

**A probationary essay on syphilis and pseudo-syphilis : submitted ... to the examination of the Royal College of Surgeons of Edinburgh ... / by John Alexander Schetky.**

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*Veneral Diseases*

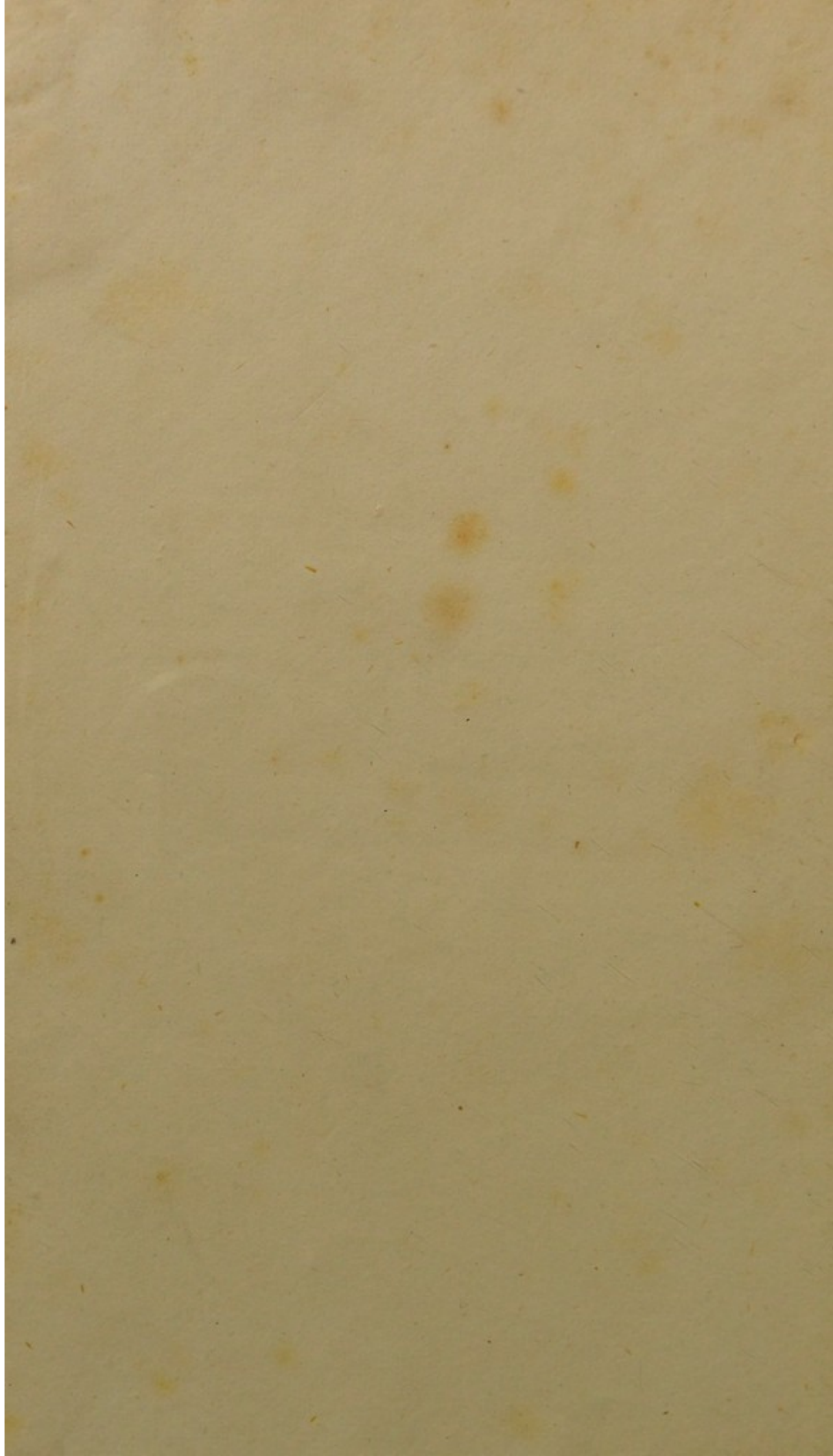








