

**Letter to His Grace the Duke of Somerset, First Lord of the Admiralty,
relative to the question is there a syphilitic virus? / by David Macloughlin.**

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LETTER

TO

HIS GRACE THE DUKE OF SOMERSET,

First Lord of the Admiralty,

RELATIVE TO THE QUESTION

IS THERE A SYPHILITIC VIRUS ?

BY

DAVID MACLOUGHLIN, M.D.,

MEMBER OF THE LEGION OF HONOUR

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1865



HIS GRACE THE DUKE OF SOMERSET

RELATIVE TO THE CASE

IS THERE A SYMPHATIC VIBRATION?

DAVID McKEOWN, M.D.



PRINTED BY CHURCHILL AND SON, LONDON



P R E F A C E.

The Admiralty and the War Office having been pleased to give way to the eloquence of facts, and to appoint a Medical Commission, composed of scientific medical practitioners, to study and to report, whether there is, or whether there is not, a syphilitic virus: therefore it is to be hoped that these two departments will see that every assistance be given to this Commission, so that it may be enabled to perform their duty efficiently.

The Commission need not be reminded that they are the first scientific medical commission that has been appointed, in any country, to study, and to report if there is such an Entity as a syphilitic virus; and every one is certain that they will discharge their duty with benefit to the public, and with credit to themselves.

Since this medical commission has been appointed to investigate the above question, a hope may be expressed that other medical commissions will be, hereafter, appointed to study, and to report, relative to the pathology, the etiology, and the medical treatment of other diseases, to which the sailor and the soldier are liable.

And it cannot be too often repeated to the above departments, that medical science has not pronounced its final decision as to the pathology, the etiology, and the medical treatment of any disease, to which the sailor and soldier are liable; and that these two departments have greater means, than any other departments of state, to study these diseases, and thereby to promote the advancement of medical science, and thereby to benefit the public and humanity.

They have, as a rule, well educated medical officers— young, active, zealous—and their only wish is to be useful. The medical officers have their patients under strict discipline—they have them under their observation in sickness, and in health, for years; consequently they are in a position to study the progress, and the result of disease, better than the civilian medical practitioner.

Let the attention of the above departments be called to these favourable circumstances; and, no doubt, they will take advantage of them, and again and again appoint medical commissions—not only to study and to report on the pathology, the etiology, and the medical treatment of every disease to which the sailor and soldier are liable—but when, and wherever, the deaths exceed the usual ratio of mortality.

The above departments may, also, be reminded that medical science is not an oligarchy, but a democracy, where all men are equal.

And it may be permitted to the individual, who first gave the idea, and who first began to form the museum at Fort Pitt, to say that when he began this museum in

1814, his object was to benefit the medical officers of the public service, and not to reserve the advantage to only one branch of the public service.

Therefore, it is with regret, he finds, that the medical officers of the navy are not admitted to profit by the advantages which this museum—now transferred to the Royal Hospital at Netley, and the valuable lectures given there—undoubtedly possess for the advance of medical science.

The museum, and the lectures given there, are the basis of an institution which has rendered, and which will render, valuable service to the public and to the human race, and ought to be opened to the naval medical officers.

And, therefore, the attention of the above departments has, no doubt, never been called to this subject. It is now felt, that it is sufficient to mention this, and the medical officers of the navy will be admitted to all the advantages which the Royal Medical Establishment at Netley possesses.

TO HIS GRACE THE DUKE OF SOMERSET,
FIRST LORD OF THE ADMIRALTY.

MY LORD DUKE,

As the Secretary of State for War, has referred my pamphlet, entitled "*Proofs of the Non-Existence of a Specific Enthetic Disease*," to the Admiralty, that I might be sent for, to ascertain what I would advise to be done, relative to the question of the so-called syphilitic disease in the Navy and Army.

As the Admiralty sent for me, on the 4th March last, sought for, and accepted, my advice ; and appointed a medical commission to study and to report if there is, or there is not, a syphilitic virus—and if there is a syphilitic virus, what are its pathognomonic symptoms?

And as this is the first scientific medical commission appointed in any country, to study, and to report, if there is or there is not a syphilitic virus ; and as this inquiry will not only be beneficial to our country—but to humanity.

