Syphilis.

by

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An intelligent account of the history, symptoms, and methods of treatment of syphilis.
Syphilis.
The venereal affection (including in this term, the two great divisions, Gonorrhoea + Syphilis proper) with their concomitant effects, is a disease, the knowledge and treatment of which is of the highest importance to both surgeons and medical practitioners, far more so than in general is acknowledged, but which nevertheless is truly so; as if seen in time and properly treated, it is in most cases, comparatively innocuous, and easy of cure, but if not properly diagnosed and treated, becomes one of the most horrible and even fatal diseases, to which the human frame is liable, entailing misery both of mind and body, not only on the attacked being who through licentious habits and unbridled passions has contracted the disease, but also on others perfectly innocent; a man, an unfortunate husband (perhaps innocent enough too) communicating the disease to his still more unfortunate wife, & she
may be to her offspring; or if the contract
not the disease, still what sort of offspring
does the improperly treated, & so to speak
half cured father begat, offspring weak,
thin, scrofulous, which if it does arrive
at manhood's estate, is far from being
in robust health, is unfit for the duties
of life, soon finds rest in a premature
and early death. Truly may it be said of
this disease, more than of any other "the
sins of the fathers are visited upon the
children."

As this disease, is one of the most likely
ones, that a young practitioner will
be consulted about, it is of great impo-
importance that he should be able read-
ily to recognize, and speedily to cure
it, and it is greatly to be regretted that
in this large medical school, there is so
little opportunity for the senior students,
either of seeing, or treating it.

Whether the scrofulous affection is a di-
sease of ancient date or not, is a question
Venerable disease (history of) that has often been discussed, one party affirming that it is so, the other asserting the contrary; both parties bring forward many proofs for their respective principles. The party affirming that it is an ancient disease, bring forward in proof of their assertions many numerous facts or stories; viz., that a disease of the genitals is mentioned by Celsius, Lib. vi, chap. 18. Rhazes an Arabian writer, mentions an ulcer of the penis, arising from connection with unclean women. It appears often to be mentioned in the Bible, 12th and 15th chapters of Leviticus, in 9th and 24th chapters of Proverbs we find, Wisdom admonishing her pupil, to beware of strange women, lest his flesh be consumed. Ecclesiastes mention also a mal de some disease of this sort in the Psalms also, it would appear that King David had contracted some disease of this sort, for he mentions in the Psalm xxxviii, that his bones were filled with a sore disease, that there is no whole.
part in his body. He also mentions in preceding verse, that he had moved in his bones, by reason of his sin. He his wounds stank, because of his foolishness. Some, I am aware, consider this Psalm to have been written in an allegorical sense; but the Psalmist seems plainly to attribute his disease and misfortune to his foolishness and sin, to warrant such a conclusion. Discharges from the breast, seem to have been known according to Dr. Becket as early as 1162 under the title of burning or burning, and that a penalty was enforced against brothel keepers, keeping women who had this infirmity. It hath also been stated that vows were contracted by lying with unhallowed women, has been used for so many different diseases, and has so wide and uncertain a definition, that this affirmitum cannot go far much. Lanfranc of Milan, who lived about the year 1290, states that chancre and ulcers of the penis
Venereal disease. (History)

Followed from coition with foul women. Many of the venereal discharges might not have been, what we now consider the true gonorrheal discharges (the venereal gonorrhea) but simply discharges which may be contracted from clean women (as opposed to foul infested ones) such as a man may contract from his wife. Discharges caused by local non-venereal ailments on the parts of the female, such as leukorrhea, menstrual discharges, etc.

That connection at the menstrual period or for some time after delivery is not a-ec-eeiving to the laws of health, we gather from the Mosaic law, and one reason of the scarcity of the venereal affections among the Jews, may fairly be attributed to the practice of circumcision.

If the theory of the change of type in diseases be correct, might it not be attributed to this doctrine also—i.e., if both the contending parties might come to the conclusion, that the venereal affection is a disease of ancient date, but that having
During the last two or three centuries, changed its type, it has become greatly aggravated, though fortunately now again, it is getting milder, either by changing its so-called type, or more probably on account of the greater skill and more enlightened practice of the present day. There cannot be a doubt that this disease became greatly aggravated at the latter end of the 18th century during the siege of Naples. But in this case, there was every circumstance that could possibly foster and intensify any disease that was then epidemic, viz., masses of men and women crowded together, exposed to wet and cold, without sufficient food or clothing, fatigued, depressed both in mind and body—all these circumstances are well known to induce cachectic states of body, aggravating every disease or wound. Moreover intercourse between different nations (however it may be explained) seems to
Venerable disease. History of
generate another opposite these venerable
affections, witness the "black lion" prevailing
among the British troops in Portugal.
There seems to be even the disease, a sort of
acclimatization, not possessing which, the
patient suffers no is afflicted differently
from the proper inhabitants.
As to its being imported from America,
no mention of it is made by the then existing
writers. & looking to the fact that the nature
of that country (before the introduction of the
Europeans, viz. "fire water", &c.) however fierce
and cruelly they lived, spent at least
vicious lives. it is more probable that
this disease was a present from the old
world to the new.
It seems to me therefore to have been of
ancient date, and that whatever would
cause cachectic states of the body, such as
swear, defects, famines; depressing passions;
licentiousness might aggravate it. we
continually see that in depraved states
of body, even simple ones, take on a bad
Venerial disease (pathology of) aspect, and till that state is removed it is no good meddling with the sore. For the same reason I believe some consider that is only one kind of syphilitic (not gonorrheal poison, but that different states of body, situations, circumstances, diet, regulate in a great measure at least, whether resulting into symptoms.