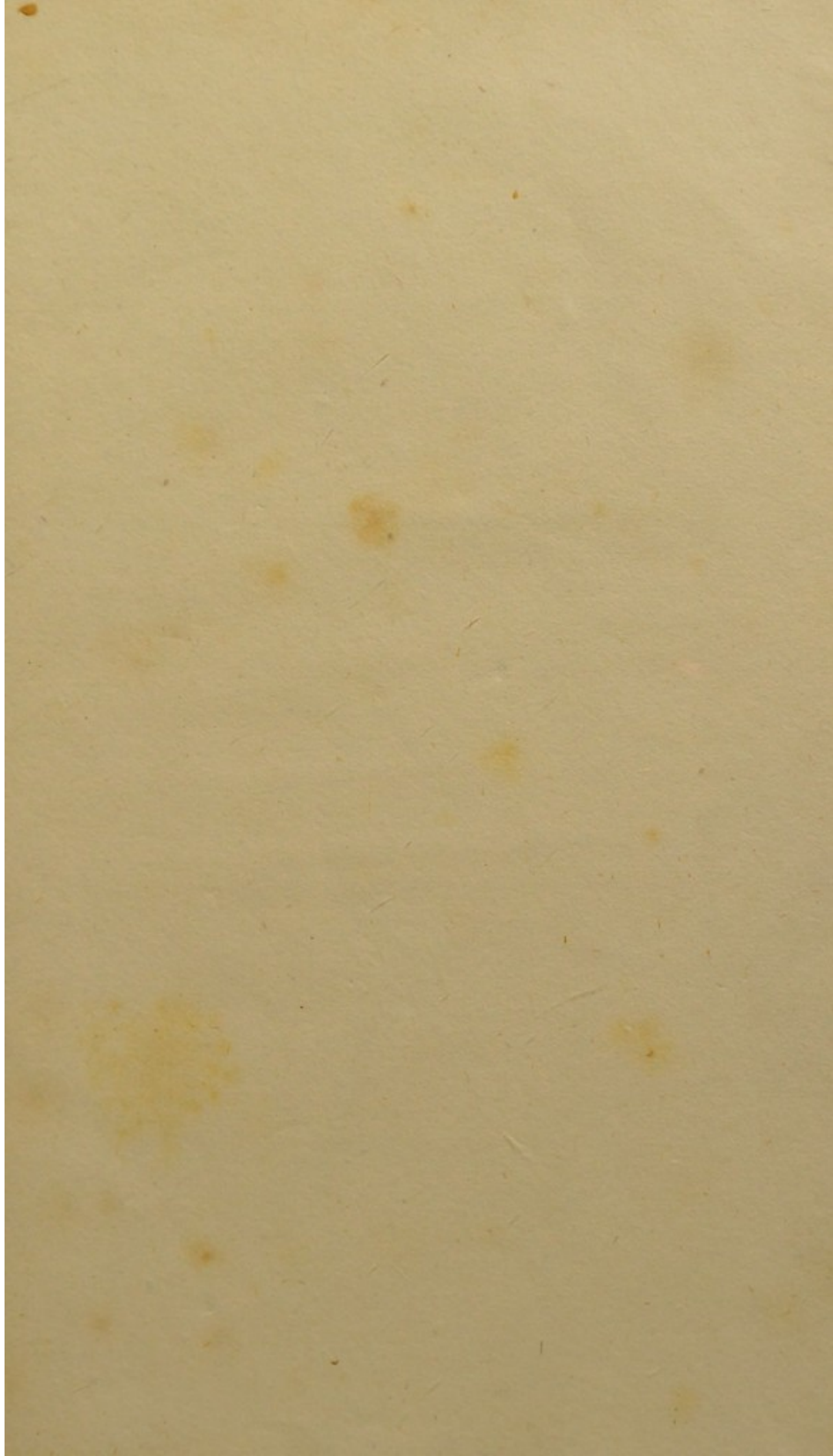




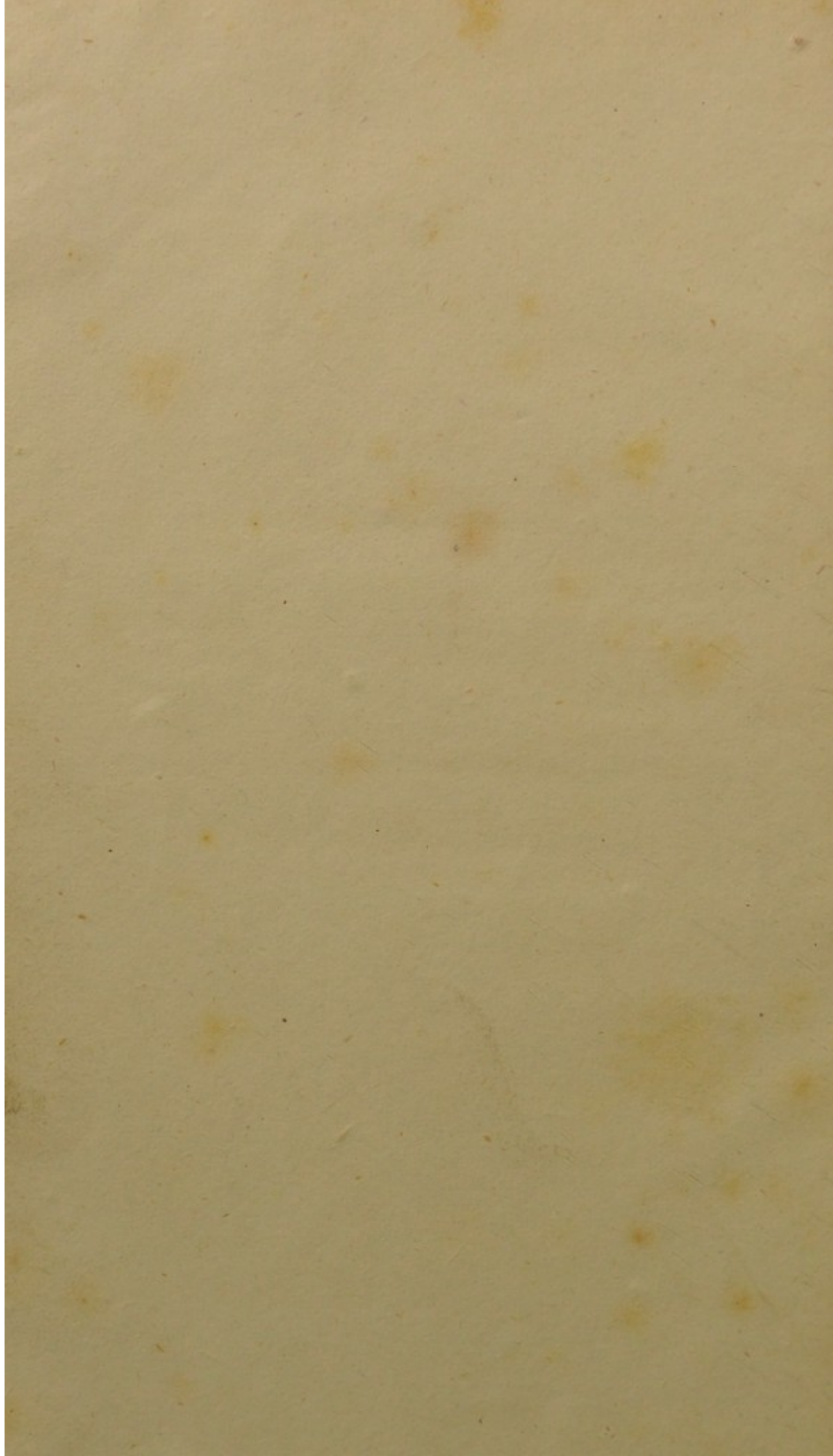


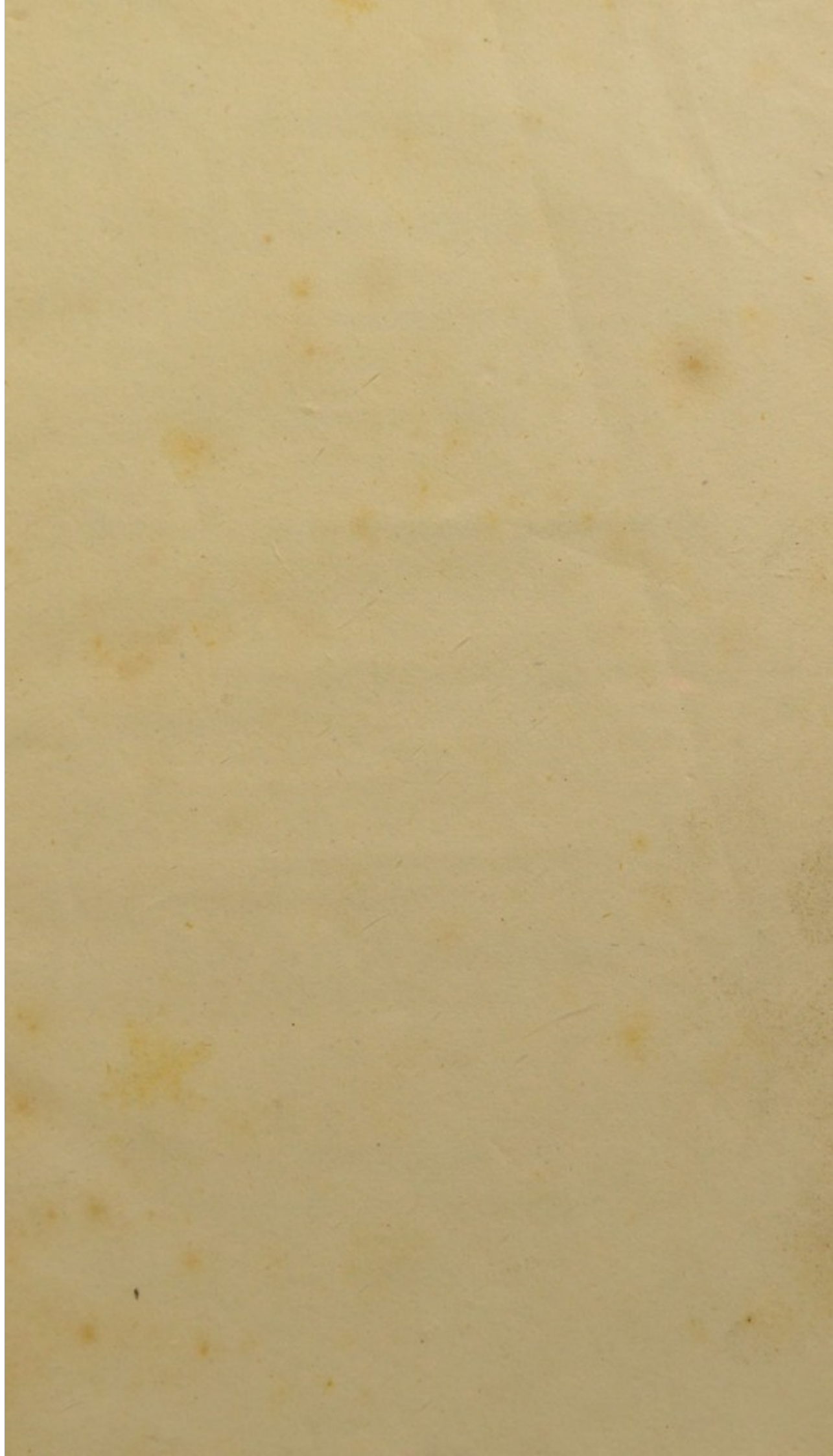