Therefore, it is of the utmost importance, that everything should be done by the above two departments, and by every member of the medical profession, who has studied, and who has practised his profession as a science, not as a trade, to assist this medical commission to discharge the duty entrusted to them with benefit to the human race and with credit to themselves.

Consequently, the individual who first suggested the necessity of appointing this Commission, and who, by the evidence of facts, induced the above two departments to appoint this medical commission, will, it is hoped, be permitted to submit to the two above departments, what it is necessary they should do to assist this Commission to do their duty.

And this medical commission will, it is, also, hoped, forgive the individual if he takes the liberty to place before them what he would do, if he were charged to perform the duty entrusted to them.

The above two departments are not aware, that if the English army had not gone to Portugal fifty-seven years ago, the English surgeons would not have had the opportunity to see the humble, but intelligent, Portugese surgeons, cure all ulcers on the genitals, by ablution, rest, and attention to the general health; and cure these ulcers quicker than those attended to by the English surgeons—and without any secondary symptoms.

Whereas, the English surgeons treated all these ulcers, on the genitals, by the administration of mercury, which, not only injured their patient's constitution, but too often inflicted in their patients, the cruellest mutilation that man can suffer, and too often destroyed their life.

Consequently, I say, had the English army not gone to Portugal fifty-seven years ago, in all probability, the Government would not now be called upon to appoint a medical commission to study and to report if there is or if there is not a syphilitic virus.

Had not Mr. Cooke accidentally seen in Germany an experiment on electricity—known to everyone—appreciated by none, but himself—the electric telegraph would not now be established.

As such important results have followed two apparently unimportant facts, observed abroad, one in medical, the other in physical, science the necessity that this medical commission should not only study what can be learnt of the pathology, &c., of this disease, here in London, but in other countries, will be, it is hoped, apparent to the above two departments.

Consequently, after the Commission have satisfied themselves with the information they will receive from the syphilidographers in London, they ought to go to Dublin, to Edinburgh, to Paris, to Vienna, and to Berlin, and satisfy themselves if any syphilidographers in any of these localities, can point out a symptom, or a train of symptoms—pathognomonic of a primary syphilitic ulcer on the genitals, or on any part of the body—or if they can point out a so-called secondary symptom, or a so-called train of symptoms, pathognomonic of the existence of a syphilitic virus; and that, consequently, the so-called secondary symptoms can be induced by no other cause than by a syphilitic virus.

In such an inquiry as this, so beneficial to our country, and to the human race, neither time, or expense should be spared.

When the Commission returns to this country it ought to be placed in charge of the so-called syphilitic wards of the Navy or Army Hospitals, there to pre-

scribe only, ablution, rest, and attention to the general health; and watch for the result of this plan of treatment for at least two years—watching over the men so treated, whether in or out of hospital, during this time, and carefully noting and reporting the results.

It need not be stated that it is expected that the meetings, and that the proceedings of this Commission, should be public; that everything said, by a witness under examination, or by the Commission itself, should be taken down by an experienced short-hand writer.

And that when the Commission pronounces its decision, it ought to be instructed that it must give the facts on which it bases its decision.

The Commission does not require to be informed what are their duties, and how they ought to proceed to carry out their duties; yet, I entertain the hope that they will permit me to place before them what I would do were I in charge of this commission.

I would feel that the problem I had to solve would be this:—To ascertain if there is a symptom, or a train of symptoms, pathognomonic, of a syphilitic virus.

And, of course, every witness appearing before this Commission should clearly state what are, according to him, the symptoms, or the proofs of symptoms, pathognomonic, of a syphilitic virus.

The Commission need not be told that in our present state of pathological knowledge, there is only one, out of four ways, to prove the existence of a syphilitic virus.

1st—By demonstration, that an ulcer on the genitals having a hard base, the so-called Hunterian chancre;

that this hardness at the basis of the ulcer, is pathognomonic of a syphilitic virus.

2nd—By demonstrating that Dr. Ricard's inoculation test is pathognomonic of a syphilitic virus.

3rd—By demonstrating by accurate pathological facts, collected by the Commission themselves, at the bedside, the existence of a syphilitic virus.

4th—Or by going to the bedside—prescribing only ablution, rest, and attention to the general health—then interrogating nature, and watching, the result of this treatment, and ascertaining if any so-called secondary symptoms or so-called tertiary symptoms follow this plan of treating ulcers on the genitals, and which cannot be referred to any other cause than that of a syphilitic virus.

