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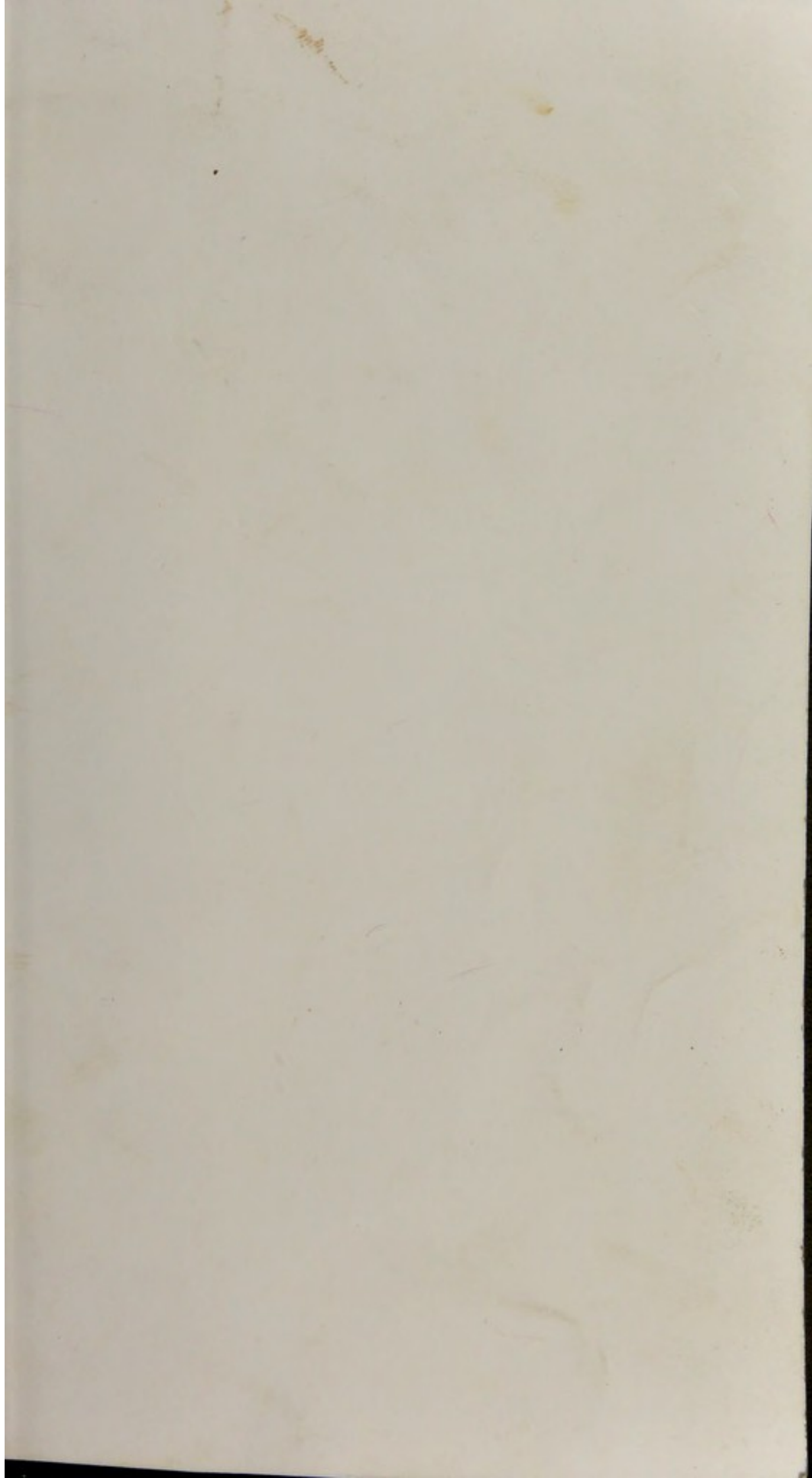
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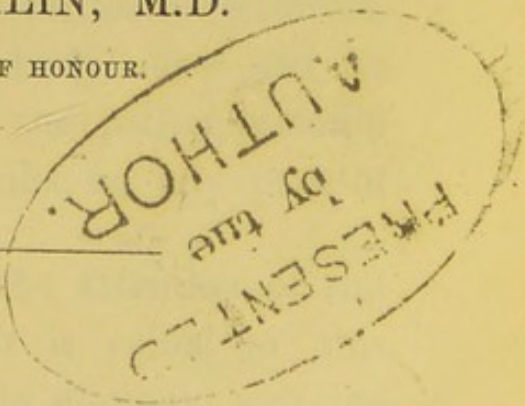
PROOFS
 OF THE
 NON-EXISTENCE
 OF A
 SPECIFIC ENTHETIC DISEASE

ADDRESSED
 TO THE
 SECRETARY OF STATE FOR WAR



BY
 DAVID MACLOUGHLIN, M.D.

MEMBER OF THE LEGION OF HONOUR.
 &c., &c., &c.



1863

LONDON :

PUBLISHED BY CHURCHILL & SONS, NEW BURLINGTON STREET.

PROOFS
OF THE
NON-EXISTENCE
OF A
SPECIFIC FETTERED DISEASE

LONDON :
PRINTED BY ROBERT KERR, 81, CHANCERY LANE, W.C.

IN THE
SECRETARY OF STATE FOR WAR

BY
DAVID M. WOODGATE, M.D.
FELLOW OF THE ROYAL SOCIETY
OF MEDICINE

1892
LONDON:
PUBLISHED BY GIBBONS & SONS, NEW BURLINGTON
STREET.

The object in view for calling the attention of the Secretary of State for War to the following pages, is,

- 1.—That no Medical Practitioner who is acquainted with Medical Science, and who respects himself, can, at the bedside, point out what are the pathognomonic symptoms of a primary syphilitic ulcer, on the genitals, or on any other part of the body.
- 2.—That it follows, that if the best Medical Practitioner, who is acquainted with Medical Science, and who respects himself—cannot, at the bedside, point out what are the pathognomonic symptoms of a primary syphilitic ulcer, on the genitals, or on any other part of the body—how can he point out, at the bedside, the pathognomonic symptoms of secondary syphilis, on any part of the body?
- 3.—In the interest of the army the attention of the Secretary of State for War is called to this subject, as the pathology, the etiology, and the Medical treatment of this so-called syphilitic

disease, has never been scientifically studied by the Army Medical Department, and as their medical treatment is Empirical, and annually commits great ravage in the army, depriving the army of the services of thousands of men, if not destroying the lives of hundreds.

4.—And the attention of the Secretary of State for War is called to this subject, as he is in the position to have the pathology, the etiology, and the Medical treatment of this so-called syphilitic disease scientifically studied; and to render, thereby, the greatest service that can be rendered to humanity in general, and to the army in particular.

DAVID MACLOUGHLIN, M.D.

Member of the Legion of Honour.
&c., &c., &c.

London, 14th January, 1863,

34, Bruton Street, Berkeley Square, W.

To the RIGHT HONOURABLE THE SECRETARY OF STATE FOR WAR,
EARL DE GREY *and* RIPON, &c., &c., &c.

MY LORD,

The War Office has, for these some years past, inquired with great attention into the means to improve the hygienic state of the army.

But there is another question of greater importance which is the base of all sanitary measures, and which the War Office has neglected to investigate—I allude to the pathology of the diseases which particularly afflict the army.

The War Office assumes, that all diseases to which the soldiers are liable are well known; and that the Medical officers of the army are well acquainted with the pathology, and with the Medical treatment of such diseases.

Therefore, when an epidemic of any kind breaks out amongst the troops, no commission, composed of Medical Officers, well acquainted with Medical Science, is appointed to go to the bedside—there to study the rise and progress of the disease—to collect facts, and to draw rational conclusions from these facts, and to publish these facts and conclusions for the benefit of the public and of the army.

But, as was seen in India, in 1861, a commission is

appointed to inquire into the outbreak of an epidemic—not composed of Medical officers, but composed, in majority, of gentlemen who have never studied Medical Science, who do not know a disease if they went to the bedside; and of gentlemen who have the name of Medical Gentlemen, but who have not the experience of Medical Practitioners.

Or, an important medical inquiry is referred to one gentleman, not to go, however, himself to the bedside and there to study the rise and progress of the disease, but to receive the reports of other Medical Gentlemen, and without being aware if these reports are correct, to draw up his report—which report is published by the Government, and which, consequently, commands respect; and is accepted, without examination, as correct by the whole world; and after having destroyed millions of the human race, is at last found to be the result of untutored imaginations.

I refer to the report on cholera, published in 1820, by Mr. James Jameson, under the patronage of the Indian Government; and also to that report on cholera, published in 1824, by Mr. William Scot, and also published under the patronage of the Indian Government.