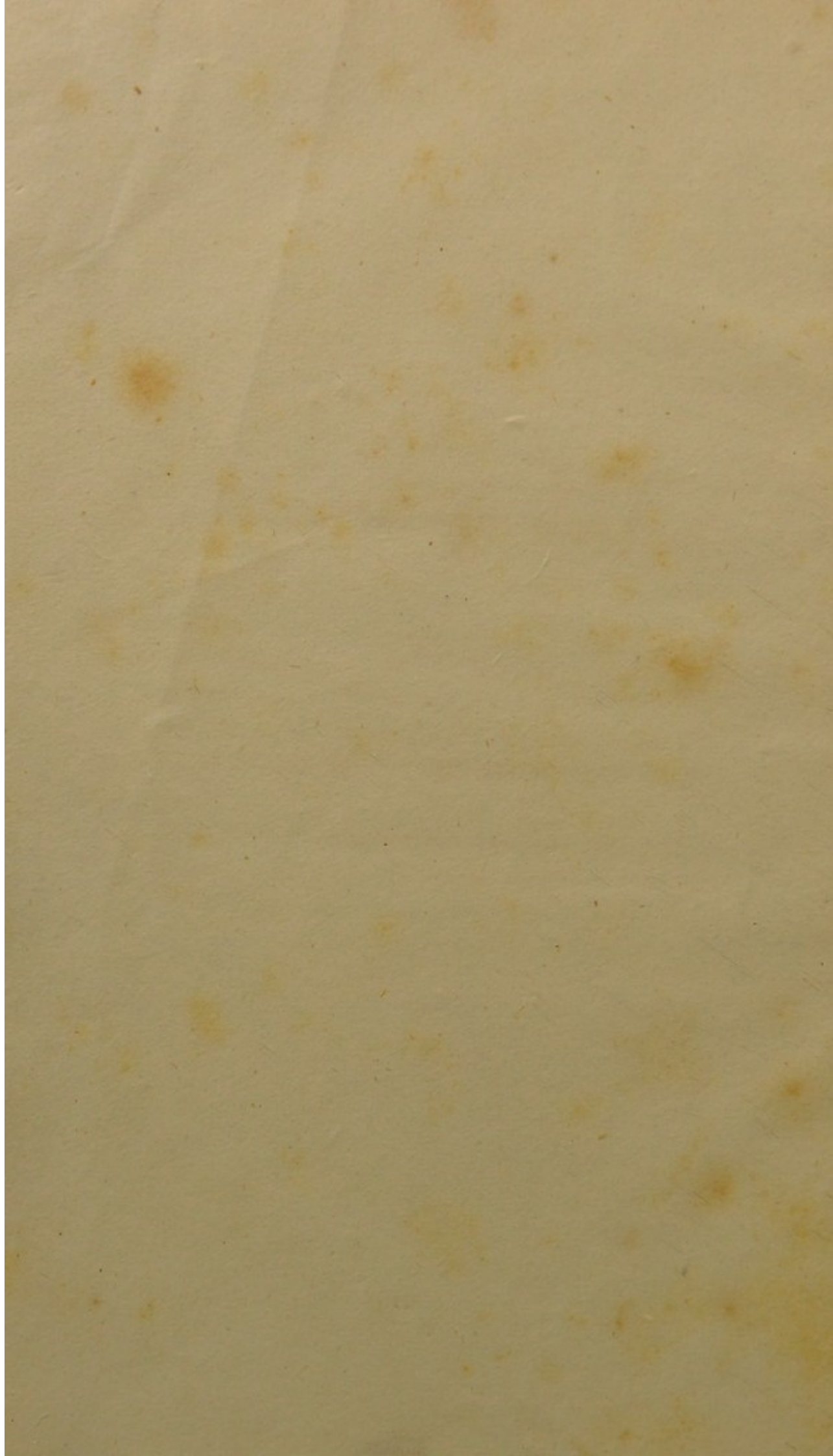


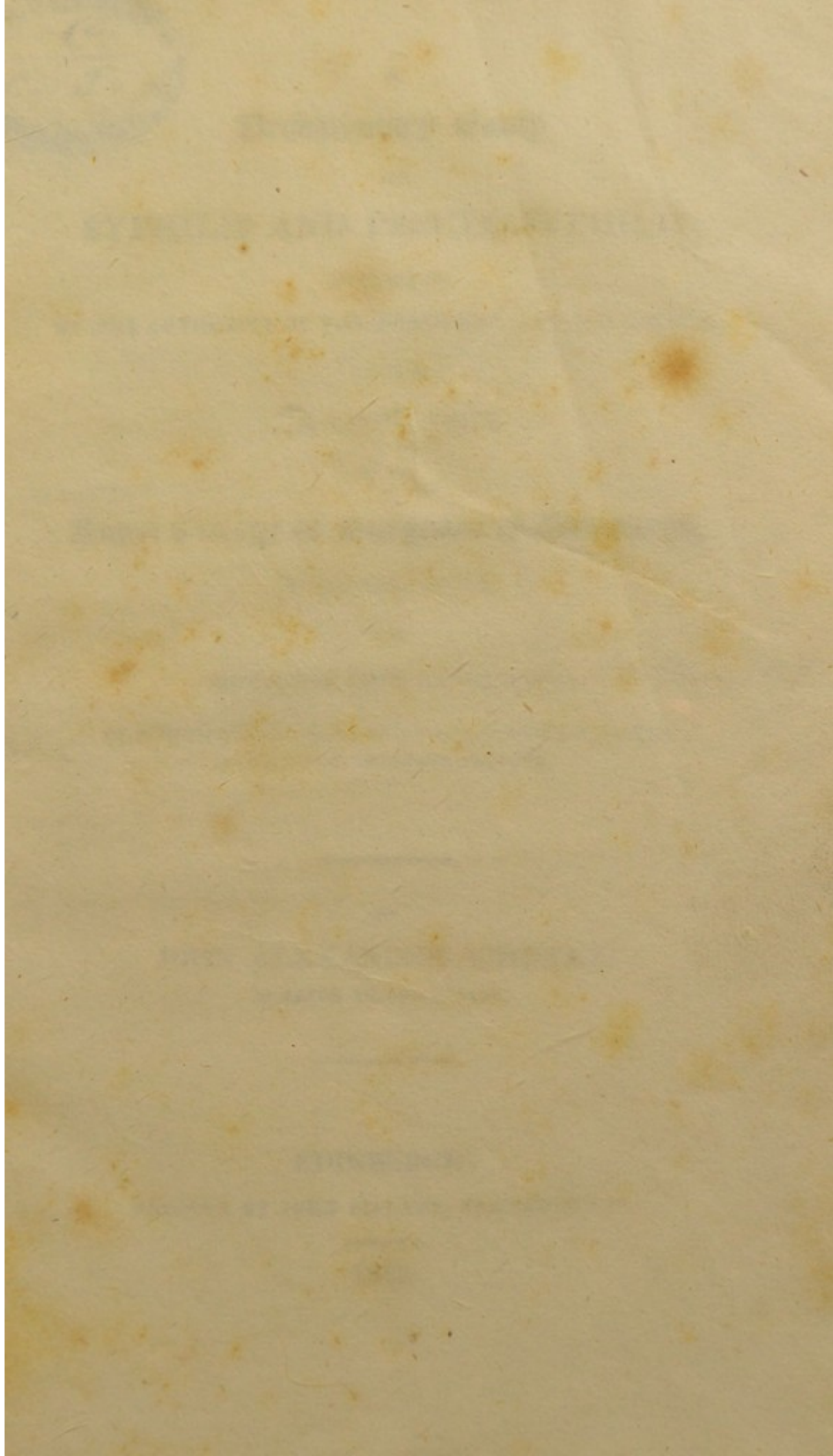


















A  
Probationary Essay  
ON  
SYPHILIS AND PSEUDO-SYPHILIS;  
SUBMITTED,  
BY THE AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,  
TO THE  
EXAMINATION  
OF THE  
Royal College of Surgeons of Edinburgh,  
WHEN CANDIDATE  
FOR  
ADMISSION INTO THEIR BODY, *in May 1818*  
IN CONFORMITY TO THEIR REGULATIONS RESPECTING THE  
ADMISSION OF ORDINARY FELLOWS.