Hunter thought that the poisons of gonorrhea and syphilis were identical. This was one of the few mistakes of that great man, and arose most probably from his not recognising the presence of a change in the urethra, which was followed by secondary symptoms, he simply noticing the purulent discharge from the urethra. It has been proved beyond doubt by the investigations of M. Ricord that these two poisons are not identical, persons inoculated with gonorrhoeal matter never get a true chancre, they may, they may get...
Venereal disease. (pathology.)

Some, if in a very indolent and cachectic state, a simple sore, and even eruptions may follow, but they are not specific eruptions, and they do not require mercury. Different persons it is true, have had connexion with the same woman, and some of them have been afflicted with gonorrhoea, this will chances, how is this? A speculum clears up the difficulty, it has been quite possible for the two diseases to be present in the same woman.

What is the grand difference between the two poisons? It is this, the gonorrhreal poison causes merely and entirely a local affection, unless we consider the rheumatic affections of the joints and eyes which sometimes occur after gonorrhoea as secondary affections, caused by a contamination of the blood therefrom. The syphilitic poison also at first causes merely a local disease, but if not stopped in that part of its course,
Venerial disease (syphilis) and destroyed, the matter soon gets into the system, either through the agency of the lymphatics, but more probably by absorption by the veins, lights a fever, followed by specific eruptions, and other local complaints, including a cachectic state of the system, causing deterioration of the whole mass of the blood, setting up increased action in some parts of the tissues, such as secondary ulcers, papulæ, pustule, nodosæ, in others diminished action, a sort of paralysis in fact, such as baldness, falling out of the teeth, etc. These are the so-called secondary and tertiary symptoms—and these do not follow the introduction of gonorrheal poison.

What is the cause or origin of the veneral poison?

This question does not appear as yet satisfactorily explained. Some assert that it has its origin from infection from the lower animals, this is very
Venerial disease (origin).

unsatisfactory, it might as well be asserted
that any other disease, the origin of which
is involved in obscurity or doubt, might
equally as well arise in such a manner.
Some of the older writers had very fictitious
ideas of its origin, because, such as blasts of
wind, conjunctions of certain stars, Mars
and Venus, Venus and Jupiter, excitement
on the part of the female, unnatural connexion
between a man, and a horse laboring under
fury, sodomy committed between men and mon-
keys, and others, equally absurd and disgraceful.

It probably arose (as many others may be
supposed to have arisen) from the infring-"me"nt of some of nature's laws, and a
punishment due to the perpetration of
the offence, though it cannot be denied
that it appears often unjustly inflicted.
The poor wretch, the first time he gives way
to his guilty passion, getting contaminated
with a loathsome disease, whilst the
aged libertine pursues his usual avocation
free from all contamination—It may,
Veneral disease...rise the mild cases and then, and spread among the community at large by a mixture of various foul and diseased male and female secretions, acting on breath of base in such eutectic constitution according to Mephistopheles wherever prostitution is foul and unclean restricted to few women among crowds of men there the infection will be generated. Whether this theory be true or not, it is in the circumstances mentioned above, that the disease is found in its occult and most intractable forms, these being everything to encourage and support it as it were, the bad air, irregular living, filthy habits of body etc.

Blemorrhage (s see p. 20)
Sonorrhoea (p. 20 p. 26) Clauder Rise Austrian
Anura, Clap, Muerta, Brenning
Catarachal Inflammation, Catarachal
Sympolitis, Syphilis these are a few of the synonyms of this disease given to it by the inventors, as showing their idea
of its origin or some of its chief peculiarities. Gonorhea is a discharge from the urethra of the male, urethra and vagina of the female, at first simple in nature, then of pus or mucous-purulent matter. It may be considered (as one or two of the synonyms above express) a catarrh of these organs, or it may arise from either than illicit intercourse. It may arise from weak states of the system, as in young female children, it may arise from teething, the introduction of the catheter, intestinal irritation, it has often followed a paroxysm of the gout, rheumatism, lastly it may arise from excessive venery, leucorrhoeal, menstrual, and other venereal discharges from clean females, the disease thus set up, is sometimes very severe. It is of importance to be able to distinguish these discharges (especially as regards the female) else chastity may be disputed, the peace of families disturbed, and as too
gonorrhea.