First, as to the induration at the base of an ulcer on the genitals being a proof of the existence of a syphilitic virus, as stated by Mr. John Hunter.

Every medical practitioner acquainted with his profession, who has read Mr. Hunter's description of a syphilitic chancre, and compared this description with what he finds at the bedside, is aware, that Mr. John Hunter has described the ulcer which takes place in Herpes præputialis* and which commonly has a hard base, as a true syphilitic ulcer.

Consequently, Mr. John Hunter mistook Herpes præputialis for syphilis, and his great name has, therefore, misled the medical profession, on this most important point.

Further, every practitioner is aware that Herpes

* See Bateman on Cutaneous diseases.

præputiales occurs, without having had sexual intercourse, from error in diet, &c., &c.

Further, that no ulcer on the genitals but Herpes præputiales, begins "*by an itching on the part.*" And every one knows that the ulcer which occurs in Herpes præputiales commonly has a hard base; that this ulcer is very tedious to cure; and that when cured the hardness remains for weeks after.

Further, if a perfectly sound prepuce is touched with caustic, the ulcer which follows has a hard base, such as Mr. John Hunter describes to be pathognomonic of a syphilitic virus.*

Further, if a solution of continuity is caused by a cutting instrument, the base of that ulcer which follows is generally hard.

Further, if a musket ball tips the prepuce, the ulcer that follows has a hard base.†

Further, if the part at the junction of the glans with the prepuce is torn, generally, an ulcer, with a hard base, is the consequence‡

* Two medical officers tried this experiment on themselves, in my presence, at Lisbon, in 1811, and such was the result.

† In the four-and-forty affairs I have been in, I have seen this again and again.

‡ A gentleman in the act of having connexion with his wife—some one came to the door where they were. His wife threw him away violently from her. The glans was torn from the prepuce for about the length of half-an-inch. I was called to see this gentleman immediately. I heard the statement of the case from the husband and the wife. Four days after the injury the hardness at the base of the ulcer began to manifest itself. On the eighth day it was a perfect Hunterian chancre; and with every care it took some weeks to cure this ulcer, and the hardness at the base remained for weeks after.

And further, the most rabid syphilidographers cannot deny that no ulcer on the glans has an indurated basis. Therefore, the induration at the basis of an ulcer on the genitals is confined only to ulcers on the prepuce.

Where, therefore, is the scientific medical practitioner, worthy of that appellation, who does not see that the hardness at the base of an ulcer depends on the locality, and the tissue of this locality where the ulcer is situated, and the degree of active inflammation which has occurred.

Consequently, induration at the basis of an ulcer, on the genitals, is no proof of the existence of a syphilitic virus; and, consequently, Mr. John Hunter was in error, when he stated that hardness at the basis of an ulcer, on the genitals, is a proof of the existence of a syphilitic virus.

Secondly, as to Dr. Ricord's inoculation test being a proof of the existence of a syphilitic virus.

Every surgeon is aware, that every solution of continuity on the human body, while in a state of active inflammation, secretes an inoculable pus, for ten or twelve days after the solution of continuity has occurred.

Every surgeon is also aware, that, if he has no solution of continuity on his fingers or hands, that he may handle his patients solution of continuity in any way he pleases—with impunity.

But if he has the slightest solution of continuity on his fingers or hands, and if he does not protect this solution of continuity from the contact of the pus,

secreted by his patient's solution of continuity, he may lose his fingers, his hand, or his life.

Is it not known to the medical profession, that a man having no solution of continuity on his genitals, may have, with impunity, sexual intercourse with a woman having ulcers on the genitals.

And is it not known to the medical profession that a man having the slightest solution of continuity on the genitals, cannot, with impunity to himself, have connection with a woman, even perfectly healthy.*

These facts cannot be controverted.

And since it cannot be controverted that active inflammation persists in a solution of continuity for ten or twelve days, that during these ten or twelve days, the pus, secreted by this solution of continuity is inoculable; after that time it is not inoculable.

Is not Dr. Ricord aware of this, that when he tells us that the supposed syphilitic ulcer secretes inoculable pus, only, during the period of active inflammation, that he is telling us, only, what happens in a non-syphilitic ulcer; that he is giving us no proofs of the existence of a syphilitic virus?