These two gentlemen, in their reports on cholera, completely overlooked the first stage—the most essential stage of the disease—and fixed their attention, and that of the whole Medical world, on the last stage of the disease—that, when, too often, the heart has ceased to contract—when the blood has ceased to circulate—when, too often, the individual is past all human aid; and

then they recommended a medical treatment completely opposed to the pathology of the disease, and which assists the disease to destroy life. And although forty-six years have elapsed since these errors were committed by the above two gentlemen, and that thousands and thousands of men belonging to the army have been destroyed by this disease, assisted by the medical treatment, the War Office has never attempted to have this disease scientifically studied ; and if it were the will of Providence to inflict another outbreak of this disease in the army, it would find the army medical department no better prepared to meet such an event than they were in 1817.

But not only has the War Office never attempted to have the pathology and the medical treatment of cholera scientifically studied, but it has, without examination, repudiated the scientific studies relative to the pathology and to the medical treatment, which were undertaken to benefit the public and the army, and which have received the approbation of the scientific Medical world.

It has been stated above that Messrs. James Jameson and William Scot, by their reports on the pathology and medical treatment of cholera, had overlooked the first, the most essential stage of the disease, and had fixed their attention on the last stage of the disease.

In 1853 the first scientific inquiry, in any country, was carried out here in London, under the eyes, and with the valuable assistance of the Registrar-General Major Graham, and the gentlemen of his department,

as to the pathology and medical treatment of cholera ; and the result was the proof that Messrs. James Jameson and William Scot had misled the Medical world as to the pathology and Medical treatment of cholera, and, I repeat, had been the cause of the destruction of millions of the human race.

And the results obtained by the inquiry in 1853 were confirmed by the inquiries carried out by all the Medical Practitioners in charge of Hospitals, Unions, etc., etc., in England and Scotland.

See the Registrar-General's Weekly Report of Births and Deaths for 1853 and 1854,

See the Reports at the General Board of Health from all the Hospitals, Unions, etc., etc., in England and Scotland for 1854.

When the army was in the Crimea, and almost paralysed by cholera, all that an individual could do was done to render the result of these researches useful to the army. But no notice was taken of his representations, and it followed that the Commander-in-chief and thousands of men of that army were hurried into untimely graves.

When, in 1861, cholera broke out in the army in India, attention was called to the necessity to have this disease scientifically studied by the Army Medical Department.

But the answer received was—“*that the pathology, and that the Medical treatment of this disease, were well-known to the Army Medical Department, and that no further study of this disease was required.*”

And it followed that the views of Messrs. James Jameson and William Scot, as to the pathology and Medical treatment of cholera, were adhered to, and that the country had to deplore the loss of above 3,000 valuable lives.

By the Army Medical State's Report for 1861, it is seen that another disease, not less injurious to the army than cholera, rages in the army—I refer to syphilis.

The War Office has assumed that, as syphilis has occupied the attention of the civilised world for nearly four hundred years, consequently that the pathology and the Medical treatment of this disease are also well known, and require no further study.

But, with your lordship's leave, I will place before you the opinions of the first French and the first English Medical Practitioners, on the pathology and the Medical treatment of this so-called syphilitic disease; and I will analyse their opinions, and I will point out the result of this analysis for your lordship's information.

These gentlemen are answerable for their opinions—I am answerable for the analysis of their opinions.

When this is done, your lordship will see, that in the interest of humanity, that in the interest of the public, and that in the interest of the army, this so-called syphilitic disease ought to be studied scientifically by the Army Medical Department.

But, before bringing under your lordship's notice the opinions of the most distinguished Medical Practitioners with whom I have had opportunities to consult for nearly fifty years—relative to the pathology and Medical

treatment of the so-called syphilitic disease—permit me to place before you what have been the opportunities I have had to see, and to study, this disease at the bedside. Others will tell you what right I have to express an opinion on its pathology, and on its Medical treatment.

I have served in the army, and I have had my share of practice—whether in the army in this country, or on foreign service—or in private practice in Paris, or in London.

When I entered the army, in 1811, I was sent to Portugal. Then all ulcers on the genitals were considered to be syphilitic, and the Medical treatment was mercury, till salivation was induced. The consequence was, that many lives were lost, scores and scores of men suffered the cruelest mutilation that man can suffer, and hundreds and hundreds were rendered unfit for military duty.

At the same time that the Portugese Medical officers treated these ulcers on the genitals as non-syphilitic ulcers; by simple ablution, and without mercury, they cured their patients sooner than us, and without any bad consequences. *See Dr. Ferguson's—Inspector-General of the Portugese Army Medical Department—paper, in the 4th vol. of the Medical and Surgical Transactions, published 1819.*

After the peace in 1814, I was doing duty in Dec. 1814, at Fort Pitt Hospital, Chatham. In January, 1815, two men were admitted into my wards one morning, both having had connection with the same woman the day before—both had ulcers on the genitals.

With these two men I determined to try the experiment, to administer mercury to one, and to do nothing for the other—but to order him to keep the ulcers clean by ablution, night and morning.

This man was discharged, cured, eight days after his admission, and he might have been discharged three days before, but I kept him in hospital to observe what might occur. I accidentally saw this man some months after perfectly healthy.

The unfortunate man, to whom I administered mercury, went from bad to worse; his ulcers increased. I obtained the best Medical advice for him I could lay my hands on. No expense was spared; and had he been the Regent of England, he could not have had more zealous and more devoted care bestowed on him than he received from all the Medical officers of the hospital at Fort Pitt.

But mortification came on, and two months after his admission we had to lament his loss.

After the army entered Paris, in 1815, I was attached to the hospital at St. Denis, where I had charge of the syphilitic patients.

While at St. Denis, I took the opportunity to visit and to attend the civil hospitals in Paris, devoted to the treatment of the primary and secondary stage of this so-called syphilitic disease.

In the beginning of 1816, I was on duty at the General Hospital at Valenciennes. The garrison of Valenciennes was composed entirely of English troops. The municipal law, relative to the fallen

women, was rigidly carried out by the French authorities.

Yet an epidemic outbreak of ulcers on the genitals occurred, that could not be accounted for on the score of connection with infected females. *See Dr. Evans'—then Surgeon of the 57th Regiment—Report*, published in 1819.

I had my share of such cases in the General Hospital. I gave no mercury, and my patients were cured rapidly, by attention to ablution of the ulcers night and morning, and by keeping the patient in bed.

Since 1816, either while I remained in the army, or since I have been in private practice—now forty-five years—I have never prescribed one grain of mercury, for the cure of ulcers on the genitals, and I have the satisfaction to meet, occasionally, friends and former patients of mine—so treated without mercury, for ulcers on the genitals,—themselves, their children, and their grand-children, perfectly healthy.

On the return of the army of occupation from the north of France, in 1818, I was placed on half pay. I settled in Paris as a Medical Practitioner, and for seven-and-twenty years, I had the opportunity to see this so-called syphilitic disease, both in the public hospitals and in private practice, and to consult with the first Medical Practitioners in France; who had, and who have European reputations, on this disease. And with your lordship's leave, I will now place before you, in alphabetical order, the names of these gentlemen, with their

opinion on the pathology and Medical treatment of this so-called syphilitic disease.

ALIBERT, Doctor and chief Physician to the Hospital St. Louis, in Paris, well known in the Medical world as the author of a celebrated work on the diseases of the skin, with plates.

This gentleman was in the habit of stating in his public lectures at his hospital—and I have had opportunities to hear him repeat the same in private consultations—that he considered all ulcers, on the genitals, or any chronic ulcer on any other part of the body, or any cutaneous eruption on the body, which could be cured by mercury, to be syphilitic.

But if he were informed that the patient never had had connection, his reply was, "*he has inherited this disease from his father, or his mother, or from his grand-fathers, or grand-mothers, &c.*"

BIET, Doctor, also one of the Physicians of the Hospital St. Louis, in Paris, and also one of the best authorities on diseases of the skin.

His opinion was that no Medical Practitioner could point out the diagnosis between a primary syphilitic, and a non-syphilitic ulcer on the genitals; or on any other part of the body.

But that every medical practitioner, acquainted with his profession, could point out the diagnosis between a syphilitic and a non-syphilitic eruption on the body—in other words, secondary symptoms of syphilis.

CULLERIER, Doctor, (Nephew) Médecin de l'Hopital du Midi à Paris (Lock Hospital of Paris).

This gentleman stated—both at the bedside, in his hospital, and in private consultations—that he considered all ulcers on the genitals, or chronic ulcers on the lips, the tongue, or in any part of the throat, as syphilitic, and to be treated by mercury.

DUPYTRAIN, Baron, Professor of Surgery, and chief Surgeon to the Hospital (Hotel Dieu, in Paris), with whom I have had frequent opportunities of consulting, relative to this supposed syphilitic disease. He used to say, that the very fact that an ulcer was on the genitals, was for him the proof that it must be a syphilitic ulcer.