Often alone, false accusations brought against innocent persons. The chief point in the diagnosis between the disease, contracted from an unclean person, and that arising from simple irritation alone (whether it be derived from a clean uninfected person, or idiospathically so to speak) seems to consist in the severity of the former, the mildness and shorter duration of the second. The period of the so-called incubation varies from one to two days to five six or eight days, and it may be delayed, if care is taken, to a longer period, one author I believe mentions six weeks, some say years. (Credet Judae)

In some cases, as from irritation caused by excessive indulgence, it may appear in a few hours, even in a few minutes, but as a general rule all things being equal, the longer it is in making its appearance the milder is the disease. The ordinary
Gonorrhea.

Symptoms are well known, first a discharge and slight itching at the orifice of the urethra, then an increased flow of mucus, oftentimes perfectly clear, sometimes whitish; an increased desire to make water; the venereal appetite also being somewhat augmented. This state of matters does not last long, the discharge increases, and not only increases, but at some time alters its quality, becoming purulent, or mucous-purulent, and in violent cases, where inflammation runs high, of a greenish colour. No doubt if urethra was examined at the very first, it would be found dry and flaccid, like other mucous membranes at this stage, but the over distended vessels soon relieve themselves, by parting with their more watery contents, the discharge of mucus also is soon increased, and as mentioned above, for a something like a boil, is poures out. The mucous membrane still remains tumefied, or is still more swollen,
Gonorrhea.

by which the caliber of the urethra is con-
stricted, the urine consequently passes out in a small forked, twisted or splitt'd stream.
and as the canal is most likely deprived of its protective epithelial covering, and from the fever and irritation present, the urine itself has likely undergone some change. There is scalding and pain in the act of micturition (it may be remarked that the greater the flow of pus, the less seems the scalding to be)
more of the urethra seems now to be involved, the inflammation spreading deeper. The fever is often severe, other parts sympathize, pain is felt in the back, testicles, groin, perineum.
The pain may be aggravated, at night more especially by chills, and without this painful complication by trouble-some erections. But I believe the worst part of the disease consists in the know-
ledge that it is a disgraceful disease, a disease your own folly has brought on.
Gonorrhea.
you, and one in which you dare not
ask for, and therefore cannot obtain the
comfort and assistance of friends.
As all inflammations tend even-
tually towards a cure, so these symptoms
to after they have gone on for a few days
gradually cease, the discharge and pain
become less, mucus again is alone found
out, this at last comes all but sufficient
to lubricate the canal, and the patient
is well. Sometimes; however, far more
severe symptoms ensue, the prostate,
the bladder, accelerator, urine, muscles,
even the kidneys may become involved
and a fatal issue ensue. (Death is now
ever rare) Sometimes, other and more
complications ensue, one or more of
the mucous follicles of the urethra
becomes inflamed, and may obstruct
the flow of urine, as soon as this is
discovered, even before it has time to
get much enlarged, it ought to be
opened externally. I have seen one of
Balanitis.
These pustules much enlarged without retarding the flow of urine, and though it was punctured early, no good was apparent by so doing. The little tumor not diminishing nor increasing, till by friction with Todicin ointment it suppurred, when the ordinary rules of surgery were put in force — gonorrheal ophthalhia (not the ophthalhia from direct contagion) and gonorrheal rheumatism sometimes ensue.

Balanitis (gonorrheal prepuce).
This disease consists of excoriation and inflammation of the glans penis and mucous membrane of the prepuce, accompanied by a muco-purulent discharge. The predisposing cause of the disease is no doubt the existence of the prepuce, as this complaint does not occur to people who have been circumcised. The "prepuce" says Dr. Rice, is an appendix to the genital organ, the use and object of which I could never divine; he not only says this, but a
Balanitis

good deal more blaming it for being the cause of at least one of numerous evils—but undoubtedly it serves some good purpose:—may be keeping the glands moist, tender, and their increasing pleasure in the copulative act.

The exciting cause of this complaint, in all doubts excitement gonorrhreal matter, menstrual fluid, very oftentimes however, from allowing the secretion of the glandulae. Typonis to accumulate between the glands and prepuce.

The symptoms are, itching, pain, heat, an increased secretion—which becomes more or less purulent, swelling of the prepuce, or spreading which a quantity of matter issues forth, but with all this there is no pain on micturition. There may be a little hardening on the urine dribbling on their ulcerated prepuce, however, but this soon passes away. There may be pain on erection. The glands being tightly embraced by the swollen prepuce, which is unable to retract—and very often Phimosis exist to a certain extent, rendering it difficult.
Balanitis

to make a diagnosis and determine whether there be a concealed chancre or not.