Therefore, I must here repeat, what I stated to Dr.

* It is well known to every syphilidographer that "*dans les maisons de toleranca, bien organisée, l'inspection de l'homme est de rigueur,*" and if found to have the slightest solution of continuity on the genitals, he is refused admission into the houses. This female inspector gave him a perfectly pathological reason for this refusal—that he would injure himself—that he would conclude that he was injured in the house—"*et la reputation de notre maison serait compromise.*"

Ricord, at a public consultation, two and twenty years ago, on this question as to the proofs of the existence of a syphilitic virus—

I said—"You have displaced Mr. John Hunter's error, and you *have placed your error in its place ; you have not advanced, you have retarded, the advance of medical science*, and I shall live long enough to see every scientific medical practitioner acknowledge that you are in error."

Thirdly—It will remain with the Commission to demonstrate, by accurate pathological facts, collected by the commission themselves at the bedside, and by the examination of the facts of well-informed and trustworthy witnesses, that there is, or there is, not, a syphilitic virus.

And *Fourthly*—Therefore, when the Commission have failed—as fail they must—to point out a primary, ulcer on the genitals, pathognomonic of the existence of a syphilitic virus—they will feel it their duty to go to the bedside, and there, having prescribed—ablution, rest, and attention to the general health—for all ulcers on the genitals, they will then watch and see what nature does, and note carefully the result of this experience for at least two years.

The Commission is aware, that it is believed by the great majority of the medical profession in Great Britain and in France, that ulcers on the genitals, which are cured without the use of mercury, are followed, in the individual himself, or in his children, or in his grandchildren, &c., &c., by so-called secondary or tertiary symptoms of syphilis.

Now, it is here of the first importance to remind the Commission that here, also, the problem they have to solve, is this—to find a so-called secondary or tertiary symptom, or groups of symptoms, which can be induced, only, to a syphilitic virus.

The virus of a rabid animal, inoculated by the bite of the animal, induces symptoms that cannot be induced by any other cause than this virus.

The virus of small pox, introduced into the animal œconomy, by inoculation or otherwise, induces symptoms that cannot be induced by any other virus.

And so with the vaccine lymph.

Therefore, it follows, that, if there is a syphilitic virus, it ought to induce symptoms that cannot be induced by any other virus.

But, if we believe the English syphilidographers, the syphilitic virus induces thirteen diseases, which may be, and are, induced by other causes than a syphilitic virus.

And if we are to believe Dr. Ricord and the French syphilidographers, we must add eleven more diseases to the English thirteen—all of which may be, and are induced by other causes than a syphilitic virus.

Consequently, what proofs are there that one of these twenty-four diseases is caused only by a so-called syphilitic virus?

In conclusion, when the Commission have failed—as fail they must—to point out a primary ulcer, or a group of primary ulcers, on the genitals, or on any other part of the body, pathognomonic of a syphilitic virus.

And when the Commission have failed—as fail they

must—to point out a so-called secondary, or a so-called tertiary symptom, or disease, that cannot be induced by any other cause than by a syphilitic virus,

The Commission will then pronounce its decision—that there is no such thing as a syphilitic virus; and the human race will have reason to be grateful to this medical commission.

In taking leave of the question as to ulcers on the genitals being caused by a syphilitic virus, let me advert to a cause of ulcers on the genitals in the man or in the woman, which, although well-known to the Commission, is not sufficiently attended to by the medical profession.

Everyone knows that females are more liable to spasms than males, and that these spasms attack every part of the body, and too often when they attack the extremities they remain fixed for days, for weeks, for months, or for years, when suddenly they go off, and the person who was just now possibly a cripple, and has been a cripple for years, is in a moment perfectly well.

It is well-known also to gentlemen who particularly attend to female diseases, that the menses may be retained for months by a spasm in the vagina. The uterus secretes the menses regularly, but in consequence of the spasms on the vagina, they are retained in the vagina.

These spasms, I say, are common to the female; we find them in the most virtuous, and in the most abandoned.

And no one, who has not had such cases under his care, can be aware how difficult it is to overcome

by justinaable mechanical force the spasms on the vagina.*

Where is the medical practitioner who has not been consulted by a perfectly moral couple. The husband will probably show him an ulcer on his genitals, and tell him that every time he has sexual intercourse with his wife, he is certain to have some abrasion on his genitals, which he cures in a few days by ablution.

