or simple chancre, not capable of producing constitutional symptoms, & the hard or indurated chancre, which is the only one capable of contaminating the whole system. He says, that the simple chancre produces most virulence, is most contagious; it does not give immunity to the individual affected, from having in future a chancre of the same sort; whereas, the indurated one is only produced once, in the same person, & the danger from contamination is very great. He then goes on to say, that the Induration of the last mentioned kind, may not be able to be felt by the inexperienced, that if constitutional symptoms seem to take place, from an apparently soft chancre, the induration must have been felt by the surgeon, or it may have been indurated, for a few hours only. This is a very convenient way of putting it, no doubt, throwing the blame on the surgeon's inexperience, & if this cannot be said, then it has been indurated, no matter for how short a period of time. I am afraid, however, this is not borne out, or rather that it is contradicted by facts, as we shall see.
The seat of the chancre has great influence on the character of it. Thus the maturated or hard chancre, the true & anterior chancre of some, is generally found at the region of the prepuce on the glans; so this sort is very rare, indeed in the female, though they often suffer, it is well known from constitutional symptoms. Climate, diet, asthematics have a marked influence on the appearance of the primary symptom, as has been well pointed out by Mr. Lawrence.

Mr. Bapereau says that a hundred individuals, having soft chancrees were confronted with the persons from whom they got them, each of whom had soft chancrees; & neither in those previously nor in those subsequently affected, did constitutional symptoms make their appearance.

Again & 100 individuals, having maturated chancrees, were confronted with the persons from whom they received the affection; each one of the last were found to labouring under hard chancrees, some having in addition constitutional symptoms, & each one of the individuals just mentioned, became subsequently affected with secondary symptoms. The difficulties in the way of being sure, that the man had not connection with different women, unless unwillingness on the part of the patient, & a host of other sources of fallacy, makes this system of confrontation of little value.
And how on this principle, can we account for several cases, after having connection—each one within a few minutes of the other—with the same woman; having different sorts of venereal ulcers; as in the case mentioned by Aiton, of three students, having connection with a gouty, all within an hour, with the result of one having an undilated chancre, one a soft, & the other escaping pain. In the case of Louis Perri—of the instances mentioned by Richaud—Chancres of all the different varieties were found affecting him, which perhaps very likely proceeded all from the same cause, all having the appearance of primary syphilitic ulcers. This puts the affair in its original state; viz. that it is owing to the difference in the persons affected; or to some external circumstance, that the Syphilitic once more their variety, or not to a plurality of persons. Almost all—or it may be all—British surgeons agree that Constitutional symptoms may arise from any of the varieties of chancre; or even from the slightest excoriation of the genitals.

At the same time however there can be no doubt, that there is a difference in the Chancrees, in their liability to produce, or to be followed by Constitutional symptoms, & that the indurated one is the most likely, to be succeeded by that evil train of secondary symptoms,
will not be denied by many; for owing to its chronic nature the constitution is exposed to contamination for a much longer period. There are several cases mentioned by Lawrence & Coote, of constitutional symptoms following sloughing chancre, & the latter gentleman mentioning cases, where constitutional symptoms followed in sloughing phageamic ulcers, though the possibility of it being the case is denied by many. It is not to be thought unphilosophical, that the same virus should produce different venereal ulcers in different individuals; it may be much more readily admitted, than that several persons after connexion with the same women, should each receive a distinct virus; or that the women should have the powers of all these different sorts of ulcers in her body at once at the same time. In the same way as different ulcers, not specific, may all proceed from the same cause — say a blow — acting differently on different individuals, according to their peculiarities; so we may suppose, the specific zones of syphilis, all proceeding from the same cause, & all capable of producing the same general contamination of the system: altered in each case according to the individual affected, site of the sore
treatment, manner of living &c. &c. Nor can we agree with Mr Carmichael in thinking that each primary sore is followed by secondary symptoms peculiar to it. It may be that the idiosyncrasy of the individual having the primary sores, may tend to give a certain influence to the secondary i.e. that the peculiarity of the individual affected may give a certain character to a primary sore, which is generally followed by consecutive symptoms, bearing a resemblance to other secondary sores, arising from primary sores like the first mentioned. That argument of his equally without value, when he brings forward the variety of the appearance of the secondary symptoms, as a proof of the plurality of poisons; for we might as well say there are different sorts of itch (scabies), when we see one affected with it, having a popular eruption; a second a vesicular, & a third a pruritic eruption. We know however that all these different forms of eruption, proceed from one & the same cause — the acarus scabies — acting in a different manner on different individuals. Again the case mentioned by Mr Rose, tends to show that it is owing to the individual affected, & not to the poison, that there is a difference in the appearance of the primary sores. It was that of a young gentleman
who had a sloughing ulcer after otitis, from which he recovered in a short time by the use of small doses of mercury, or no constitutional symptoms followed. Twice after this at considerable intervals he had ones of exactly the same character as the one mentioned; following impure connection: we may therefore suppose, that in this case the individual was exposed to ones of that nature. Most modern authors agree in thinking that it is impossible always to tell by the external character whether a sore on the genital organs is the result of the application of the venereal poison or not; to the characters given to the sore resulting from such a cause by Hunter, it found by no means to hold good. It may justly be supposed — I think — that Dr. Boll's was right when he said that those surgeons who pretend to be able to distinguish them by the "tactis crudicaire," will find themselves in a deep mistake in a great many instances. A conclusion near to the truth may be come to however, when after observing the form & other appearance of the ulcer, & after treating it with simple water dripping for some of ten days — avoiding all caustic applications — it shows no tendency to heal; & we cannot see anything in the patient's constitution why it should not, we may then conclude
with all likelihood of being right that it is syphilitic. This method of waiting nine or ten days is obviously dangerous to the patient; for during that time he is exposed to the risk of constitutional contamination, it would therefore be better to inoculate with its matter, and then gently cauterize it, watching the inoculation afterwards for a proof of its having been syphilitic.