But if the patient told him he had not had any connection for a year, then he said that the individual had caught the disease at the water-closet; and every eruption in the skin, which lasted above ten days, was, according to him, syphilitic; as also ulcers in the throat, on the tongue, &c., and to be treated by mercury.

MARJOLIN, Doctor, Professor, and chief Surgeon at l'Hopital Baujon. At an important consultation in 1827, where there were thirteen Medical Practitioners, he admitted that he was not aware that there was any Medical Practitioner that could point out the diagnosis between a primary syphilitic, and a non-syphilitic ulcer on the genitals, or on any other part of the body.

RECORD, Doctor, Surgeon de l'Hopital de l'Urbine—also a Lock Hospital. At a public consultation, two-and-twenty years ago, at which were present some Medical Practitioners, now of London, Dr. Record was brought to admit that neither by the eye, or by the touch, could he establish a diagnosis between a primary syphilitic

and a non-syphilitic, ulcer on the genitals, or any other part of the body. But that he could establish this diagnosis by *inoculation*.

ROUX, Doctor and Professor, Surgeon-in-Chief of Hopital de la Charité. He also considered that all ulcers on the genitals, and all chronic ulcers on any part of the body, and that all cutaneous eruptions, and all ulcers in the throat, that could be cured by mercury, were syphilitic.

It is seen above, that we have here before us the opinion of seven Medical Practitioners, who, in France, were, and are, held up as the best authorities on the pathology, and on the Medical treatment of this so-called syphilitic disease, and whose opinions are looked up to as authorities in the Medical world, in all countries, up to this day.

From what has been stated above, four of these gentlemen, Drs. Alibert, Cullerier, Baron Dupytrain, and Professor Roux, never attempted to study the pathology of this so-called syphilitic disease, so as to be able to establish a diagnosis between a primary so-called syphilitic, and a non-syphilitic, ulcer, on the genitals, or any other part of the body. They assumed that all ulcers, on the genitals, were syphilitic ; and that all chronic ulcers, on any other part of the body ; and that all cutaneous diseases, that could be cured by mercury, were syphilitic.

These opinions are empirical, not scientific ; and deserve no attention from pathologists, and from scientific Medical Practitioners.

It was stated above that Professor Marjolin, at an important consultation in 1827, where there were thirteen Medical Gentlemen consulted, admitted that he was not aware that any Medical Practitioner could point out the diagnosis between a primary syphilitic and a non-syphilitic ulcer on the genitals, or on any other part of the body; and that for his part he did not know of any.

In a not less important case, Dr. Biet gave it as his opinion that no Medical Practitioner could point out the diagnosis between a primary syphilitic and a non-syphilitic ulcer on the genitals, or any other part of the body.

But that every Medical Practitioner, acquainted with his Profession, could point out the diagnosis between a syphilitic and a non-syphilitic eruption on the skin.

The case for which he was consulted was the following:—

A young gentleman, aged 16 years, had connexion with a female of the town. This was the first time he ever had had connexion. The next day he had connexion with another female of the town.

The day after he presented himself to a Medical Practitioner, with an excoriation on his prepuce. He was directed to have a warm bath, to wash the excoriation night and morning with warm water, and to take some cooling medicines.

Three days after this he was quite well.

Three days after, being quite well, he dined at a

public-dinner. He got intoxicated, so much so as to be obliged to be carried to bed. During the night he was taken very ill, with vomiting and purging, and with a severe attack of nettle-rash. He was so ill that a consultation was called. These gentlemen prescribed a warm bath and some medicines, which eased him very much, and he had some hours sleep.

In the morning his whole body was *maculated*, wherever he had rubbed himself strongly, in consequence of the nettle-rash ecchymosis had occurred. The Medical Gentlemen in attendance on him pronounced this ecchymosis to be secondary symptoms of syphilis. Other Medical Practitioners were called into consultation, who expressed a doubt that this was a case of secondary symptoms of syphilis; and, by mutual consent, Dr. Biet, then the highest authority on cutaneous diseases, was called in.

He at once pronounced these ecchymosis to be true eruptions of secondary symptoms of syphilis.

It was certain that this young gentleman never had had connection but with these two females of the town.

These two females were found. They were carefully examined by Dr. Biet and the gentlemen composing the consultation. They were found perfectly healthy.

Their register at the police was referred to, and they never had been reported as being attacked with ulcers on the genitals. The Surgeon-Inspector was requested to examine them, and he reported them as being in perfect health.

Thus, therefore, it is evident that the best authority, then in France, on cutaneous diseases, was not aware what are the pathognomonic symptoms of syphilitic eruptions on the body.

Dr. Ricord, whose name is mentioned above, is a gentleman well-known in the Medical world, as having paid great attention to the pathology of the so-called syphilitic disease.

It is stated above, that two-and-twenty years ago, at a public consultation in Paris, relative to the pathology of this disease, Dr. Ricord admitted that there were no pathognomonic symptoms by which it was possible, either by the examination of the ulcer, by the eyes, or by the touch, to establish the diagnosis between a so-called primary syphilitic and a non-syphilitic ulcer on the genitals, or on any other part of the body; but that he could establish this diagnosis by *inoculation*.

Thus, he said, if the ulcer is syphilitic; the pus taken from this ulcer and introduced under the cuticle, by inoculation, will produce an ulcer similar to that from which the pus has been taken.

If the ulcer is not syphilitic, the pus, taken from this ulcer, will not induce, by inoculation, an ulcer.

But Dr. Ricord forgot to state, that if the pus is taken from a supposed syphilitic ulcer, while in a state of active inflammation, it will induce an ulcer, by inoculation; but that if the pus is taken from this ulcer, when it is in a state of chronic inflammation, it will not induce an ulcer.

Is it not known to every surgeon, that a common

wound, on any part of the body, will, while in a state of active inflammation, secrete pus that, too often, inoculates the surgeons' fingers or hands, and induces supuration and troublesome ulcers, if not the loss of the hand, or the loss of life ?

Therefore, with these facts before us, we must conclude that *inoculation* is no proof that an ulcer on the genitals, or on any other part of the body, is syphilitic; and, therefore, we must conclude, that since the above four Medical Gentlemen, Dr. Alibert, Cullerier, Baron Dupuytrain, and Professor Roux, although they had European reputations, as they never had studied the disease scientifically, and as they treated it empirically, we must conclude, I repeat, that they were totally unacquainted with pathology, and with the rational Medical treatment of this so-called syphilitic disease.

We must further conclude that Professor Marjolin, on his own admission, doubted the existence of this so-called syphilitic disease.

Again, we must further conclude that Dr. Biet, by his own showing, knew nothing of what are the pathognomonic symptoms of a primary syphilitic ulcer; and we have seen above, that in an important case, he signally failed to point out what are the pathognomonic symptoms of secondary syphilitic eruptions.

And last, by Dr. Ricord's own admission, he was unable to point out, either by the examination by the eyes, or by the touch, what are the pathognomonic symptoms between a primary supposed syphilitic, and a non-

syphilitic, ulcer on the genitals; or on any other part of the body.

And as to being able by inoculation, to establish this diagnosis, it is evident that Dr. Ricord has brought forward an error, to maintain another error.

And, finally, it follows, that in France, the Medical Profession know nothing of the pathology of this so-called syphilitic disease, and that their Medical treatment is empirical.

With your lordship's leave, I will now place before you, the names and the opinions of the first English Medical Practitioners, who have a right to have, and to give, an opinion on this pathological question.

But, before doing so, I feel it a duty to express my grateful acknowledgments to the gentlemen who have been so kind as to favour me with their opinions on the question I am now endeavouring to call attention to, and who have allowed me to make what use I pleased of their opinions.

As I am seeking, only, for truth; if, by careful examination of their opinions—founded on careful recorded facts—I can throw any light on the pathology of syphilis, they will be the first to thank me.

If I fail, they will be the first to be grateful to me for having mooted this question.

The deplorable event which occurred in the wards of the Hospital at Fort Pitt—of which I had charge in the beginning of 1815—as stated above, caused me to pay

more attention to the pathology of this so-called syphilitic disease—than is generally done ; and since 1815, I never lost an opportunity to ascertain the opinions of the best informed Medical Practitioner on the pathology of this disease ; and your lordship has above the opinions of the best Medical Practitioners in France

And the same motive, which prompted me to study zealously this disease while I resided in France, prompts me now to call your lordship's attention to this so-called syphilitic disease, as you are in a position to render humanity in general—and the army in particular—the greatest service that can be rendered.

But, before I submit to your lordship, how you can benefit humanity, and the army, permit me to place before you the opinions of twelve of the first English Medical Practitioners, who also have European reputations—on this question.

BELL, SIR CHARLES, Professor of Surgery.