The wife now informs the medical adviser, that the approach of her husband gives her excruciating pain, so much so, as to cause her to have an aversion for the husband she loved and respected.

Have this wife examined by an accoucheur, and she will be found to have a spasm on the Vagina, remove this, the husband has no more ulcers on the genitals—the wife's affection for her husband returns, and peace and happiness is restored to this couple.

When a young and vigorous man has sexual inter-

* A lady, the mother of six children, believed herself in the family-way. Her stomach was distended, but her bosom was not enlarged. I saw her for the first time in consequence of an attack of flatulence, when I gave her a dose of æther and laudanum. She passed a great quantity of wind. In an hour the enlargement of her abdomen was gone—it was impossible she could be in the family-way.

Dr. Moreau, the accoucheur, was sent for and requested to examine. There was a strong spasm on the vagina. Anti-spasmodics were administered in large doses, warm baths, &c., and compressed sponges were introduced into the vagina; and retained there, in the hope that the sponge, as it became distended by the moisture of the vagina, would overcome the spasm. It was only after above a month's attendance that the spasm was overcome, and the retained menses were evacuated.—See Professor Moreau's first volume, "*Maladies des Femmes.*"

course with a female having a spasm in the vagina, he, too often, uses force. He injures himself. The next day, or the day after, he rushes to his medical adviser, who, if he is a prudent man, will have the female examined before he gives an opinion.

And ten to one the accoucheur will find that the female has a spasm in the vagina, but is otherwise perfectly healthy.

Therefore, when the Commission goes to the bedside and are consulted for an ulcer on the genitals of a man, before they give an opinion as to the cause of this ulcer, they ought, if possible, to have the woman examined; and ninety-nine times out of a hundred she will be found to have a spasm in the vagina, but to be perfectly healthy otherwise.*

There is another point, which, no doubt will not escape the commission, which is this—when a man appears before them with an ulcer in his genitals. If the question is put by them—if this individual is even in the first class of society—do you wash your genitals every morning? instantly, probably, will be the answer, “I use my cold bath every morning.” Press him a little farther, and he at last tells you that he never heard of putting back the prepuce, and washing the glans and prepuce every day, and especially on both sides of the frenum.

* I have stated elsewhere that when consulted by an individual having an ulcer on his genitals—supposed to be contracted by sexual intercourse, if he were willing to name the female and give her address, if she were “*une femme soumise*,” a surgeon was sent to examine and to report, and there usually the spasm in the vagina was found.

If this person is still further questioned, he will tell you that he felt some pain on Erection, and at last you arrive at the certainty that this man had a slight solution of continuity before he had sexual intercourse.

How often are medical practitioners consulted by individuals who have not had sexual intercourse for many weeks, or for many months, but who now have ulcers on the genitals, which they attribute to be caused, by sexual intercourse, even with their virtuous wife.

Yet the fault is commonly theirs. It is the neglect of proper daily ablution, and of the importance of this daily ablution *of the genitals* very few men are aware.

There is another disease which, no doubt, the commission will feel it their duty to investigate—I refer to gonorrhœa.

Here, also, the commission need not be told that the problem they have to solve is this: To demonstrate that there is, or that there is not, a gonorrhœal virus ; and if there is, what are the pathognomonic symptoms of this virus ?

Every medical practitioner, who has attended to this disease, is aware that it is impossible to point out, in a female, a symptom, or a train of symptoms, pathognomonic of a gonorrhœal virus.

Therefore, we can study this disease only in the male.

It is known to the medical profession, that a strong, and long-continued, Priapism—without having had any sexual intercourse—is often followed by symptoms

which, to the untutored, are pathognomonic of gonorrhœa.

Again, with men having a gouty diathesis, they will be suddenly attacked, and without having had sexual intercourse, with what again the untutored will pronounce to be true gonorrhœa.

Yet, I repeat, the individual has had no sexual intercourse, possibly for months; nor is he aware that he is gouty, or that his father or mother or any member of his family are gouty.

But, in a week or more, if the supposed gonorrhœa is not interfered with, it will suddenly disappear; and now the person has an attack of ophthalmia. Here, again, the untutored will say, that this person has accidentally inoculated his eyes with the gonorrhœa matter, or that he has caught cold, &c., &c.