"Treatment" in simple cases free of leucorrhoea, glans and prepuce quite sufficient changed three or four times a day—it may or not be medicated. Solutions of sulphates of zinc or copper useful when the leuc cannot be introduced.

The best treatment in doubt when it can be done is to wipe the parts clean first, and then to pass lightly over the parts a stick of nitrate of silver. This often cures the disease at once after the cauterization, a bottle of lead's water, black wash or may be used, and dry lint held between the parts. If phymosis is present causing constriction excision may or may not be required; most likely the cauterization will be sufficient, if not and gangrene thick

or excision may be absolutely required. One must look out for the contrary occurrence, and take care least any chance paraphymosis should occur.
GONORRHEA.

How does the poison of gonorrhea act?—What real change does it produce in the uterus, and whether it causes a greater discharge from the canal, I have never seen this explained in any book, or even any attempt at explanation, that it causes irritation in the uterine glands, or an inflammation there, causing a discharge is well known, but how does it do so?

If I inject a drop of gonorrheal pus into a healthy uterus, an inflammation is set up with its products of pus, but it must be some other more than mere inflammation, for I cannot suppose that pus taken from a common inflammatory sore of a mucous membrane would cause a discharge, pus being generally considered of a bland and protective nature. How then does the pus issuing from the sore in the uterus become so virulent as gonorrhea is in a local disease, and the blood not contaminated? It seems on being first secreted, ought to be laudable pus, or if from cachetic states of the body,
Lymphosheen (vulgaris of old authors)
it is not as is called Lymphosheen pus still.
The blood does not, cannot, secrete and
elaborate from itself, gonorrhreal pus, if
gonorrhreal is not a blood disease. Nevertheless
the fure from the time of his exit from the
meatus, if not before, is virulent and able
to produce matter like itself. Whenever
it can find a suitable locality, how does
it become so choosy? The chulk of infected a
infected pus, setting up the irritation, get
dissolved in the newly secreted healthy pus
and thus infect it - a choice is finding a suitable
niche grow and increase endogenously, mingling
with the healthy pus, or can each poison
pus cell infect a certain number of healthy
pus cells, and then die. They in their turn
infecting other, till at last the poison seems
spent out, having got too weak to infect
any more; so the discharge is not at all
times equally virulent. As some irritation
settles in the solids of the parts, thus curing
the pus as soon as elaborated, another the
plasma from which the pus is found to be

Gonorrhoea (treatment)

come in some way deteriorated, and poisonous.

"Treatment" as all inflammations tend

to cure, so does gonorrhoeal inflammation,
and it is stated, that most of them would
痊愈 themselves in a week or so, if they had
a fair chance, if patient would confine
himself to bed, or at least to a recumbent

posture, for a few days, support the organ well,

drink plenty of mucilaginous drinks, to render
the urine as bland as possible. Lie low, in fact
consider himself an invalid for a short time,

but as most people will not submit to this
plan of treatment, but rather do contrariwise,

for fear of being found out, other plans of
treatment become necessary. I will enume-
rate a few below, each of which has its advan-
tage and disadvantages.

Dr. Carmichael recommends, (if one can catch
the disease at its very commencement), injections
of nitrate of silver 10 per. to the ounce. This is very
likely to cure the disease at once, if peremptor-
y, antiphlogistic diet be carefully carried out
afterwards. The injection may have to be repeated
Gonorrhoea. (Treatment of)

A better plan seems to be to use a solution of nitrate of silver, two parts to eight ounces, about twelve times—once injection every six hours at the same time to take copaiba in cubets, and of course rest, supporting the back, and the other usual antiphlogistic remedies according to the common principles of surgery. If the patient is seen late, and acute stage come on, bleed to the premunum, warm bath, diuretics, mucilaginous drinks, horizontal posture, suspensory bandage, etc., etc. As necessary, chordce is to be combated by camphor and opium, sleeping on a mattress, instead of a featherbed. Retention of urine by rest, mucilaginous drinks, warm bath, perhaps, in extreme cases, catheter must be used. Hemorrhage best restrained by pressure on premunum—cold drinks, cold enemates.

One of the most obstinate remains to be treated of gonorrhoea is gleet—it often defies all treatment. Injections of sulphate of zinc have been used, copaiba, cubeb, turpentine, castor oil, and a host of other medicines have been given.
Gonorrhoea. (Complications of)