That last mentioned is the plan of Mr. Fergusson, in the observations he made of it: in the Peninsular war. The disease he says was comparatively mild amongst the natives; but was very virulent when it got amongst our troops. I do not think however that it was owing to the disease getting mild on the people themselves; more likely it was owing to the influence of that climate on the northern constitutions of our countrymen: to their irregularity of living; to the habits to which the natives were not addicted. This is the suggestion by Mr. Guthrie, who agrees with Dr. Fergusson as to the facts. It may be, that it owed some of its virulence to the use of mercury by our troops; "the secondary symptoms often happening
where the Constitution was strongly under the influence of the
remedy; whilst the natives on the other hand, were treated
by simple means, as guaiacum, sarsaparilla, &
nothing at all very often.

TREATMENT OF THE PRIMARY SYMPTOMS

As the local treatment ought, if possible to come
before the Constitutional, I shall point very briefly
toward it.

As soon as possible after the appearance of the disease
the sore should be touched with bullous ceutic, or
what—according to some—is much more efficacious
the potassa fusa. Record says, if this is done
before the expiry of 5 days, from the time he caught
the affection, we need not be afraid of Constitutional
effects; & it would be far better to cure it by a simple
sore, which we can do no great injury to the patient,
then that he should be exposed to the risk of Constitutional
Contamination. An escharotic should be applied at
any time, if we see an sore in the ulcerative period;
for by doing so we expedite the healing of it, thereby
depressing the chances of consecutive symptoms.
simple water droppings ought then to be applied till the eschar separates, and if then it has the appearance of a healthy one, we keep on the water droppings which will in a short time need to be medicated, as sores on the genitals soon show a tendency to become necrotic and have little inclination to heal. If we do not see it till the period of cicatrisation or reparation, we may still approximate the cure by the application of astringent lotions as the solution of the sulphate or chloride of zinc.

Absolute rest of the parts affected is of the greatest importance; either that of the whole body, which is best, or if that cannot be obtained, obtaining as complete rest as possible; by suspending the penis in a lanterneberge, or the droppings of the sores with strong solutions of opium will be of the greatest benefit if there is much pain complained of.

A convenient strength for the solution of opium will be about two drachms of it to the ounce of water; which has according to many a very beneficinal effect on the sore, as well as easing the discomfort of the patient. If the sore is acutely inflamed, we dare not have recourse to the electrotherapy or any other irritating application; but we meet them with the part of hot fomentations, poultices, opium &c.

Constitutional Treatment. There has been a great deal said and written about the constitutional
treatment of primary syphilis, & it is an interesting occupation to observe the fluctuating opinions of different ages of medical men: how at one time they were all for mercury; at another time they almost without exception, disclaimed against it with the greatest vehemence, whilst they upheld the sovereign virtues of quinacrin, sarapisparilla & mezeron. Though the progression has come now to depreciate the indiscriminate & lavish use of mercury; yet the moderate discriminate application in the treatment of the venereal disease is upheld by far the majority of medical men.

When the disease first broke out, there were not any means used to prevent the contaminating the system or expedite the healing of the primary sores. Not very long after this mercury began to be applied to the parts affected with secondary systems; the physicians who applied it, did so from the resemblance secondary syphilis had to lupus; for the cure of which disease this medicinal was in the habit of being employed. It is said that John de Brie, Bedivier & other surgeons performed some capital cures by this method; but Peter Andreus Matthioles was the first who seems incended its internal use; in a work he published
in 1516. Mercury in ointment had been employed—the whole body being rubbed—before this, first by Berangario of Carpi, Professor of Anatomy at Bologna, who is said to have performed many wonderful cures in this way, & by which he realized a large fortune; but was ultimately compelled to fly for his life in consequence of the clamours raised against him. From the severity of the antidote's effect of this remedy, Guaiacum came into use a little after the appearance of syphilis, & amongst the foremost of those who extolled its virtues was Ulrich de Hatten, who relates how he was cured by its use, after having gone through numerous salutations of 40 days duration each time. The cure in this case would be owing no doubt to the operation of the use of Mercury, & not to any peculiar virtues in the new & long-praised Guaiacum.