I was invited, in 1818, to hear a lecture on syphilis, delivered by the late Sir Charles. He had heard what the Army Medical Officers had observed in the Portuguese Army, that is, to consider ulcers, on the genitals, as simple, and not caused by a syphilitic virus, and so treated these with success—without mercury, and without any bad consequences.

Sir Charles fully expatiated on this, to him, error. He pronouncing the so-called Hunterian chancre as pathognomonic of the existence of a syphilitic virus, and to be cured, only, by mercury.

COOPER, SIR ASTLEY, Bart.

In 1818, I brought a friend to consult Sir Astley, and, in the course of conversation, I put the question to him; what were the symptoms, according to him, pathognomonic, of a primary syphilitic ulcer?

He unhesitatingly informed me—that he knew of no symptom to establish a diagnosis between a syphilitic and a non-syphilitic ulcer.

That he had, long since, made it a rule, in the interest of his patients, not to give a decided opinion on this subject.

That if he were to pronounce, at once, that the ulcers before him were but common excoriations—or common ulcers, and required no medical treatment but ablution and rest, such was the dread of syphilis, that his patients might seek for other advice, and might fall into the hands of empirics, who might destroy their constitution by mercury.

Therefore, he hesitated to give a decided opinion. He was guided in his plan of treatment, according to the impression on his patient's mind. If his patients were under alarm, as to the nature and consequence of their ulcers, he prescribed a very small quantity of mercury, internally, to satisfy his patients that something was done to eradicate the virus; in the meantime ablution, rest, etc., was enjoined, and a cure soon followed.

If his patient was a strong minded man, he enjoined rest, ablution, and some cooling medicines; and success here, also, attended this practice.

COOTE, HOLMES, Esq., Surgeon and Lecturer on Surgery at the St. Bartholomew's Hospital, states,

- 1.—That he believes in the existence of one syphilitic virus, only; and that it is generated in the female, wherever the condition attending prostitution prevails—this is, one woman receiving many men.
- 2.—That this poison produces ulceration; the character of the ulcer being chiefly dependant upon the nature of the tissue on which it is seated.
- 3.—The ulcer, with the indurated base, is, almost without exception, found on the loose tissue, connecting the prepuce and the glans penis.
- 4.—The induration ceases when the ulcer is situated on the firm tissue of the glans.
- 5.—The absence or presence of the hard base constitutes no distinction whatever between syphilitic and non-syphilitic ulcers.
- 6.—The indurated ulcer is rarely seen in women, in whom constitutional symptoms are as common.
- 7.—The "soft chancre" is equally the result of the syphilitic poison, and liable to be followed by constitutional syphilis.
- 8.—He considers that syphilitic ulcers present appearances by which they may, almost always, be recognised.
- 9.—The test of inoculation is a liable source of fallacy.
- 10.—All sores may be successfully treated without mercury; but some require it more than others.

THOMAS CURLING, Esq., F.R.S., Surgeon, London Hospital, says,

That it is often very difficult to ascertain by the eye, if an ulcer on the genitals, or on any other part of the body, be syphilitic or not.

That according to him there are two kinds of syphilitic ulcers.

- 1.—That ulcer having a hard base, and known by the name of *Hunterian chancre*.
- 2.—That ulcer, having no hard base, and known as the soft ulcer.

In the first ulcer, that with the hard base, there will occur buboes; but these seldom ran into suppuration. This ulcer is generally followed by secondary symptoms.

The soft ulcer, on the genitals, is, almost always, followed by buboes, which soon suppurate, and are often difficult to be cured.

He doubts that inoculation can assist, as a true diagnosis, as to what ulcer is, or is not, syphilitic.

He believes that syphilis can remain dormant in the constitution for years; then to break out on the individual, and manifest itself in his offspring.

FERGUSON, WILLIAM, Esq., F.R.S., Professor and Surgeon, King's College Hospital, &c., &c., &c., says—

As to the primary syphilitic ulcer on the genitals,

That he considers the so-called Hunterian chancre as the best proof we have that it is caused by a syphilitic virus.

That yet, he has seen ulcers on the genitals, with a hard base, which were not syphilitic. *

Therefore, that it requires great caution, before pronouncing that an ulcer on the genitals is syphilitic, or non-syphilitic.

As to the secondary symptoms of the so-called syphilitic disease, too much caution cannot be exercised by the Medical Practitioner—that such, and such symptoms, are secondary symptoms of syphilis.

And as to establishing a diagnosis between a syphilitic and a non-syphilitic ulcer on the genitals, by the eye, or by the touch, or by inoculation, he does not believe that this can be done.

GASCOYEN, GEORGE GREEN, Esq., Assistant-Surgeon, Lock Hospital.

He has no doubt that the ulcer, on the genital organs, which has a hard base, and which goes by the name of the Hunterian chancre, is a true syphilitic ulcer.

But he adds, that there is another ulcer, which is also syphilitic.

This has no hard base. It is, as it were, punched out of the parts. It is readily inoculable. There are small, unhealthy granulations at the bottom of the ulcer, often accompanied by buboes. The discharge from this ulcer resembles ordinary pus—is of a pale yellow colour, &c., &c.

The first ulcer—that known by the name of the Hunterian chancre—if not promptly and properly cured, is followed by secondary symptoms. These are ulcerated in the throat, or ulcers on the lips, or tongue, eruptions on the skin, of a pale yellow colour, falling off of the hair, &c., &c., &c.

He believes that the second kinds of syphilitic ulcer, if left to itself, will, often, be cured by the efforts of nature, and is not, when promptly cured, usually followed by secondary symptoms.

As to the possibility of establishing a diagnosis between a syphilitic, and a non-syphilitic ulcer on the genitals, by the mere ocular examination, he believes this, in the majority of cases, impossible; and as to inoculation, he believes to be, *per se*, the best test—though not infallible.

He considers that there is no *one* certain means of establishing a diagnosis between a syphilitic, and a non-syphilitic ulcer; but that by making a careful examination, and attentively noticing the several diagnostic points, between the two kinds of ulcers, in the majority of instances, it is possible to distinguish the one from the other; and, finally, he believes that syphilis, once acquired, can lay dormant in the constitution, and be transmitted to the offspring.

LANE, JAMES ROBERT, Esq., Surgeon to the Lock Hospital:—

Question 1.—Two ulcers on the genitals being given, one a self-created ulcer; the other, the result of supposed impure connexion. Can a diagnosis be established between these two ulcers, by the mere inspection by the eyes?

Answer.—An ulcer, originating spontaneously; as, for instance, in Herpes. Or an ulcer produced by mechanical abrasion in sexual intercourse, as from the prolonged contact, with irritating secretions; as, for

instance, gonorrhœal discharge, cannot, in all cases, be distinguished at once by ocular inspection from a true syphilitic ulcer. But the progress of the case will, in most instances, soon clear up the doubts.

Question 2.*—Is inoculation a certain test, that the ulcer, from which the matter was taken, is a syphilitic ulcer ?

Answer.—Inoculation, the result being *positive*, is a certain test that the ulcer, from which the matter is taken, is truly syphilitic. But the negative result of inoculation does not necessarily prove the non-syphilitic character of the ulcer, since the inoculation may have failed from various causes.

Question 3.—Is it your opinion that syphilis can remain dormant in the constitution, so as to be transmitted to the third or fourth generation, without having manifested itself in the intermediate generations ?

Answer.—My opinion is decidedly against the possibility of any such transmission.

LAWRANCE, WILLIAM, ESQ., F.R.S., Senior Surgeon to the St. Bartholomew's Hospital. etc., etc., etc.

Question 1.—What are the diagnostic symptoms between a primary syphilitic and a non-syphilitic ulcer on the genitals, or on any other part of the body ?

Answer.—This question is too vague to admit of any satisfactory answer. Which of the several primary syphilitic ulcer or ulcers is meant ? and what is the affection alluded to as a non-syphilitic ulcer ?

Primary syphilitic affections include excoriations, ulcer-

ations—generally superficial—varying in size, form, number, and other details ; or superficial ulcer, accompanied by induration, varying in the degree or situation of the hardness, phagedance and sloughing. They differ from other diseases of the same parts, not only in local characters, but also in their history and in their progress.

The nature of syphilis, as I understand it, includes, 1st.—Primary sores, occurring after an interval varying from a few days to six or seven weeks, from connexion with a diseased person who indulges in, more or less, promiscuous intercourse. There are other less frequent modes of infection, such as application of the poison to a raw surface ; inoculation ; or communication from a pregnant mother, labouring under constitutional symptoms, to her offspring. 2nd.—The possible communication of the disease, so contracted, to healthy persons. 3rd.—The occurrence of secondary symptoms in an uncertain and undefined number of the primary cases.

Question 2.—Can inoculation assist us in establishing a diagnosis between a primary syphilitic and a non-syphilitic ulcer ?