internally with and without success, cold or
boiling seems to have done good, as also brown
bathing. Mr. Milton has recommended a long
marrow list to be applied to the penis, and he
says he has treated obstinate cases. He with
almost instantaneous success. All remedies
that stone and brace up the body would be
of service, whilst on the other hand, every
care should be taken against excess of
every sort. Swelled testicle, or more correctly
speaking, swelling of the epididymis. "Epi-
didymitis" is a serious complication of gon-
orrhoea, unless taken care of, and proper-
ly treated. The treatment must be in pro-
portion to the intensity of the disease; rest
even in bed is essential if much constitutional
disturbance, bleeding from the arm may be
regarded, followed by bleeding. Taking care
not to apply the leeches to the scrotum, pubes,
indeed to any part where much loose cellular
tissue abounds, but to the penis at high
fear one minute nauseating dose, will be useful
if there be great distortion will pain of the tunica
Sympathetic compression of the testis with strip of adhesive plaster is used by Mr. Reid, and apparently with great success. "Warts" or vegetations may be treated by numerous remedies—warm solution of acetic acid, tincture of collodion, tincture of hemlock, and ichthyol ointment. Mr. Acton recommended nitrate of silver, caustic soda, and conium. Sulfate of zinc, also by Professor Lister, in the removal of cancerous and cancerous growths would be useful, but undoubtedly if patient would submit incision is by far the most preferable mode, and perhaps in the end the least painful. The bleeding is of little consequence and may be beneficial. Scissors should be placed on the incised parts when the bleeding has stopped.
Syphilis

This disease, caused by contact or inoculation, is generally divided into three stages, each having distinct characteristic marks and signs, called the primary, secondary, and tertiary symptoms of syphilis. The primary symptoms of chancres, must arise from contagion from a similar chancre and mostly from illicit intercourse. The secondary symptoms may arise in a variety of ways, it may arise after chancres, it may be seen in infants at birth, it may be seen in infants who have been infected through infant (Breast) and other ways are mentioned. The origin of the disease, I have attempted to discuss before, but the true fact may be confessed, we know very little about it.

The primary stage of syphilis is the stage of chancres or ulceration, caused generally as mentioned above from contact with the discharge of a similar ulcer or chancre. Chancres appear on different parts of
Lues (syphilis)

The penis of the male, or the labia minora, vagina, or uterus, of the female.

The most common place in the male is on the inner surface of the prepuce, or the frenum, merely because those parts are least liable to be washed, and because in the coitus of these, the poison is most liable to hide and lurk without being seen or washed away. Chancres seem to attack pretty equally the different parts of the female organs, which not being so amenable to washing (as in the opposite sex) are more liable one would imagine to be concealed, unless indeed, the greater amount of secretion acted as a sort of protection against the poison.

Chancres are of different kinds, and are more or less mucuscrously divided by different authorities. Some (and I believe the best authorities) made out four different kinds, others divide them into many more. The common
SYPHILIS (PRIMARY)

chance is simply a superficial excoration, and will heal of itself, if unfavourable circumstances or from three to five weeks. When properly treated, perfect civilization may be obtained in from eight to ten days. Chances in the medulla will of course take a longer time being initiated by the urine, &c. The secondary eruption that follow this sore, are generally of the popular variety (Lichen).

The second kind of chance, consists of an ulcer, with an elevated edge (but not with an indurated base). This ulcer often happens in persons of a cachectic state of body; it is most like a simple popular ulcer. Spectacular eruptions "erythema" follow mostly this kind of sore. The third kind of chance, the ulcer with an indurated base, commonly called the Hunterian chance. Though not very painful, it is for the worst, as regards contamination of the system. The occurrence of secondary symptoms &c.
Syphilis (Primary)

There being no active inflammation going on in the part, merely absorption may be retarded, but by its painlessness, deluding the patient, who often fancies it a mere simple blister. There is not much the more with him, whilst all the time the absorption of a terrible poison is going on, bursting out afterwards suddenly on the unsuspecting patient. This ulcer, sometimes healed over, the induction how ever remaining, and if by any chance irritated, such as by applying caustic to it, with the idea of causing absorption of the induction, or any other way inflammation may be set up, ulceration often of the indolent kind set up, causing at first pain, sometimes great, to the patient and remaining long stationary and indolent (he feels about it big, perhaps congested) unless constitutional remedies are given. I have seen an ease of this kind, remaining stationary for some weeks with great congestion of the
Syphilis (primary)

Prepare, heal in week, under the influence of Iodide of Potassium (that is the more ulceration) and Sarsaparilla, with local application of Sulphate of Copper but no sooner had the sore healed, when secondary symptoms appeared, which disappeared in about three weeks. Iodide of Mercury taken depresses pustules, are the eruptions which follow the kind of sore.

The fourth class of sore consists of what may happen to any of the other in ulterior states of the constitution. "Phagedena". "Toughing ulcer" "Toughing Phagedena" are very likely to occur in persons in whom from the states of their system Phagedena would have occurred in any other sore. This kind of ulceration is seen in persons in whom nutrition is imperfect; serofulous persons for instance. "Toughing ulcer" may occur in some way, in person entirely free from syphilitic poisoning. These
Syphilis (primary)

Scurvy, on account of the intensity of local inflammation, least liable to be followed by contamination of the system, offering a marked contrast to the painter harmless-looking third class of sore.

Tubercular eruptions, prone to ulcerate, must perforce follow the class of sore.