Mercury got into disrepute about the year 1517 or 1519; & at that time, this drug, which has been & even is now called a specific for the venereal disease, was denounced by Tungle & others as a most pernicious article. It was in comparative disgrace for near two centuries, when its use was again revived, & used to such an extravagant extent, that we need not wonder of the reaction against it now adays; seeing the beneficial effects produced &
We may take it for granted that the abuse of mercury — meaning of the term abuse, the salvation that the miserable patient had to undergo as recommended by Boverhan & Sydenham — is now universally condemned; yet we may now consider the question, is mercury at any time or in any circumstances expedient for the cure of syphilis? I do not use the term "necessary", as I believe that any case of syphilis will get well in time, by attention to the diet & hygienic conditions of the patient.

There is a vast amount of evidence, for & against, on both sides of this question; & we must own that the treatment of this disease is much more satisfactory without mercury, than when it is pushed to too great extent; but at the same time that cannot be admitted as a fair argument against it, use in any dose, so & by any method. Nor cannot it be said, with truth, that mercury produced all those frightful symptoms, that have been so graphically described, & put to its charge by the Anti-mercurialists; for I think it pretty conclusively proven by Guthrie, & others, & others, that neither mercury alone in the system, nor syphilis alone in the system, will produce Caries, necroses & the other violent affections of the bone which they appear to be produced only when there too...
poisons — if we may so speak — are found in conjunction in the body.

It is generally allowed that the primary ones heal no sooner when mercury is used than when it is not; but that the sedation of a chance disappears much more rapidly under its use: & in this way of cutting short the time that the patient is liable to secondary symptoms. For it is generally held that he is, as long as a hardness remains, more benefit.

As to the frequency of the secondary symptoms: some say they supervene more commonly when mercury is used than when it is not: & thus, as well as in other matters there is a great deal of contradiction. For some had secondary symptoms in one out of three of the cases, treated without mercury; & the secondary symptoms were always fewer mild. In the York Hospital where they treated their patient, with mercury there was only one in fifteen; & in other hospitals where the drug is used it is stated that secondary effects are much less frequent than the... Dr. Freckel in his experiments in the Hamburg Hospital, says that the secondary symptoms were more severe, when they occurred after the use of mercury in the primary. He states that he has treated more than 5000 patients without
without the use of this drug; it has never been a case in which it could be administered with advantage. These results were first published by him in 1628.

On the other hand we have the authority of most writers on Syphilis, for the use of mercury in greater or less doses, in the treatment of the primary symptoms. As Rycroft, Acton, Lawrence, De Marchi, D. Wilson, Scott Carmichael & hosts of others; & I think that the weight of evidence lies in favour of the use of mercury in some form or other. & in some of the kinds - not in all of the primary ones.

If the general health is arraigned, put it to right, & in this way you often will convert an acute phageademic ulcer into a simple one. Let the patient have dry, comfortable lodgings; keep the affected part at rest; use all the other hygienic means you think conducive to his general good health; & it is rarely that we need use mercury or any other drug. But it appears that secondary symptoms are more apt to occur when mercury is not used; this must always be borne in mind by the practitioner. It is only in what is called the Indurated or true & mutiny syphillis that most authors advocate the use of mercury; they say that the induration goes away sooner, which is
of the greatest importance, as its long continuance, is
probably the reason of the greater frequency of secondary
Symptoms after it, than any of the other kinds of chamures.
Mr. Reid says that they who shut their eyes to the good
effects of mercury in this kind of chamures, voluntarily
deprive themselves of one of their senses, & are therefore
not qualified to speak on the subject.
In the Eruption & Sloughing chamures, mercury is not
recommended to be given — at least not by the majority of
writers on this disease — as its use is apt to be injurious; &
I would recommend what appears to be the most successful
method of treatment — a tonic system of regimen.
Mercury is given but not invested in, in the Simple
General ulcer, & in the "Ulcers of Ulcers with elevated
edges."
The Soda of Potassium has been said to be of great use
in the treatment of the Indurated Chamure; & the use
of it in this variety, of purulent ulcer, is evidently rational,
from its well known effect in causing absorption in
other parts of the body; & I think it ought to be tried
before we proceed to use the more dangerous drug —
Mercury —
If the patient is phlegmonic he may require a light
soon stimulating diet; & on the other hand if he
is weak, & deficient in vital stamina; he will require good nutritional diet, & it may be urine.

When, in spite of our treatment, or when no treatment has been used, the Syphilitic virus gains admittance into the system, it produces effects on the skin, mucous membrane &c, which are called—

Secondary Symptoms, or more commonly Vesicles Genitae.

It seems likely that both the veins & lymphatics have the power of conveying the virus into the system; that the latter has, seems to be proven by the production of buboes in the lymphatic glands, with the Syphilitic virus in them; having travelled it seems along the lymphatics; & that veins do so is rendered very probable as they have the power of absorbing fluids & marked vessels in other parts of the body.