This ophthalmia may follow the course of all inflammations, and continue active for ten or twelve days; when, at between two and five o'clock in the morning, this person is suddenly awoken by a cramp in the ball of his great toe. This cramp lasts a few moments.

When the cramp has passed off, he still feels pain in the articulation, on examining, he finds the articulation swollen, the skin red, and exquisitely painful to the touch. He is unable to put his foot to the ground without the greatest pain. He has a regular attack of gout.

But his eyes are free from pain and inflammation, and he has no longer any symptoms of what was supposed to be gonorrhœa.

The attack of gout may follow its usual course, passing from the lower to the upper extremities, for a few weeks, and gradually this person expects to be well in a few days.

But when he thought himself going on quite well, without having had any sexual intercourse, the gout has returned to the urethra, the discharge, &c., is as great as ever, but the gout in the extremities is gone.

The attack of gout in the urethra may again disappear suddenly from the urethra, and again attack the extremities or eyes, then return to the urethra, and after a time it may become a gleet, which cannot be cured, but by bringing an attack of gout to the extremities.

Again, how often are medical practitioners consulted by men, who admit that they are not aware that they have anything serious the matter with them. But they are nervous about themselves ; they are annoyed with everything ; they are disagreeable to their family and friends, and a plague to their medical adviser.

On placing the finger on their pulse, it is found to intermit ; on placing the ear to the chest, the contractions of the heart are also irregular ; but there is no blowing sound. He says he never had gout, or had his father or mother, or any of his family.

Yet this person, after having tormented himself, his family, his friends, and his medical adviser for some weeks, is suddenly attacked with, again to the untutored, a regular gonorrhœa ; although he has not had any sexual intercourse for many weeks, or many months.

It is such cases as these, which are well known to the scientific medical practitioner, and which induces every medical practitioner acquainted with his profession, to pause, before he pronounces that a discharge from the urethra having this or that colour, being thick, or watery, is caused by gonorrhœal virus.

I repeat, what I have said elsewhere, the scientific medical practitioner has not one symptom, by which he can establish the diagnosis between the discharge caused by an attack of gout, in the urethra, and the so-called gonorrhœal discharge.

Therefore, the medical practitioner ought never to forget, that when consulted for a discharge from the urethra, that he has no right to pronounce this to be a case of gonorrhœa. Too often, at that moment, he has the peace of mind, the happiness, the life possibly, of two virtuous persons—destroyed, or saved, by his word.

But I have gone, on this subject, farther than I have a right to do ; and I must apologise to the Commission for having anticipated their decision.

I have no doubt that their decision, on this question, will be also worthy of their scientific medical acquirements, and also of the scientific medical acquirements of this country.

As the Commission is appointed, by Government, to study and to report, relative to diseases of the genitals, to which sailors and soldiers are liable, it is possible that the Commission will feel it their duty, to place

before the Government some Hygienic advice—how to protect the sailor and the soldier from diseases of the genitals.

The Commission is well aware that, from the remotest antiquity, the diseases to which the organs of generation are liable, attracted attention—hence circumcision in the male and *ablatio nympharum* in the female, which mutilations are practised to this day. The intention, in the male, is to uncover the glans, so as to prevent foreign bodies being collected between the glans and prepuce, and, in the female, also to prevent the collection of foreign bodies.

Therefore, the Commission, no doubt, will see the necessity to recommend that proper places be established where the sailor and the soldier can, every morning, wash their genitals.

And the necessity cannot be too strongly stated, that the genitals of the men should be inspected every week by a medical officer, and that at such inspections it should be again and again repeated to the men, that it is necessary to draw back the prepuce as much as possible, so as to uncover fully the glans at its junction with the prepuce. The men should also be told, at every inspection, that the most essential parts of the genitals to be washed are, at the junction of the glans, and prepuce, and on both sides of the frenum.

Every medical practitioner knows, that when a patient comes to him with an ulcer on his genitals, and that he says he has not had sexual intercourse for, possibly, two or more months—the ulcer is found, nine

times out of ten, on one side of the frenum, and the medical practitioner is then certain that his patient is one of those who never uncovers and washes the glans, the prepuce or the frenum.