"Treatment." The treatment for all these kinds of sores, is in the early stage, pretty much the same, for whether he, a simple excision, or an Hunterian Chance, when the surgeon is doubtful of its character, or not, his duty, plainly is to run no risk of secondary affections. If he can possibly avoid them; and he can easily avoid this risk, if he see the sore early (within four days said Ricord) by counterizing them strongly, an operation not attended with pain, worth mentioning, moreover, if it is not a chance, still as harm is done, but a deal of good. The mind, both of patient and surgeon, being relieved, and the itself is worth
Syphilis (primary)

any little pain, caused by the operation. After the cauterization, lint is placed on the sore, medicated or not, rest in recumbent posture, elevation of the organ by a suspensory bandage is enjoined. The penis may be wrapped in a piece of lint dipped in warm water. After the separation of the slough, if the ulcer has put on a healing tendency, well and good, treat it as a simple healing ulcer, but if still presenting an unpromising aspect, cauterize it again, and again, until it does so. If the cauterization be effectual, no internal remedies needed. I have seen Sulphate of Iron (dried and pounded very fine, and placed in the cavity of the ulcer) used instead of the Nitrate, under the idea that the Nitrate, after the separation of the slough, left a pus secreting sore, but that the Sulphate did not, but as all surfaces healing by granulation, secrete a bland protective pus, I do not see, how this is
SYPHILIS (primary)

In the one case in which I saw it tried, it caused more than was intended, and after the excision of the ulcer, the appearance of the sore was such, that to make all sure, the nitrate of silver was applied. I should think the dried Salpeter of zinc, as recommended by Dr. Simpson, for the removal of cankerous, and cancerous matters, would be beneficial in these cases, seen too late for the application of the Nitrate, and for which Potassa fusa is generally used. If the ictus of treatment fail, or the surgeon sees the sore too late, he must treat it on general principle. Though even here, the application of the nitrate is useful, to expedite the healing of the sore, for it is a well-known fact, that the longer the duration of the sore, the greater the chance of systemic contamination. Calomel applied to the sore, in the shape of black and white, is very generally used; if the sore is inflamed...
Syphilis (syphilitic)
apoultrie may be useful, if indolent pressure
may be applied. If the sore of the second
class be obstinate in healing, and always in
the indurated sore, if acritic treatment
has failed, mercury should be given till
gums are slightly affected (as more than this
is required) the doe soon shows signs of
amendment, but in the Hunterian sore, the
mercury must not be given till all
signs of induration has vanished, though
externalization may have happened
long before. Mr. Acton says (p. 264) "indurated
chance then will deal without any general
treatment. The employment of mercury
is not absolutely necessary, but if not
had recourse to, we run the risk of a sim-
pile indurated chance, assuming a pha-
ydralic appearance." In the fourth class
of sore the plan of treatment varies much,
high authorities differing directly one from
the other, some recommending poultices &c.
others are for destroying the unhealthy mass
at once by agency of a powerful escharotic,
Syphilis (primary)

It is in doing this, surgeon, ought to be careful to

thoroughly wipe up the superabundant moisture,

and get the surface of the sore quite dry before

applying the caustic. The common cause of

failure consists simply in applying the

carbo-thermal, not to the surface of the sore,

but merely to the moisture, which is always

plentiful in these kinds of sores. The

carbo-thermal, never in reality touching the

sore, but getting dissolved in the moisture.

After the carbo-thermal, a warm poultice to

cause separation of the substances must be

applied. The primary are, in these

cases always out of order, therefore a per-

nagative may be useful, if there is great

irritability, give an opiate, three or four

times a day. This kind of sore, often undergo

simple treatment, changes its character.

by removing patient into better ventilated

apartments, pure fresh air being indeed

very desirable, all important. Mercury is

withheld in this kind of sore, making

it worse, if given. Sores on the penis,
Buboes are sometimes of secondary origin, secondary eruptions may happen on the penis as well as on other parts of the body, and ulcerations may follow. They may be diagnosed by their history, the length of time that has elapsed between their occurrence and the period of contamination etc.

Buboes.

By a venereal bubo, it is meant an enlargement of an inguinal gland, or glands, proceeding to suppuration or not caused by absorption of virus from a chancre, and this usually takes place during the period of healing of the primary sore, absorption being then busy (not during the period of ulceration).

It may however occur at any time from a debouch, too much exercise etc. being then merely an extension of the inflammatory process; hence Mr. Rice's classification of them into "Bubos by Absorption", "Bubos by imitation"...
Buboes

As a chance is considered the exciting cause, "Age, Sex, Temperament, "Hygienic conditions," the "Situation of the chance," may be considered a playing important parts, as predisposing causes; else Buboes would be much commoner than they are.

Buboes generally commence during the second week of the chance (that is the time when ulceration is about to cease) rarely during the first week; pain may be the first symptom, or chivering sometimes fever is the first symptom. They may be acute or chronic.