The period of the appearance of the secondary symptoms has been variously estimated; but we may say as a general rule, that they occur from the third to the eight week. They are usually ushered in by feverish symptoms, which are generally slight.

It is difficult to say what are the affections which ought to be grouped amongst the secondary Symptoms. Bubo is placed amongst the Primary Symptoms.
by Dr. Reid, owing to the matter produced in a Syphilitic one, being capable of producing a chancre by inoculation, but that this is not a certain criterion, will be subsequently shown. Others again place it amongst the primary symptoms; but it is a matter of little or no practical importance, so therefore need not be much attended to. The period at which the secondary symptoms appear, is much influenced by the conduct of the patient; for exposure to cold, to wet, or if he lives too freely, as a night debauch, will in a great many instances determine the date of their appearance. The former having been in the system at the time as a necessary consequence.

The chief symptoms generally are, severe headache, change in the complexion, to a greater or less degree, rheumatic pains in the ends of the long bones, or their affection of the throat, ushered in by more or less febrile action, then follow it may be the different forms of Syphilitic Skin disease, which are distinguished as a general rule, by the want of itching, which generally accompany Skin diseases, proceeding from other causes.

It is unnecessary to specify all the different cutaneous diseases which may arise from the presence of this poison in the system, as they assume many of the forms of Skin diseases proceeding from other causes.
but as they all arise from the same cause, the longest
produced by a remedy in one, will generally be found one
in the others. Before speaking of the treatment of
secondary symptoms however, it may be better to say a
few words about their transmission, about which so
much has been written, but which is still so
undecided a state.

Recit is said that when the virus has once passed the first
lymphatic gland, or gained admission into the veins, it is
impossible after that of producing a chance by inoculation; & it is
a secondary affection after this, according to him. As prima we
contend, would not expect to see any such results; for it is
difficult to conceive how its mere passage into the blood & its
admission with that fluid, should cause it to lose its property
of inoculability. It is maintained by the last mentioned
author, & Dr. Hunter agrees with him in the particular, as much
he does in everything relating to syphilis, that Secondary Symptons
are not transmissible in any way except by contact; & they
certainly bring a large number of cases forward in favour
of this view of the matter. It is to be feared however, that
Dr. Recit, making the test of inoculability, the only means of
diagnosis, is rather blinded thereby; for when he finds a
one capable of inoculation he immediately sets it down as a
primary symptom, regardless of the time which may
have elapsed since the patient became affected with the disease; as we see in one case he mentions, of a sore on the penis causing a chancre when inoculated on another part; though it was found on the penis 12 months after the patient was exposed to contagion. Such as a case as this, Dr. Percival calls a primary sore, as it produces unimprov'd pus.

It is admitted by all writers—as far as I am aware—that the disease may be communicated from the mother to the foetus in utero; and communicated by the father to the foetus in utero, or through the foetus the mother may become affected. If the foetus in utero is able to reject the mother (as is generally affirmed) it must be through the connection existing between them at the placenta; by the mother absorbing it through the placenta from the foetus, now if such is the case—which nobody appears to doubt—I cannot see why she should not absorb it from the person primarily affected with the disease in their intimate contact. Indeed I am inclined to believe (though unsupported as far as I know, ni it that this is the only way in which the foetus is affected; viz the mother affected immediately by the father; or the foetus by or through the mother; for I cannot think it possible that a disease like the Secondary symptoms of syphilis can be transmitted from the father to the foetus by a few spermatogonia; or the enormous multiplying the sperm, which must take place to reject the mother. There is not in this case a similitude between it & the often quoted one of Lord Montagu;
where several foals out of a thoroughbred mare, shewed a resemblance to a guazga, by whom she had had a foal previously. In this case no doubt the system of the mare had received some peculiar influence from that of the guazga; in what way is not known, though several theories have been advanced to explain it.

There are cases mentioned no doubt, where the foetus was affected with secondary symptoms, & the mother never shewed any sign of the disease; but this proves in no way that it was not through the system of the mother that the foetus was affected, for we know that a child may be affected in utero with small pox (which by the way bears a wonderful resemblance to syphilis); yet the mother is quite unaffected; though she must have had the channel by which the poison was conveyed to the foetus. And it is no more absurd to think, that the mother should convey the poison to the foetus, & not be affected herself with the malady; than it is to think that the foetus should be affected, & not the mother, though there is such intimate union between them; & why in one instance she should receive it from the foetus, & should not at another time, though the circumstances are the same. Now we know that she sometimes is not affected with syphilis, although her child is, this shows that the cause of her not always being affected lies in herself. We often have cases where the poison remains a long time in the system, without being known by any external symptoms; it may be the same way, when children are born.
imported, without the mother being affected. We may either suppose therefore that the poison is in the system of the mother also, though she shows no symptoms of it, when the child is born imputative, or that the poison has been conveyed through the mother only, without affecting her in its transit.