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BY  
JOHN ALEXANDER SCHETKY,  
SURGEON TO THE FORCES.

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EDINBURGH:  
PRINTED BY JOHN PILLANS, JAMES'S COURT.

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1818.



Produced by

# SYLLABUS AND PSEUDO-SYLLABUS

BY THE AUTHORITY OF THE PRESIDENT AND THE COUNCIL

TO THE

## EXAMINATION

OF THE

Royal College of Surgeons in Edinburgh

WITH CANDIDATE

AND

EXAMINER

AND IN THE

DEPARTMENT OF

JOHN ALEXANDER BUCHANAN

EDINBURGH

EDINBURGH

PRINTED BY JOHN BUCHANAN, JUNIOR

1840

TO  
**PROFESSOR THOMSON,**

M. D. F. R. S. E.

SURGEON TO THE FORCES, CONSULTING PHYSICIAN TO THE  
EDINBURGH NEW TOWN DISPENSARY,

AND TO

**DR M'LAGAN,**

PHYSICIAN TO THE FORCES, &c. &c.

I inscribe this Essay,

With every good wish implied by our  
long friendship.



Respectfully presented by  
the Author to Sir James M. Ferguson  
Director Genl Army Medical Dept.

## SYPHILIS, AND PSEUDO-SYPHILIS.

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WHILE the natural history and symptoms of most of the long known diseases are pretty distinctly laid down, and readily recognised, it is peculiar to that under consideration, that its diagnosis has become obscure in proportion to the general pathological information we have attained. Every distinctive mark laid down by former observers as traces of its presence has been removed by subsequent research, and the cumulative evidence arising from the co-existence of many such marks neutralized, if not destroyed, by a different mode of explanation.

The time accordingly has come, when this sceptical inference was to be pressed upon the vacillations of medical opinion, by the weight of logic and ridicule. An anonymous work lately published in France, attributed to very high surgical authority, and entitled, "*De la Non-existence de la Maladie Venerienne*," will be found to exhibit impressions that have probably occurred at some time or other to most observers of those effects that have been ascribed to the agency of Syphilis.



Although an affirmative answer to this sweeping negation is not speedily suggested to one who watches those simple, quiescent, or chronic affections, which in military hospitals have now superseded the once formidable malady; yet, from regularity of progress in the symptoms, we are led to recognize their cause to be a morbid poison, producing distinctive and characteristic phenomena.

It is evident, that it is only by leaving a disease to its own undisturbed course, (in those cases where interference is either unnecessary or improper), that we can successfully investigate its laws. An adherence to this maxim has enriched medical science with the important fact, that Syphilis is susceptible of a spontaneous cure; and of such spontaneous cures, not less than 3000 instances have been recorded in the reports of our military hospitals in France and in Britain; and most of them have been watched after the cure for a period much longer than that stated by the most popular authors, as the utmost term of the quiescence of uncured Syphilis \*. Its peculiar symptoms, therefore, become the subject of dispassionate and undisturbed observation, and admit of no ambiguous explanation founded on the operation of remedies. In that description I shall here attempt of this disease the absence of all extrinsic modification from medicine or constitutional derangement is presupposed; and, while I am conducted by my purpose among the recent discoveries of more original minds, it must be my care guardedly to abstain from the least ascription to myself of those claims which form an enviable share of *their* professional distinction. The contemporary, though separate labours of Professor Thomson and Mr

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\* Mr Hunter thought three months the most remote period within which the syphilitic action could be reproduced.—Adams on morbid poisons, p. 160.



Rose in this field, it is already known to the public, have acquired for them the earliest practical and systematic perception of the fact alluded to ; of those of Messrs. Bartlett and Johnstone of the 92d regiment, I have also been an edified spectator. The most, indeed, that I can say of my own experience is, that I have made my observations in the hospitals of the former and latter of these gentlemen.