Syphilitic Buboes, especially if acute, generally attack but one gland. The chronic, one or more but both kinds as a rule fix on the glands, situated above Boupard's ligament. Buboes below this ligament often cause from irritation about the leg, foot, toes &c.

The prophylactic treatment consists in curing the primary sore as soon
Buboes.

as possible, suspend the penis if sore on it, rest in recumbent posture &c. If the swelling however comes on, cold applications, rest &c. should be enjoined, and pressure may be applied by means of a hack, and a figure of eight bandage. In either Vienna or Berlin (forgotten) buboes are cured, by simply placing large flax stones on them, no other treatment being used. If there is no chance of resolution, and this is very often the case, on account of the specific nature of the disease, poultices, warm applications must be sedulously used, when there is distinct fluctuation, evacuate the matter by a free incision. It is well to destroy the gland by protaparasis, if the suppuration has formed chiefly between and the skin; thus assisting towards elimination of the poison, and the healing of the toe.

Chronic bate, in its different forms of subacute, indolent, may be treated by
Syphilis (secondary)

rest, low dirt febrictions with the poison of Potassium, which may also be given internally; a blisters is often of great use when other remedies fail.

Secondary Symptoms

Secondary and Tertiary symptoms, occur as a consequence of the absorption into the circulation of the syphilitic virus, which sets up a fever, followed by eruptions differing in character and degree. Secondary eruptions may occur independently of chance, as seen in the new born child; in the woman infected through her infant, or according to some observers directly through the semen of her husband.

"Temperature," "Temperament," "Clothing," "Use of Spirituous liquors," "Age," "Sex," are all placed among the predisposing causes. The constitution of the individual himself does not appear to be of much importance in this matter.

As Blisters, are very often not fol-
Syphilis (secondary) is followed by secondary eruptions, and many persons have secondary symptoms, who have never had Rubbes. Mr. Acton thinks that the poison is absorbed by the being. Mr. Erasmus Wilson is fully convinced that there is only one kind of syphilitic poison, and that all the varieties of its manifestation are due to modifications in the poison itself.

The period at which syphilitic eruption manifest themselves varies. The earliest period was a week, but generally from six weeks to two months after the primary one, is the most usual time; sometimes however weeks, even months may elapse before their appearance. The cure the patient takes of himself, the avoidance of all things deteriorating and weakening the system all tend to the delay; how long this delay may last, or whether it can be made perpetual, has not been determined.

The secondary eruptions of the skin, are
Syphilis (Secondary)

Divided by Mr. Acton into five classes

I. Exanthemata

II. Papular affections

III. Vesicular eruptions

IV. Purpuric

V. Tubercular

These eruptions as a rule do not itch like other eruptions, and this alone might be of use in the diagnosis.

How does the syphilitic fever differ from other fevers or exanthemata?

As a rule, the exanthemata last fourteen days, and then the patient never has them again in his lifetime; but a person afflicted with syphilis (rarely) has the fever and then a state of comparative health, then another attack of the fever, then again comparative health, and at last the attacks cease.

The poison seemingly having been eliminated and the patient in quite well, at least as
Syphilis (secondary)

Syphilis is continued.
The syphilitic fever may be considered as acute recurring fever in a person of a cachectic state of body, produced by a specific poison in the blood (Laycock). The effects of the syphilitic fever are mental and nervous depression and prostration, congested fauces, with sore throat, congested and muddy conjunctivae, congested and discolored skin, the congestion partial or general, and assuming the form of an eruption. There are also neuralgic pains. In all these, it bears a close resemblance to the scarlatematos fever, measles, smallpox, the nervous depression, showing the stagnating influence of the poison, the congestion of the fauces, showing the effort made by nature to expel the poison. Thus, and the eruption, showing that the poison is being eliminated by the skin. Dr. Laycock, as mentioned above, considers the recurring attacks, as acute recurring fever. Erasmus Wilson considers that the diffusion
Syphilis (secondary)

between the skin tumors, and the syphilitic fever to be, is that the former are acute, the latter chronic. The effect of the syphilitic poison on the body, is for the most part destructive, both upon the tissues and the blood, or vital action of the blood; it may either cause loss of function in a part, causing baldness for example, or a contrary effect, causing a sort of new action, as when pigment is deposited. Metastasis may also happen. The termination of syphilis properly treated is in health (Lagoe) but if patient it a has been in a cachectic state, anemic, scrobutic &c. the inflammation may also take on a cachectic state, and thus syphilis may terminate fatally. Treatment of syphilis consists in limiting supply, encouraging waste, the manner of bringing this about, however, differs greatly in different countries, and among different practitioners. For instance, mercury (or this disease) very little used in Edinburgh, much more so in London, and still more so...
Syphilis (secondary)

I believe in Paris—There is in fact, no certain proof that syphilis can or cannot be cured without mercury (Laycock)

All superficial sores, attacking the derma & mucous membranes, may be cured without mercury; just as variola, rubella may be cured without it, but as in these diseases, internal inflammations may arise requiring mercury, so, in all deep seated and dangerous inflammations of syphilis mercury is just as necessary (Laycock)

D. Laycock thinks that syphilis sometimes terminates in a critical discharge, like many other diseases, sweating for instance and the sweat has generally in these cases an intense peculiar odour.