As the secondary symptoms are very generally held now to be capable of being transmitted from one person to another, the weight of evidence going to favor this opinion as we shall see immediately, it makes a much more simple theory, to suppose that it is only in this way the fetus is affected. The mother being especially likely to suffer from secondary symptoms, owing to the intimate contact existing between her and the fetus; she again giving it to the fetus for the same reason. I think therefore, it is quite unnecessary to suppose that the mother is infected by the round about way of the child, when she may be like any other person, affected with the disease, or if she is affected with the disease, she may on the other hand affect the fetus, doing away with the theory (which as far as I know has no foundation) of the fetus receiving the same way, or other not explained, the vice from the father.

1859.

During the last summer, says the Medical Times, "A Commission Composed of Dr. Reeder, Osgood, Depaul."
and Gilbert, associated to enquire into the contagious nature of the secondary effects of Syphilis; has decided (with the exception of Mr. Periand, who reserves himself on certain points) that there are constitutional, or secondary accidents of Syphilis manifestly contagious. Mr. Periand allows the possibility of a foetus in utero, long affected with Syphilis, from the mother leaving it; in this case therefore it must be conveyed to the child, by absorption through the placenta: now if the child is capable of receiving secondary symptoms for secondary symptoms, they must be, according to him as we have previously mentioned — they belong to that class as soon as the virus has passed into the general circulation — by absorption through the placenta: why may it not be so, by contact with the syphilitic drinking the dairy milk of the mother? Yet he denies — or did deny — the possibility of the child being affected in this way; or indeed of secondary symptoms being transmitted in any way except by inheritance, which he supposes to take place if the foetus receiving some peculiar influence from the father.

It is also mentioned by the older writers on the disease, as Arthus, Turner &c. that Syphilis is capable of being transmitted from the mother to the child by the milk; conversely from the child to the nurse by the salivation.
A case which illustrates this remarkably well is
given by Dr. Bennet in his "Clinical Lectures
on the Principles & Practice of Medicine." Page
90 16. I may therefore be excused for putting it
verbatim:
"In 1842," says Prof. Bennet, "the late Dr. W.
Campbell brought to me a woman with a child in
her arms, to obtain my opinion, whether a
stunted child, or was not syphilitic, pronounced
that it was & that the woman should cease to nurse it,
though her
expense at that time were in no way affected. The child was
of the offspring of respectable parent, & had been sent to her to nurse.
In consequence of my opinion the child was returned to the
grandmother, whose medical attendant maintained the
eruption to be more
syphilitic. The woman who applied to me (curve I) was received as
a new nurse into another family, & the child was sent to another nurse
(curve II) in a week the child died & curve I was attached with
some supplies in a few days after. Curve I after entering
her new situation, also perceived some round her skull,
& the nursing attendant of the family, after consultation
with me caused her to be discharged; curve II, "whole
body was covered with a syphilitic eruption."
Coming in contact with her nipples. Dr. W. Smith gives a case, where children were infected by a girl, who-
actually helped them. Mr. W. Wilson mentions a case where a young gentleman was affected with secondary symptoms, by his sister, who at the time had no appearance of the disease. There are the few of cases showing that nurses can infect infants, or infants nurses, with secondary symptoms. Indeed it is almost universally believed now that secondary symptoms are contagious; In America however, still receiving his opinion, do not very avers to giving into his view, after having written so much to the contrary.

The virus in secondary symptoms appears to be modified in some way or other, for it does not produce the same local affection, as the virus from a primary sore does. There seems also to be a difference in the contagiousness of certain kinds of secondary accidents; the meniscus posterior being said by some to be more especially apt to give the contagious virus to a second party.

Infantile Syphilis. The child may be infected by the mother—in utero, or it may be affected with primary sore directly, in particular from. It often shows no trace of the disease when born, get in a few days, chaps, about the arms, & a syphilitic eruptions make their appearance. This is very likely owing (I should imagine) to the virus...
lying called into activity; when the child is exposed to great change of temperature 36; as we often see it is in the adult, it is from a remaining quiescent, till he is exposed to cold or some depressing influence. The child is very apt to die in utero when it has got syphilis; being especially liable it seems to have a fatal kind of pneumonia; & it may be owing to the death of the fetus that abortion takes place so frequently when the mother has the disease. The child may also catch syphilis from its nurse. The general symptoms of syphilis in the child are hoarseness of cry, chylous about the anus, purulent discharge from the nostrils, making the child look as if it had a cold; & an eruption over the body, generally of the scaly character.

Treatment of Secondary Symptoms, or Sues Venerea.