Answer. — I have never practised inoculation of syphilis, having originally felt a repugnance to the proposal, having seen or heard of very serious mischiefs from the proceeding ; which seems to me, from the published of others, perfectly useless as a means of diagnosis or guidance on treatment.

Question 3.—In all cases of syphilis, is mercury the chief medicine to which you trust ?

Answer.—Mercury is not only useless, but hurtful, in the sloughing primary affection, which is easily managed by other means ; and has not been followed, in my experience, by secondary symptoms. I think mercury the best general remedy in other forms, without believing it absolutely essential, or resorting to it in all cases, or under all circumstances.

Question 4.—Do you believe that syphilis, once acquired, and not radically cured by mercury, can remain dormant in the constitution, and be transmitted to the offspring ?

Answer.—This question includes the subjects of radical cure ; the length of time during which the disease may be said to remain dormant, with liability to re-appearance or communication, and the transmission of it to offspring. It is extremely difficult to collect a sufficient quantity of clear evidence on these points to form the base of positive statements. It would be necessary to know, accurately, in each case, the state of health of two or more persons, for periods, not only of months, but of years. Again, the strong motives for concealment and misrepresentation which exists when syphilis occurs in married life, detracts, seriously, from the trustworthiness of accounts received from patients.

To my knowledge there is no collection of such histories ; nor do I know of isolated cases in which the necessary conditions of trustworthiness was combined.

When primary syphilis has been cured, whether without the use of mercury, and no secondary symptoms

has occurred, there is, in my opinion, not the slightest grounds for fearing transmission of disease to offspring.

When primary syphilis has come to an end, either under the use of mercury or without its employment, secondary symptoms may or may not ensue. I consider the probability to be greater in the latter, than in the former instance; but the evidence on this point is not sufficiently abundant and strong to have commanded the general assent of the profession.

If a female, having completely recovered from the primary symptoms, should become pregnant, and remain free from disease during the full period of utero-gestation, I should not entertain the slightest apprehension on account of the offspring.

Should a person, so circumstanced, have secondary symptoms after parturition, and should the child continue free from disease, it would show that the so-called dormant state of syphilis is not dangerous to offspring; but, on this point, I have no direct evidence.

If, after the cure of primary syphilis, the person should remain perfectly well for twelve months, there is little chance of secondary symptoms, but such things may occur.

In the successive appearances of secondary symptoms, the appearances of secondary symptoms, the intervals, may be much longer. I have seen particular symptoms of unmistakable syphilitic character, after the patient had been from seven to ten years free from disease. Such instances are extremely rare, but their occasional

occurrence renders it difficult to speak positively on the subject of radical cure.

All these instances have been in males. I cannot believe that any disease could be communicated to a female, by cohabitation, during such healthy intervals.

I have seen instances, and others are recorded, in which women, who have been affected once, and once only, with primary and secondary syphilis, have produced, in three, or even four, pregnancies, either dead infants, or others, having been affected with syphilis after birth.

Healthy children may be brought into the world after two or three unfortunate occurrences of this kind.

LEE, HENRY, Esq., Senior Surgeon, Lock Hospital; Surgeon, St. George's Hospital, states,

That there are two kinds of primary syphilitic affections—

- 1.—That which he calls the suppurating syphilitic ulcer.
- 2.—And that which he calls the primary syphilitic induration, with, or without, a primary ulceration, or the so-called Hunterian chancre.

In the first kind of ulcer, that which he calls the primary suppurating syphilitic ulcer, this is, he says, a local disease, and he never has known it to be followed by constitutional symptoms.

This kind of ulcer is not benefitted by mercury. It may, in the first instance, be destroyed by caustic.

But, where a variety of applications have been made to this ulcer, it is, too often, tedious to cure it. If left to

nature, it goes on increasing for a time; then remains quiescent some time, and then begins to heal.

The second kind of primary syphilitic induration, with, or without, primary ulceration, or the so-called Hunterian chancre.

This kind of primary syphilitic indurated tubercle, or Hunterian chancre, is that kind of ulcer which is usually followed by secondary symptoms.

This kind of syphilitic infection, at its first appearance, generally, attracts but little attention. It is attended with no inconvenience, and the patient is willing to believe that it is all right. As the disease progresses, it assumes one of these forms, which are all modifications of the adhesive kind of action:—

1.—The cuticle may appear as peeled, from the upper part of the glans penis, or the prepuce, or a circumscribed patch may remain for days together, presenting a livid purple colour. The structures below are not infiltrated, to any extent, and, therefore, there is very limited specific induration.

The secretion consists of epithelial scales, and, and symphatic globules of various sizes, and more or less fully formed, is thrown off from the surface. In women, there is, probably, a corresponding affection of some part of the mucous membrane, not accompanied by induration; but, on account of the difficulties attending the investigation of these complaints in these organs in females, such a condition has not, therefore, been described.

2.—An indurated tubercle, with or without ulceration, may form in the skin, or under the mucous membrane, and will then present all the characteristics of the specific induration, without the loss of substance.

3.—The third ordinary form of syphilitic infection, is that which has been called the indurated Hunterian chancre.

It has been stated, that, according to Mr. Lee, the first kind of syphilitic ulcer, that which is called "*The Suppurating Syphilitic Ulcer*," is a local disease; that it can be cured by the simple application of caustic, or, if left alone, can be cured by the efforts of nature; that it does not injure the constitution, and that it is not followed by constitutional symptoms.

But that the second kind, that of primary syphilitic induration, or Hunterian chancre, the time has often been so long, between the time when the patient was infected, till he presented himself to the surgeon, that it is useless to attempt to eradicate the disease by caustic, or even by excision of the part. Mercury must be had recourse to, for a radical cure.

He says, that the diagnosis, between what he calls, the primary suppurating syphilitic ulcer, and a non-infecting ulcer, depends on the nature of the secretion, or in the existence of induration at the seat of infection, and in the inguinal glands, and upon the inoculability of the secretion, or second time on the same patient.

He further states, that inoculation, is, as a rule,

practicable on the same patient, from the secretion of a suppurating sore—never from an indurated sore.

And his opinion, as to the hereditary nature of syphilis is, that it frequently leaves some effects on the children, even when no distinct symptoms show themselves.

That, in other cases, these symptoms may show themselves up to the period of middle life; and, that in other cases, again the hereditary effects of syphilis may distinctly be cured in the third generation.

HARRIOT, Dr., Late Surgeon of the 6th Dragoon Guards (Carabiniers), says,

That he was in Sicily, with his Regiment, the 61st Foot, in 1808, where he remained about one year. That at that time ulcers on the genitals were very common, and that they were all considered to be syphilitic; and that they were treated by mercury. That he has seen scores of men attacked with what was then called the "Black Lion;" and who suffered the cruellest mutilation that man can suffer; and many men were rendered unfit for military duty, in consequence of the abuse of the mercurial treatment.

That the next year he went to Portugal with his regiment, and he served with the army in the Peninsula till the peace of 1814.

He further states that the ulcers on the genitals were as common in Portugal as he had seen them in Sicily; but as he was always in front, with the army, he had not so good an opportunity to see the result of the Medical treatment in the general Hospitals in Portugal,

as he had seen in Sicily. But from the testimony of others he apprehends that the result of the Medical treatment was as deplorable in the Peninsula, as he had seen it in Sicily.

At the same time he is aware that these ulcers on the genitals were as common in the Portugese regiments, as in the English regiments ; and that the Portugese Surgeon treated these as common ulcers, without mercury, and cured their patients without any unfavorable results.

After the peace he was for a couple of years surgeon to the 17th Foot ; and, subsequently, he was appointed surgeon to the 6th Dragoon Guards (Carabiniers), in which regiment he remained twenty-five years. His yearly Medical Returns, as to the health of the 17th Foot and 6th Dragoon Guards, are at the Army Medical Department ; and it will be seen by these that for seven-and-twenty years he did not administer one grain of mercury in any form, for the cure of ulcers on the genitals ; and that he had never had one single case of secondary symptoms, either in the 17th Foot or in the 6th Dragoon Guards.

Having had great opportunities to see and to study these ulcers on the genitals, he is not aware of any means to establish a diagnosis between a syphilitic and a non-syphilitic, ulcer, on the genitals, or on any other part of the body.

He believes that syphilis, if there is such a specific disease, is not transmissible from the parent to the offspring ; at least, he has never seen such a case.

PARTRIDGE, Richard, Esq., F.R.S., Professor and Surgeon to King's College Hospital, &c., &c., &c., says,

That he cannot, the first day that an ulcer is remarked on the genitals, say, that that ulcer is syphilitic, or non-syphilitic.

That, in a day or two, after the ulcer has been observed on the genitals, if it has acquired a hard base, then he concludes that the ulcer is syphilitic, and he prescribes small doses of mercury.