D. Laycock thinks that syphilis may cure itself after a succession of attacks, lasting from nine to eighteen months. In ordinary cases, keep patient in proper state of health, increase and excite the functions of the secreting organs of the body, keep the body warm; even perspiring by warm clothing & temperature
Syphilis (secondary)

by diaphoretics, such as sarsaparilla and grains, stimulate the action of the kidneys, liver, bowels, and the other secreting organs, give a moderate allowance of good plain nourishment; in fact, get rid of the poison, through all the organs you possibly can. All this can generally be done without mercury, but if Tertius or any serious inflammation come on, then as in any other inflammations, mercury may be necessary.

As a rule now-a-days the use of mercury in syphilis as an antisyphilitic (not as an altaria for chronic scaled inflammation) is limited to the Hunterian chancres, and the popular eruptions (comprising, "Squame", "Lepra", "Fouassier") given sufficient quantity to touch the gums, and none, salivation not being requisite. For this purpose, two or three grains of calomel, with half a grain of green sight, and morning will be sufficient. It ought to be remembered, not it is of no use giving mercury in those cachectic states of the body, in which the gums are naturally
Syphilis (secondary).

incline to ulcerate, in these cases, you would ulcerate the gums before the system was affected.

Mercury, undoubtedly, is a great and powerful eliminator of the system, and by its power of
breaking away the appetite, and the rapid evacuation it cause, it certainly fulfils
the great principle of treatment, viz. limit supply, encourage waste; but as all these
indications can be fulfilled by other remedies
slower perhaps but infinitely more safe,
it is preferable to employ them as their
abuse does not leave those dire lasting effec,
most surely following the abuse
of mercury. Indeed those affection of the
bones of the nose, and palate, those violent
inflammations of other bones, and their peri-
ostea, are seldom seen, never seen,
in those cases, in which mercury has not
been used, or rather abused, in fact,
those grievous affections are not consid;
as syphilis; but mercury syphilis is the
combined effects of two different poisons.
Syphilis (Tertiary)

Tertiary symptoms generally occur after the third and fourth class of sores. As a rule, they are not severe, unless mercury has been abused. The skin is liable to be affected by troublesome tubercular eruptions, which degenerate into ulcerable sores. These eruptions, especially liable to happen after the fourth class of sore, the elementary canal is liable to suffer at either extremity. The face getting congested and ulcerated, painful ulcers appearing on the edges and tip of the tongue, the cheeks and gums of tongue swell, condylomaata and fissures appear at and about the anus; chronic swellings of the neck and glands behind the ears be of tumeul hotsen. The bones also, especially those most exposed (with their periosteal investments) viz, the tibia, ulna, or frontis are liable to a chronic inflammation, leading to the formation of nodes, sometimes caries may happen. The affection of the bone of the nose and palate, only happen in the very worst cases, and as mentioned above, one
Syphilis (tertiary)

Therapy, owing to the combined influence of syphilis and mercury.

Tertiary symptoms are now generally treated by the Iodid of Potassium given in doses of from two to five grains or more, three times a day; it is useful in all cases, particularly in those cases in which mercury has been used or rather abused. In the affections of the bones and periosteum, if cure the absorption of the effused matter; the disappearance of the swelling, oftentimes in a wonderfully short space of time. After a fair trial of the remedy, small doses of Bichloride of Mercury, with some vegetable tincture infusion, will oftentimes effect a cure. The Iodide may be given along with it some times with advantage. As a rule, it is better not in these cases, to puncture the swelling, to let out the effused matter, the power of the Iodide to cause absorption being so well known. In very obstinate affections of the skin, after the Iodide, the different preparations of arsenic may be tried with advantage. In the tubercular eruptions, following the
Syphilis (in the female)

Fourth class of cases, mercury is carefully restrained from, but nevertheless, after theiodide, & all preparations of arsenic have failed— we are driven to mercury, given very guarded doses, and oftentimes with a successful result. Sarsaparilla, quassia, and other diaphoretics may also at the same time be administered.

Syphilis in the female, differs in no respect from the same disease in the other sex except in its site & cause. Gonorrhea in them, is generally not so painful, nor so liable to cause complications, and is on this account more liable to last the longer; the inconvenience and distress being oftentimes so slight, that medical relief not being sought, the disease is allowed to run its own course, oftentimes aggravated by neglect & uncleanliness. Recur. I believe, this disease to be of less frequent occurrence in females than in males, though he cannot find out a reason for this peculiarity.

William Taylor, M.D.