There has been a great many different ways of treating this disease in different times & by different practitioners; & I believe that it would have been much less dreadful in its effects, if it had been left even without any treatment at all, trusting merely to nature; but what it has been by the treatment employed. This is said to have been a much more severe disease when it first broke out; but I am inclined to believe it owed its severe characters, to the mode of living the people were accustomed to at the time. This appears to have been observed ever since; for it is mentioned that
the people of Germany had the malady in a much more severe form than those of Italy; owing to the large consumption of her \& other alcoholic liquors by the inhabitants of the former country. The way in which people lived there has been previously mentioned. A little after this mercury came into use, being given indiscriminately in the treatment of it, \& given in such quantities that were the same doses given now, they would produce as bad consequences as were found then, to belong to the malady, or what it called the malaria.

There has been a great deal said for \& against mercury in the treatment of syphilis, \& I am inclined to hold that it would have been much better for mankind if it had never been used at all, than to be used in the way it has been.

It appears secondary syphilis, get well at all times without the use of mercury; for we hear of the inhabitants of St. Domingo curing themselves, a little after the first outbreak of the disease, by the use of gumacaim, with attention to diet & exercise. The plan of the the physicians of that island -- who directed the three young French men of rank who went there for cure, not being able to obtain it in their own country -- might be followed with advantage by many even at the present time. They kept them on sparse vegetable diet; made them work the whole day in gold mines in the neighbourhood, \& besides this, they ate fruit pfitzly; gave copious drinks of tea.
Devotions directed to them; & it is said in a short time they went home to their own country rejoicing in their cure. The disease however is said to be milder, & more easily treated in warm climates than it is in cold.

In the time of Sydenham they were accustomed to give larger doses of Mercury in England, than they did in France at the same time; & it appears that the physicians of the latter country were more successful in their treatment than those of the former, as the English gentlemen were accustomed when they had the disease to go across the Channel to them. Sydenham ascribes their success in treatment to the mildness of the climate; - not wishing it to be thought, that the physicians of his own country were inferior to those of France, but it is doubtless owing to the larger amount of Mercury given there. Indeed the way that they gave Mercury in this country at his time, makes it wonderful how any patient survived the operation.

Although Mercury has been greatly abused in the treatment of this disease, yet it would seem to be of service in many cases, if we can treat the experience of many medical men, of the most extensive acquaintance with it; as Carmichael, Scott, Laurence, & Wilson, &c. &c. &c. All of whom have more or less confidence in its virtues. Indeed Hunter had
so much faith in it, that he made it diagnostic. There is one
form of herpetic eruption that seems to be greatly aggravated by
the use of mercury; viz. the postular; the use of this drug
in cases of this sort, seems to cause it to degenerate into Erythema
or Pustular. It is best not to give mercury till other means fail;
till after the patient use of such remedies as Iodide of Potassium
which seems to have great power over this disease — assisted
by warm baths, tonic treatment if need be. & the general
hygienic treatment, have failed. We may after this commence
the cautious use of Mercury as Calomel or as Blue Pill.
In some such cases it is said to act like magic in the way
it causes the disease to disappear. Mercury when given
sired to open the danger of relapse, as has been stated by
Professor Hela at the meeting of the Decima Medical
Faculty, he said that he generally used the Potash Salts,
but found the cure far less rapid, & relapses far more
frequent than when Mercury was used. The Unguentum
Hydrargyri was the preparation he employed, applying it
with smart friction to the whole surface of the body.
When Mercury is employed, it should be given very sparingly,
& discontinued as soon as the constitutional effects of
it are manifested, for which we ought to be on
the sharp lookout. In this way though I do not believe
in it having any antitoxic or specific action on the
Hi: said to be an Alterative; a purgative; a cholagogue; a sialagogue; a dephlegmative; an antiperistaltic, also a diuretic & some.
Inhbititious fever, yet if mercury has all the actions ascribed to it, in systematic works on Materia Medica, it certainly must act as the most powerful eliminator of the virus from the system. The great thing in treatment is, to keep all the eliminating or excretory functions of the body in perfect order, & to act on them to produce some exaggeration of their function; keeping the general health of the patient good -- as that is necessary for the above named actions to take place in a perfect manner. If the health is much improved therefore, mercury will be unadmissible. Kept up a gentle aperient action on the bowels; a diuretic & a diaphoretic action on the kidneys & skin, by the remedies proper for doing so; & attending to the patient's general health, will be the most effectual means of cure. Climate & pregnancy are not contraindication of treatment, though a temperate or rather a warm climate is preferable. The danger from abortion is not so great from the use of the remedies employed for, as from the disease itself. In the alleviation of the throat, much benefit will be derived from the use of topical applications of solution of nitrate of silver; & in suppurative & ophthalmous ulcerations. the application of nitrate of silver will often expedite their healing.
Infantile Syphilis a tone plan of treatment will generally be necessary, with nutritious diet. If the mother is not affected the chances are much better for the recovery of the child. A healthy nurse would be the proper adjuvant or mainstay of treatment when the mother is declined; but this is impossible for obvious reasons.
The treatment of infantile Syphilis, is the same in principle, modified to the tender age and constitutional conditions of the patient. All the other affections commonly eluded amongst the secondary symptoms, will be found equally benefited by the general method of treatment, with the modifications which may be deemed necessary for each particular case.