However simple these Hygienic means may appear, yet they are of the first importance. If they were carried out, as they ought to be, in the army and navy, we should not hear of 300 or 400 men, out of 1000, being laid up with disease of the genitals in the two services.

I am aware that it is said that I have brought forward nothing new: that all I have written and spoken were well known before.

I will answer to this what I answered on the 26th February, 1840, at a public consultation at La Charité in Paris, where I stood single-handed, before six of the first anatomists, physiologists, and pathologists in Europe, and where after they had demonstrated, to their satisfaction—and to the satisfaction of about two hundred medical practitioners present, that the individual in the bed before them was completely paralysed of the seven-tenths of her body, and that she would die in three days.

They stated, that what I urged to prove that the person in bed before them had not one system of paralysis—that she was in perfect health—that she was an Imposter—that she would not die in three days, to please them, and to annoy me, was nothing new; and that what I said only proved that I was in error.

My reply was—“*Keep this individual in your hospital, one, two, or three months, surround her with every care,*

*I shall be the first to thank you. During this time, use the unquestionable pathological knowledge you have, scientifically ; you will discover that you are imposed on—that your patient is an impostor—that you are in error. You are honourable men, you will acknowledge your error.” **

Therefore, to those who assert that I have brought forward nothing new to prove the non-existence of a syphilitic virus, I say, go to the bedside, use the pathological knowledge you say you have, scientifically,

* It is now above four-and-twenty years since this public consultation took place. This woman is alive and in perfect health—having long since been proved to be the most consummate imposter on record. *See Consultation Medico-legale, sur quelques signes de Paralysies orales, et de leur valeur relative, par le Docteur Maccloughlin ; Paris, 1841.*

As a tribute of respect, to the above professors, and to the medical practitioners present at the above consultation, I must state, that when it was my turn to speak, I was listened to, with an attention—and with a respect—that I can never forget.

And after I had demonstrated that her right eye—her lower jaw—her tongue—her right arm and hand were perfectly healthy. As she was stated to be completely paralised of the lower extremities. I said if it is so, the sphincter of the rectum, and that of the neck of the bladder must be paralised, and her bed must be soiled, and her urine must be alkaline. Her bed was not soiled, and her urine was acid.

I pronounced her an imposter.

The late celebrated professor of physiology, Dr. Gerdy—the moment I had spoken—said—“ *These pathological facts are new to us, not one of us has studied such minute points of pathology, we considered them beneath us ; but I now see their importance, and we must all thank you for having brought them under our notice.*

Subsequently, four of the above professors, after having satisfied themselves that I was right—sought opportunities to thank me publicly.

and you will arrive at the same conclusion I have—that there is no such thing as a syphilitic virus.

To resume,

First—That the essential question the Commission have to decide is this—Is there a syphilitic virus? and can it be recognised by the sight, or by the touch, or by any other means, in a primary ulcer on the genitals, or on any other part of the body?

Secondly—That the essential question the Commission have to decide here also, is this—To find a so-called secondary symptom, or a so-called secondary disease of the skin, of the muscles, or of the bones, which can be induced, only, by a syphilitic virus.

Thirdly—That any decision to which the Commission arrives at, the pathological facts on which they rest their decision, must be stated.

I have the honour to be,

My Lord Duke,

Your Grace's obedient servant,

DAVID MACLOUGHLIN, M.D.,

Member of the Legion of Honour.

P.S.—I have been favoured with a letter from the Admiralty, copy of which is herewith inserted.

Admiralty, *September 2, 1864.*

Sir,

I am directed by the Duke of Somerset to acknowledge your letter of the 1st inst., and to inform

you, in reply, that the Board of Admiralty and the War Office have decided to appoint a joint committee to inquire into the question of syphilis in the navy and army, which course was urged upon the board by yourself, in connection with the pamphlet addressed by you to the Secretary of State for War.

His Grace desires me to add, that you are at liberty to make any use you think proper of this communication.

I am Sir, your obedient servant,

(Signed) A. BUCKLEY.

To Dr. MacLoughlin.

I beg publicly, to express my grateful acknowledgement to the Admiralty, and to the War Office, for having accepted, and for having acted on my suggestion in this matter.

The report of the medical commission, which they have appointed, will inform them that they must, and they will, receive, the gratitude of the human race.

DAVID MACLOUGHLIN, M.D.