But, he is also aware, that ulcers on the genitals, in consequence of the want of proper ablution, etc., etc., etc., may have a hard base, and, therefore, it becomes an impossibility to establish a diagnosis between a primary syphilitic and a non-syphilitic ulcer on the genitals, by the hardness at the base of the ulcer.

He doubts that we can, in all cases, establish a certain diagnostic between a primary syphilitic, and a non-syphilitic ulcer, by inoculation.

His doubts, also, extend to the secondary symptoms, indicated by eruptions on the skin, etc., etc., etc., with regard to which, it is, in some cases, difficult, if not impossible, to distinguish those which have, from those which have not, a syphilitic origin—so also Iritis.

He believes that syphilis can be transmitted from parent to offspring.

SHAW, Alexander, Esq., F.R.S., Surgeon, and Lecturer on Surgery, Middlesex Hospital.

In answer to my question—"What is the diagnosis between a primary syphilitic, and a non-syphilitic, ulcer

on the genitals?" Mr. Shaw has been so kind as to address me the following letter:—

"Dear Sir,—If a young man, a patient, informs me, that five days or a week, or even longer, he had had an impure intercourse, and if I saw on his penis, a sore, circular, indurated, with a slightly moist circuitous surface, sharp edges, and red halo around, I would tell him he had got a syphilitic chancre, and that if he had connection with a female, he would give her syphilis.

"I would treat the patient himself, with mercury, subject to modifications that might arise, as the only known method of giving him any kind of protection from secondary symptoms.

"It is scarcely necessary for me to add, that all sores suspected to be syphilitic, are not truly so, and that the discrimination of them, is not always easy.

"But to enter on the subject of diagnosis, fully, would require a thick volume.

"Excuse me for this delay, and

"Believe me to be, yours truly,

(Signed)

"ALEXANDER SHAW.

"London, 22A, Cavendish Square, W.

"10th December, 1863."

The object in view, for calling attention to the pathology of the so-called syphilitic disease, is to point out that the Medical profession, neither in France nor in England, can, by ocular examination, or by the touch, or by inoculation, ascertain that an ulcer on the genitals, or any other part of the body, is syphilitic.

It has been shown above, that the French Medical Practitioners have not one single symptom by which they can, by ocular examination, or by the touch, or by inoculation, ascertain that an ulcer on the genitals, or any other part of the body, is a syphilitic ulcer.

Above are the names of twelve of the first English Medical Practitioners. Several of these are distinguished syphilidographers, who have devoted their mental energies, and their time, to the study of the pathology, the etiology, and the Medical treatment of this so-called syphilitic disease; and, yet, not one of these twelve English distinguished Medical Practitioners can inform us how to establish a diagnosis between a syphilitic, and a non-syphilitic, ulcer on the genitals, or any other part of the body.

Two of these twelve gentlemen—the late Sir Astley Cooper, Bart.; and Dr. Harriot—both having had great opportunities to see, and to study, this so-called syphilitic disease, have told us, that they knew of no diagnostic symptom between a so-called syphilitic, and a non-syphilitic, ulcer on the genitals, or on any other part of the body.

Ten of the above gentlemen have informed us that there are two kinds of syphilitic ulcers—one with a soft, the other with a hard, base.

Three of these gentlemen have said—1st Mr. Gascoyen, that the ulcer with a soft base, if left to itself, will often be cured by the efforts of nature; and is not, when promptly cured, followed by secondary symptoms. The 2nd, Mr. Lee, has said that the ulcer with a soft

base is a local disease—that it can be destroyed by caustic ; and that he never saw this ulcer, when healed, to be followed by secondary symptoms. And 3rd, Mr. Lawrance—an authority which every one respects—tells us that “*mercury is not only useless, but hurtful in the sloughing primary affection, which is easily manageable by other means, and has not been followed by secondary symptoms.*”

Therefore, since, according to the above three gentlemen, this kind of ulcer can be cured by the effort of nature ; this is, without the administration of mercury, we have a right to ask them, what proofs have they that this kind of ulcer is syphilitic ?

It is evident that they are satisfied that they have before them a syphilitic ulcer, but they have not the means to prove this, by the aspect of the ulcer.

Consequently, we have a right to conclude that this ulcer, with a soft base, is nothing more than a common, non-syphilitic, ulcer.

The above gentlemen, however, insist, that the ulcer with a hard base, or what goes by the name of the Hunterian chancre, is a true syphilitic ulcer.

Yet, Professor Fergusson, one of the above gentlemen, whose opinion on this question is second to none, tells us that he has seen, ulcers on the genitals, with a hard base, which were not syphilitic.

Mr. Partridge, a no less high authority, says, that ulcers on the genitals, in consequence of the want of proper ablution, etc., may have a hard base.

Mr. Holmes Cootes informs us, that the induration

at the base of the ulcer on the genitals, depends on the tissue on which this ulcer is situated; that this induration ceases when the ulcer is situated on the firm tissue of the glans penis, but is found when the ulcer is on the loose tissue of the prepuce.

Therefore, as three out of the above distinguished Medical Practitioners—at the same time that they call attention to the hardness at the base of an ulcer on the genitals, as being pathognomonic—that that hard-based ulcer is caused by a syphilitic virus—yet these three gentlemen warn us, that hardness at the base of the ulcer, depends on the tissue over which this ulcer is situated.

If any doubt remains in the minds of the remaining seven gentlemen, that hardness at the base of an ulcer on the genitals is not pathognomonic or a syphilitic ulcer, let them apply caustic to a healthy prepuce, and they will have an ulcer with an indurated base—a perfect, so-called, Hunterian chancre, which will leave a hard tubercle that may not disappear for months.

Therefore it follows that an induration at the base of an ulcer on the genitals, is no proof that this ulcer is syphilitic.

And, finally, as to the question of inoculation.

It has been seen above, when examining the opinions of the French Medical Practitioners, that inoculation is no proof that an ulcer on the genitals, or on any other part of the body, is syphilitic. Nothing that the English Medical Practitioners have adduced can do away with the fact, that inoculation fails to prove, that

an ulcer on the genitals, or on any other part of the body, is syphilitic ; and that, consequently, inoculation is an error put forward to maintain another error.

It follows, therefore, from a careful examination of the above twelve distinguished English Medical Practitioners, that they have no means—either by ocular examination, or by the touch, or by inoculation—to distinguish a primary syphilitic from a non-syphilitic ulcer, on the genitals, or on any other part of the body.

And as it has been also shown above that the no less distinguished seven French Medical Practitioners have no means—either by ocular examination, or by touch, or by inoculation—to distinguish a syphilitic from a non-syphilitic ulcer, on the genitals.

It consequently follows, that since we find by the above inquiry, that in France and in England, where the Medical Professors are second to those of no other nation in the scientific study and knowledge of their profession—since, I say, the Medical Profession in France and in England have not one pathognomonic symptom by which they can point out the distinction between a primary syphilitic and a non-syphilitic ulcer, on the genitals or on any other part of the body, we must conclude either that the so-called syphilitic disease has never been scientifically studied by the Medical Profession in France or in England, or that there is no such disease as syphilis.

The conclusion to which is here arrived at is not now stated for the first time. Two-and-twenty years ago, some Medical Practitioners, now in London, were pre-

sent, in Paris, at a public consultation, where—after having brought Dr. Ricord to admit that he could not point out, by ocular examination, or by the touch, the diagnosis between a primary syphilitic, and a non-syphilitic ulcer on the genitals, but that he could do so by inoculation ; I expressed the conviction at the moment, that I would live long enough to see it acknowledged by the profession,—that inoculation, as a test of the existence of syphilis, was an error brought forth to maintain another error

Although there is such a total want of knowledge of the pathology of this so-called syphilitic disease, both in France and in England, yet, happily, both in France and in England, there is not now that abuse in the use of mercury, in the treatment of this disease, as was formerly.

We no longer hear of, or see, in the hospitals, those distressing results from the abuse of mercury. Many careful Medical Practitioners now act as the late Sir Astley Cooper, Bart., did, fifty years ago. They prescribe fractional doses of mercury, to satisfy the patient that something active is done to cure him ; and, thereby, the patient is saved from falling into less scrupulous hands, time is gained, and nature cures him.

We have above the testimony of Mr. Lawrance, who informs us that mercury is injurious in the sloughing primary syphilitic ulcer.

We have the testimony of Mr. Holmes Coote, who tells us that all sores on the genitals may be cured without mercury.

And we have the authority of Dr. Harriot, who witnessed, in 1808, in Sicily, the abuse in the use of mercury in this so-called syphilitic disease, and the dreadful consequences which followed ; and who says, that for five-and-twenty years that he was Surgeon to the 6th Carabinier Dragoons, he never prescribed a grain of mercury, in any form, for the cure of ulcers on the genitals ; that he had, on an average, thirty patients a year with ulcers on the genitals ; that he merely prescribed ablution, rest, and low diet ; that he never had, during these five-and-twenty years, one case of secondary symptoms of syphilis.