Having thus far been engaged with secondary symptoms, it will be proper in the next place to treat of what are generally called the

Tertiary Symptoms of Syphilis.

Here I must deny the affections of the bones as alone constituting the Tertiary Symptoms of Syphilis, there would certainly be little to treat off; as I conceive it to be well known by the observations of Mr. Rose and Mr. Guthrie, that the violent diseases of the bones which used to be ascribed to the Tertiary Symptoms of Syphilis, are due to the administration of Mercury, though it seems that Mercury alone will not produce them, but must be in conjunction with the general poison in the System. There are many different opinions as to what...
It as it is a mere artificial system of arrangement.
Should, therefore, be called a Tertiary symptom; some including in the term, none but Caries, necrosis, & such like affections of the bones; whilst others place, ulcerations of the throat, tubercular diseases of the skin, chaps of the arms, & condylomata amongst them. It is not a matter of great importance however, among which of the two groups, Secondary or Tertiary they are placed, as they receive much the same treatment. It is generally stated that Tertiary symptoms are not transmissible; but that they who are affected with them impart Syphilis, Lataus & some say Syphi, to their offspring. It is stated by some authors that that the diseases just mentioned are but degenerated forms of Syphilis.

I can readily admit that parent, having their constitutions restored down, by Syphilis, or the means employed to cure it, have a tendency to form a progeny predisposed to Syphilis; but not at all I think in consequence of the Syphilitic disease taking on the new form of Syphilis in the offspring, but rather in consequence of the imperfect, or destroyed constitutions of the parents, being transmitted to the children, who being more guilty, are we know more liable to
this disease...in the same way that other galls, chills, and fevers are. Workers in quicksilver are not affected with the disease, said to be produced by mercury in the Syphilis...from the experiment of a先生, which we should be compelled to believe, as has been before stated, that the virus of Syphilitic disease...must lie in the body at the same time to produce them...therefore those who only call necrosis, caries, and such like affections of the bones—Secondary Symptoms—might dispense with it altogether, as it is not a product of Syphilis itself. There also seem to be some affections of the skin, as Tubercula...Syphiloidea...which are distinctly traceable to Syphilis, but which does not seem to have the power of transferring, from a diseased person to a healthy. This, however, can hardly, from a sufficient reason, for including such like in a distinct series, as many of the consequences of Syphilis called Secondary Symptoms, have not the power...themselves...if any division of Syphilis...made at all, they might very conveniently be all clasped in the Primary & Secondary Symptoms.

Treatment.

Mercury is here generally inadmissible, but it...
Appears to have a marvellous effect in some of the chronic tubercular eruptions; & there are some who hold it highly as a means of cure, in almost all cases, but certainly it appears to have far superior virtues to the Sode of Potassium, which exerts a wonderful influence, on the Syphilitic or Syphilo-mercurial modes. Counter irritation, by means of blister, is the remedy most to be relied on in Syphilis before, or if this has not formed, & if it has early evacuation of the the tonsil is necessary. For Ears & Diseases, the usual treatment adapted for them is to be carried into effect. During all the treatment the general health of the patient, should be attended to; tonics & generous diet will be found in most cases of the utmost benefit, & form the most important part of the cure.

Before concluding the treatment of Constitutional Syphilis it may be as well that I should notice a new, certain, a very peculiar plan of treatment, which has excited considerable attention lately, & which is said by the advocates of it to be infinitely more certain than the methods of Cure by Mercury, Joanic.
This process was originated by Dr. Armand Turenne of Paris. In 1644, he commenced a series of experiments to test the truth of the doctrine originating with Hunter, and subsequently adopted by Record, that Syphilis was proper only to man, and was incapable of being given to the lower animals. He thought perhaps that the trials to give the lower animals Syphilis failed, owing to the experimenter's trying it on animals so far removed from the human race. The event justified his reasoning; for, when he tried it on apes, the miserable creatures soon showed all the signs of the Syphilitic Cachexia, perished from the severity of the disease. Strange to say, however, on repeating his experiments, by frequent daily fresh inoculations to the monkeys, which must have at first given constitutional disturbance, they speedily got better; and at length, thanks to the rashness of a Young German Physician, it was found...
capable of being given from thence to man again. He
tried this method "lymphatization", because he found that
by repeating the inoculations, produced smaller & smaller
artificial chancreas each time, till at length it was
completely impossible to produce a one of any size of
the syphilitic vesicles; the constitution of the animals
operated in not suffering all this time, but rather
improving. Experiments of a similar nature were
afterwards made by Dr. Sperino of Turin, in the Hotel
Hospital there; but the experiments were on prostitutes
this time, & the results were much the same as had been
found in the lower animals; viz. the inoculations at
last ceased to take effect; & the patient improved in
health during the performance of this plan of treatment.
This method of treatment was keenly assayed in the
medical societies of Paris & Turin, in the former of
which it met with most opposition; Record being
especially bitter against it, owing to him being so
deply pledged on the opposite side of the discussion.
It early attracted much attention in Norway & it
obtained an able advocate in Professor W. Boeck of
Christiansa; & hence again in this latter city, the matter
has been keenly disputed; Professor Thiøje being
the chief opponent of the former mentioned gentleman.
The plan of treatment in itself consists of making repeated
inoculations with the pus produced by a chancre on
the patient's own body in the first place; or if the patient has not
a chancre, to take the pus from a chancre on another
individual; to keep on repeating these inoculations
three or four or five - being made every third or fourth
day till at length these inoculations do not turn effect-
there produces no ulcer - . The patient is then said
to be "Syphylized". Matter taken from other individuals
however will produce chancres, when that taken from
his own sores has no effect; & it seems also that
matter taken from different localities & countries, varies
in intensity, as chancres produced by the matter put
from Hamburg & Stockholm after that of Christiana
had no effect on the patient. & matter taken from
London took effect when they again in their turn
failed. "In Syphylization" says Dr W. Bercot,
"we have the simplest, soundest cure, for consti-
tutional Syphilis, that has yet been discovered."