Therefore we are led to doubt the existence of a so-called syphilitic disease, by the impossibility to point out the diagnosis between a so-called primary syphilitic and a non-syphilitic ulcer ; but we are led to doubt the existence of a so-called specific syphilitic disease by the fact that Mr. Lawrance tells us that,—in one kind of syphilitic ulcer the administration of mercury is injurious ; by the fact that Mr. Holmes Coote tells us, that all sores on the genitals can be cured without the administration of mercury ; and by the fact that Dr. Harriot has cured his patients for the last seven-and-twenty years without the administration of mercury, and that he never had one case of secondary symptoms.

In no disease is the benefit of medical knowledge more valuable than in this so-called syphilitic disease.

How often has not the Medical Practitioner in his hands,—the peace, the happiness, and even the life of

individuals—pure in mind and body—saved or destroyed by his word?

Nearly fifty years ago, two young friends of mine married; they left home on an excursion. About a week after marriage, the wife complained of a bubo in the groin. A Medical Practitioner was called in; he pronounced this to be syphilitic.

Her father, an eminent Medical Practitioner, was sent for. He satisfied himself that her husband was in perfect health; and the proof that this bubo was not syphilitic, was, that in a few days it disappeared.

But the unfortunate wife's mind gave way. She believed herself to have been deceived; and she was carried to her grave a few weeks after—believing herself to have been deceived and injured by her husband.

The unhappy husband prayed for death. He joined his regiment, in the hopes of being killed; and he fell the first time he went before the enemy.

In the case related above—also a newly married couple—where thirteen Medical Practitioners were called in consultation, Professor Marjolin, and one of the gentlemen consulted, declared, that the case before them, was not one of syphilis. The eleven others declared that this was a case of syphilis. The majority of voters were believed; and the result was the death of husband and wife, by their own hands.

I will take the liberty to mention another case, which occurred in 1829; which appeared in the public papers; and which caused a great sensation in the first classes of society.

A young couple belonging to the first rank of society married. A few days after marriage the husband observed something abnormal about his genital organs. He consulted a Surgeon of distinction, who, at once, pronounced this to be syphilis.

The husband requested the Surgeon to examine carefully, stating that he never had approached a woman till he married, a few days ago, his present wife: and that, from *material facts*, he was satisfied that he was the first who had approached her.

The Surgeon maintained his opinion to be correct.

The husband returned home, told his wife what the Surgeon had said; but he did not utter one word offensive to her. He retired to his room, wrote her a heartrending letter, and destroyed himself.

The unhappy wife submitted to every examination. She was found to be in perfect bodily health. Her mind gave way, and she died broken-hearted in a few months.

The report of such cases might be increased, as well as the report of less tragic cases, which every Medical Practitioner has met with.

The conclusion, to which it is wished to draw attention, is this: That, in our want of knowledge of the pathology of this so-called syphilitic disease, no Medical Practitioner, either in France or in England, can pronounce that an ulcer on the genitals, or on any other part of the body, is caused by a syphilitic virus; and that no Medical Practitioner, who respects himself, ought to declare that he has before him a syphilitic ulcer.

The question is put to me by a distinguished Medical Practitioner, who has a right to an answer. He says—What! Has the Medical world been labouring under a delusion for these last three hundred and fifty years, as to the existence of a syphilitic virus?

Is it probable, that so many eminent Medical Practitioners—who have devoted themselves to the study of this so-called syphilitic disease—is it probable, that none of these gentlemen have ever seen any reason to doubt the existence of a syphilitic virus?

I do not intend to enter into the question what induced the Medical Profession, in former years, to believe in the existence of a syphilitic virus.

All that I wish to contend for, is, that now—in the two most distinguished nations in the world, England and France, for their Medical Professors—not one of these gentlemen can point out the diagnosis between a so-called primary syphilitic, and a non-syphilitic, ulcer on the genitals, or on any other part of the body.

However, without entering into the question as to what induced the ancient Medical Practitioners to believe in the existence of a syphilitic virus, I submit the following facts; which are matters of history; and which may assist us to account, why the term, “Syphilis,” crept into Medical Science.

In the fifteenth century, a cutaneous pustulous eruption was epidemic in Europe. It was said to be contagious—to be communicated by the breath, by the touch, etc.

As the eruption was pustulous—as the genital organs

were as liable to be the seat of these pustules, as any other part of the body, and as these pustules were said to be contagious—the public, and the Medical profession, concluded that these eruptions were propagated by sexual intercourse—hence, the syphilitic virus.

But, says the syphilidographers, have we not proofs at this moment, that an individual, who has had, what is now called, syphilitic ulcers on the genitals, which have not been properly cured, by mercury, and which have left an induration on the prepuce; have we not the proof, they say, that this person, in a few weeks, or in a few months, will have unmistakable secondary syphilitic symptoms—such as ulcers in the throat, cutaneous diseases, postular eruptions on the skin, nodes, microsis, etc., etc., etc.

The first question we must ask the syphilidographers is, are these diseases pathognomonic of a syphilitic virus? or, can they be induced by no other cause than a syphilitic virus?

It is evident that if the above diseases can be induced by any other cause than by a syphilitic virus, the syphilidographers have no right to assume that the above diseases are caused by a syphilitic virus.

Thus every Medical Practitioner knows that males are more subject to ulcers in the throat, from the age of ten to forty years old, than females.

That these ulcers occur in consequence of indigestion, or of costiveness, or of a cold, etc.; and that they are cured by a mild laxation and rest in bed, in a few days.

As to cutaneous diseases.—Is it not known to the

As to cutaneous diseases, is it not known to the Medical Profession that cutaneous diseases were far more prevalent before the so-called syphilis was thought of? Did not the Arabian Physicians teach us to cure cutaneous diseases by the now-called mercurial ointment centuries before syphilis attracted attention? Hence the use of mercury for the so-called syphilitic disease.

And as to postular eruptions, nodes, necroses, etc., etc.

In 1775, the United States of America invaded Canada, under General Montgomery, and laid siege to Quebec for some months. The crops of wheat had failed that year in Canada, and especially at a place called "*La Baie de St. Paul*," on the eastern bank of the St. Lawrence. The presence of the American army increased the scarcity of bread.

Towards the spring of 1776, a postular eruption—attended with nodes, necrosis, etc.—broke out at "*La Baie de St. Paul*," and destroyed a great number of the inhabitants. It spread all over the country, and caused such alarm that the English Government sent Medical Officers from England with food and all kinds of comfort to Canada. This epidemic was supposed to be contagious; and was called by the Medical Profession "*The New Venereal Disease of Canada*." But it had this peculiarity, that although said to be contagious, in general the genital organs were not effected. See *Dr. Swedeor on Syphilis*.

Who does not at once see, in this epidemic outbreak of disease, the want of proper food as the cause.

That part of Portugal through which the French army advanced to the lines of Torres Vedras, in 1810, was laid waste by us, as to food for man and beast, as we retired before the French army. The French army, on its advance to, and on its retreat from, Torres Vedras, consumed and destroyed, the food for man and beast, which had escaped us; and the consequence was, that the inhabitants of that district were in a starving condition; although the English Government spared no expense to relieve them.

After the retreat from Burgos, in 1812, parts of the English army were cantoned in that district. I then was Assistant-Surgeon of the 61st Regiment, one of the regiments forming the 6th division of the army. I was in charge of the hospital of the regiment; and I devoted some hours, every day, to receive any poor inhabitant who wished for medical advice; and I thus saw hundreds of the poor creatures labouring under cutaneous diseases—phagedænic ulcer, nodes, necrosis, etc.

All those persons informed me, that they had been quite well previous to the entry of the French into Portugal; and they dated their illnesses from the want of sufficient food.

In 1816, the most of the crops were destroyed on the continent of Europe, by the deluge of rain that began to fall on the 16th June, 1816, and lasted, almost incessantly, till December.

At the end 1816, I was attached to the Head Quarters of the Cavalry Division of the English army of occupation; and I remained with the Head Quarters of

the Cavalry Division, till the army returned to England at the end of 1818.

While I was with the Head Quarters of the Cavalry Division, they were moved from Cassel to Mul, near St. Omer, to Hordengan, and to Pont de Borgue.

At all these places I made myself useful to the poorer class of inhabitants; and as a famine raged in France, from the end of 1816 to the end of 1817, and as that part of France, where the English Cavalry Division was quartered, was not excepted, I had great opportunities to see the deplorable effects of the want of sufficient food, in all kinds of cutaneous diseases, ulcers, postules, nodes, necrosis, etc.

Therefore, I submit, that the syphilidographers are not justified to insist that the so-called syphilitic diseases alone cause ulcers in the throat, cutaneous diseases, ulcers on the body, postules on the body, nodes, necrosis, etc.