The Modus operandi of it is not made out quite clearly.
Dr Page says that it is only owing to the degener-
ative effect, of a large quantity of open sores
operating in the elimination of the poison:
he says that sores, kept open by Tartar Emetic
leads to the same result. Of 7 cases of Pott's disease long given
to them who had taken mercury. He says Dr. H. part of the
London hospital in Chistiana obtained great success by
keeping up antimonial oozes by means of Tar to & mastic.
Dr. Boeck's genius cases cured by 'phylodization' when all the
ordinary means had failed. He says that he had only three
cases of relapse after the plan of treatment was used
out of 100, but that when mercury had been previously
given there were many more. It takes according to him
about 6 months for cure, the majority being cured
in about 3 months, whilst some take the whole
year to be completely 'phylodized'. It does not take
the patient from his ordinary avocation, from his
pleasures, or former habits, the cure going on
as rapidly as when he does nothing. The
patient's general health not suffering at
all in the meantime, only it very often
improves. When Dr. Lander visited Chistiana
in 1857, he says it was his impression that many of
the cases rapidly shown him by Dr. Boeck, as
under treatment by phylodination, would have
recovered equally rapidly or satisfactorily either
by mild mercurial treatment, or the use of
iodides or other gentle alternatives, by destric.
treatment or of no treatment at all, further
than cleanliness, regularity, in habits, &c. &c.
Dr. Tate says that there may be temporary immunity
of the skin & that is all.
This method of the treatment of Constitutional Syphilis
does not appear to have attracted much attention
in this Country & though the results brought about
by it do seem to be wonderful, yet the time taken
for the cure—sometimes more than 12 months—
gives the system time to throw off the virus
which we know it will do in a great
many cases; but, own unaided powers
be that as it may, I do not think it has been
sufficiently tested for one to pronounce any
decisive pronoun it as a means of cure. Therefore
we may consider the question as being sub-
judge. It may be that a cure may be effected
this way, in fact the evidence brought forward
may be said to prove that; but there is it
expedient to use it as a means of cure in
all cases or indeed in many of them?
I would think not, for I do not believe from
the records of the cases I have had to examine
—& that is a large number—to write on the
Subject: that Syphilis is so severe a disease, when it is not complicated by diseases engendered by means used for its cure. And that in the majority of cases it may be in all, it will wear out of the system in no long time.

The points, which are decided on in Syphilization however, are: 1st. Incubation with the same virus ultimately fails to succeed; 2nd. In such cases viruses from other persons does take effect; 3rd. That viruses from different countries, differs in effect, so that the viruses of one country act more perfectly on the people of another, than their native viruses does. Point, undecided on are 1st. Whether the acquired sensibility is local or general. 2nd. Whether such sensibility is temporary or permanent.

In taking a mental survey on all that has been said and written upon and about Syphilis, one is struck with astonishment. In one age we find a mind of the highest talents and education, advocating a plan of treatment diametrically opposed to that advanced by men of equal ability in a former one. How little improvement has there been for upwards...
of 300 years in the treatment of Syphilis! How slight a knowledge of its nature has continued to give us! Are we progressing in knowledge in the question we ask, honestly, as he notes our slow advance along the paths of wisdom; so slow that now and again he doubts if there is any movement in the forward direction, as fears at times that we are at a stand still. Virtually, and has been added to our knowledge of Syphilis in its nature; nothing or least to nothing in its treatment.

Though I have seen cases of most of the varieties of the disease on which I have written, have watched with great care the treatment employed for its cure, by men enjoying and discussing the confidence of the student, as well as that of the Medical World generally. Though I have had cases of it under my own care, I have tried, and watched the action of drugs most highly recommended for its cure; yet I think, from the necessarily small amount of them, it would be unpardonable presumption on my part to advance an opinion grounded on such scanty data. It would be of no value if in accordance with, or of as little as against those who have had such large experience in the treatment of Syphilis.