But do we require a specific virus to account for the ravages that an ulcer on the genitals will cause to the human frame, and even to the destruction of life?

Is it not an almost daily occurrence that the slightest wound on the toes, or fingers, will induce buboes in the groin, or axilla; which, if neglected, suppurate, are very tedious to cure; and, too often, injure the constitution, and, too often destroy life?

And if such results attend the slightest wound on the toes or fingers, why should not the same consequences follow a slight wound on the genitals, without requiring the existence of a specific virus to account for any distressing result?

Were not ulcers on the genitals known to be dangerous for thousands of years before syphilis was thought of?

With every respect for the Jewish Faith, it cannot be admitted, at this time of day, that circumcision was a divine ordinance, no more than *ablatio nympharum*, as practised by some savage nations of Africa to this day.

Moses instituted circumcision as a hygienic measure, to uncover the glans penis, and to prevent any foreign substance being detained between the glans and prepuce, and thereby to prevent balanitis and ulceration, and their consequences—so common in warm climates to men not circumcised. And to insure the performance of this mutilation, it was declared, by Moses, to be ordered by the Divinity.

Does not Celsus, in the eighteenth chapter of his sixth book, nearly fourteen centuries before syphilis was thought of, inform us of the danger of ulcers on the genitals?

Therefore, it does not require the presence of a syphilitic virus, to account for the injuries to the constitution, and even for the destruction of life, which may follow ulcers on the genitals.

To resume—

1st. Since the two most celebrated nations in the world, England and France, for their pathological Professors.

2nd. Since these pathologist Professors, cannot, at the bedside, demonstrate the presence of a syphilitic virus.

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- 3rd. Since all the consequences of the presence of this supposed syphilitic virus, may be induced, and are induced, by known and natural causes, irrespective of a syphilitic virus.
- 4th. Since all the consequences of the presence of this syphilitic virus, may be, and are cured, without the administration of its supposed specific remedy, —mercury.
- 5th. We must conclude that there is no such thing as a syphilitic virus.

There is another supposed enthetic disease, which rages in the army—the pathology, the etiology, and the Medical treatment of which, is as little known to the Medical world, as the pathology of syphilis.

I refer to gonorrhœa.

It is the received opinion in the Medical world, that this disease is contracted by the male, only, by connection with a female labouring under gonorrhœa.

But where is the Medical Practitioner, who knows his profession, and who can demonstrate the existence of gonorrhœa in a female?

And where are we with our affirmation, that gonorrhœa can be contracted only by having connection with a female labouring under gonorrhœa? When we meet with individuals, who, previous to an attack of gout, and without having had any connection for months, are first seized with balanitis, and then, suddenly, with a severe gonorrhœa, chordee, etc., which lasts a few days; then ophthalmia, probably, comes on, and then the balanitis

and the gonorrhœa are better, then the joints are better, and the balanitis, the gonorrhœa, and the ophthalmia, disappears; but, if the inflammation suddenly disappears from the joints, the balanitis and the gonorrhœa reappears, and a troublesome gleet remains, which cannot be cured—but by bringing on another fit of gout in the joints; or, where are we with our diagnosis, if we find an individual attacked with gonorrhœa, in consequence of cutting a tooth? See *Hunter's Work on Venereal Diseases*.

But it is not my intention to enter into the inquiry, the etiology, and Medical treatment of gonorrhœa.

Finally, it has been stated above, that your lordship is in a position to render the greatest service that can be rendered to humanity in general, and to the army in particular.

It has been demonstrated above, that the first Medical Professors, in England and in France, are not able to point out, at the bedside, the presence of a syphilitic virus.

As the first Medical Professors in the world cannot point out, at the bedside, the presence of a syphilitic virus, how can it be expected that the Army Medical Officers can be able to point out, at the bedside, the presence of a syphilitic virus?

As the Army Medical Officers have their patients under their charge, and as they can watch over the health of their patients for years, they are in a better position to study, scientifically, the question, as to the existence of a syphilic virus, than any other Medical Practitioners.

The War Office have an army of upwards of 400,000 men, distributed in various parts of the globe, and a staff of about 1500 Medical Officers, also distributed in various parts of the globe.

If the attention of these 1500 Medical Officers were directed to the study of the pathology, the etiology, and Medical treatment of this so-called syphilitic disease, and if the researches of these 1500 Medical Officers were carefully and scientifically recorded; in a few months there would be an amelioration, as to this so-called syphilitic disease, in the army,—the Army Medical Officers would not go on as they are now going on—to consider every ulcer, on the genitals, as syphilitic, and to be treated only by mercury.

And, with submission, if from these 1500 Medical Officers, a commission were formed to visit all the Lock Hospitals in this country, to see cases, and to learn the opinions of the Medical Gentlemen in charge; and then to visit the Lock Hospitals on the Continent—there, also, to see cases, and to learn the opinions of the Medical Gentlemen in charge; then, after their return home, to publish the opinions of the several Medical Gentlemen in charge of Lock Hospitals, whether here, or on the Continent of Europe, with the result of their own researches, and observations.

I am satisfied that the result would be a total revolution, as to the pathology, the etiology, and Medical treatment of this supposed syphilic disease, which, annually, might save thousands of men to the ranks of the army—if not hundreds of lives.

I will not take the liberty to press on your Lordship's attention the result of my experience for these last forty-seven years, in the Medical treatment of this supposed syphilitic disease, without mercury.

But, with your Lordship's leave, I will take the liberty to press on your attention, the testimony of a distinguished Army-Surgeon, who has official documents to support his statement. I refer to Dr. Harriot, late Surgeon of the 6th Dragoon Guards, Carabineers, who informs us, that, for five-and-twenty years, he treated all ulcers on the genitals without mercury; and without having had one single case of secondary symptoms; and, he adds, that your Lordship has, at the Army Medical Department, his yearly medical reports, in support of his present statement.

In conclusion, it is hoped, that your Lordship may see, in the facts that have been brought forward, that in the interest of humanity in general, and of the army in particular, that the pathology, the etiology, and the medical treatment of the so-called syphilitic disease, ought to be scientifically studied.

Before closing this letter, I hope your Lordship will further permit me to call your attention to the necessity that wherever troops are assembled, there means ought to be provided where the men can daily wash their genital organs; and that they ought to be warned, that it is the part between the glans and prepuce that requires greatest attention.

And, further, to carry out these hygenic measures, the men ought to be subjected to a medical examination

once a week. It ought to be pointed out to them that it is an act of humanity to themselves to have this medical examination.

I have the honour to be, my Lord,

Your obedient servant,

DAVID MACLOUGHLIN, M.D.

Member of the Legion of Honour.

Since writing the above, a distinguished friend of mine, who devotes himself to the study of hygienic questions, especially connected with the army, has put the following questions to me:—

- 1st.—Is the examination of the unfortunate females in Paris, conducive to prevent the spread of syphilis?
 2nd.—Are men, *ceteris paribus*, less liable to be attacked with syphilis in Paris than in London?

I will alter the word “syphilis” in the above questions to the word “injury.”

As to the first question.

The examination of these unfortunate females is an act of humanity towards them; and I have the testimony of one of the Surgeon-Inspectors, that the examination, so far from degrading these unfortunate females in their own estimation, tends to awaken in them a feeling of respect for themselves—gratitude for the care taken of their health; and often recalls them to a better state of existence.

And if there is such a disease as syphilis, the examination must tend to prevent its spread.

And as to the second question.

I doubt that men are less liable to be "injured" in Paris than in London.

Having a doubt as to the existence of a syphilitic virus, when consulted by a patient in Paris, with an ulcer on the genitals, if he were willing to mention the name and address of the female with whom he had had connexion. As a satisfaction to myself as to the nature of the ulcer I had before me, I spared no expense to arrive at the truth.

The Inspector of these unfortunate females, or a Surgeon, was requested to examine and to report if the female was injured or not.

I regret that I have not kept an account of these unfortunate females, who were thus examined; and how few, very few, were reported to be injured.

It has been seen above, that I was at Valenceinnes, in the spring of 1816, where the examination of these females was carefully carried out; and the very few that were found injured were immediately sent off to the hospital at Lille. Yet, the so-called syphilitic disease, was an epidemic in the garrison. The number of men injured was out of proportion to the females injured; and it was quite impossible to accuse those few unfortunate females, of having injured the number of men that were found injured.

See Dr. Evans'—the Surgeon of the 57th Regiment—report, published in 1819.

In conclusion—In my opinion, from the number of men that I have found injured, where the females were found not to be injured, it is the man who injures him-

self; not the female who injures him. And, in support of this opinion, I refer the medical reader to *Mr. John Hunter's work on Syphilis*, published in 1835, by Mr. Bell; and, at page 316, it is stated—"A gentleman, in the act of copulation."

Such cases as that, I have repeatedly seen in soldiers, and in the higher grades of society; while on service with the army, and in private practice.