The primary ulcers of Syphilis form an exception to the generally asserted regularity of its symptoms, assuming great varieties of appearance, although all equal to the occasional production of those more uniform secondary effects, from the progress and comparison of which the existence of the disease can alone be proved. From observing this *occasional* effect of so many varieties, I would enlarge the definition of the primary syphilitic ulcer, without meaning to imply that such effect has generally followed its multiform appearance. Induration of the edge, so much insisted on in the diagnosis, is the common attendant on ulceration of the genitals, however produced, and is analogous to the callosity of chronic sores in other, especially in depending parts of the body. It is, as implied in Mr Hunter's description, the effect of a sustained irritation insufficient to produce phagedæna, and may be imparted to a chancre, by the application of the sulphate of copper, or of the Kali purum ; a remarkable instance of the effects of which last mentioned escharotic, applied to a wart between the glans and prepuce, was shewn me by Mr Bartlett, in the form of a cupped ulcer, with high, and almost gristly edges. That those hard tubercles, whether ulcerated, or in the form of cicatrix, which so often survive the constitutional affections, are often untractable by mercury, I have had occasions of observing ;



neither can their occasional disappearance under its use, urged by Mr Carmichael as a proof of their syphilitic nature, be admitted as conclusive, as it is known by experience, that they would equally get well without it. On the other hand, those other forms of primary ulcer, to which, from their spontaneous or non-mercurial cure, that gentleman refuses the character of syphilitic, seem from their power to produce similar constitutional effects with the *indurated* form, to deserve the same specific classification, the "smooth, superficial, elevated," equally with the "deep, cupped, indurated sore," being, where mercury is abstained from, productive of constitutional Syphilis. They are both, when watched with the same prudent abstinence from disturbing causes, seldom attended with phagedæna or sloughing, which in every instance seem to be the product of some irritation superadded to the syphilitic action, as motion, or exercise, or irregular diet—or the pendulous position of the penis—or still more frequently the mercurial action—or the acrimony of their own confined secretions in phymosis—or of the stricture of paraphymosis. Hence it is probable, that the "phagedænic and sloughing chancres," are not symptomatic of new poisons. The "livid chancre," so well described by Mr Carmichael, is, as he admits, liable to be confounded with the *sloughing* chancre, or with that form of destruction superinduced on any ulceration of those parts; and the change of colour from lividity to brightness, produced on such a sore by mercury, is no otherwise indicative of the *anti-syphilitic* effect of that mineral, than the same change produced by the suspension of the penis, implies the syphilitic nature of the state it has removed. The syphilitic primary ulcer cannot be said to be without granulations, although those which often appear are not



always progressive, but often indolent and stationary for some time.

All that can be said of syphilitic chancre, perhaps, after so much attempted discrimination, is, that it is an indolent sore, of a shape generally round or elongated, succeeding to a vesicle on the external secreting surfaces of the genitals, or to a pustule on the common skin of those parts. Its qualities are best announced by the enumeration of negatives concerning it. It is not painful, nor phagedænic, nor generally attended with induration; is seldom ragged at the edges, and differs from excoriation; in this latter being merely a moist exfoliation of irregular patches of cuticle, without loss of substance by ulcerative absorption. Certain superficial chancres, however, are not distinguishable but by their chronicity and consequences, from excoriation, although more frequently a chancre occurring in the midst of a large excoriation, is marked by its greater depth and distinctly ulcerative appearance.

Mr Carmichael, while denying the identity of the two poisons of gonorrhœa and chancre, adduces a fact, which, when explained by the recently observed characters of undisturbed Syphilis, seems to favour the opposite view to that which he adopts, viz. that gonorrhœa has, in many instances under his observation, produced a smooth papular eruption of a character that is known to belong to Syphilis. Although I have not myself seen such instances, yet his authority as an observer, and as a delineator, is sufficient to force upon my conviction a fact which seems to admit of the inference above stated. Experiments instituted with a view to the direct solution of this question by inoculation, are open to a fertile source of fallacy, from the uniformity and simplicity of the effects of any stimulus applied to the secreting surfaces of these organs, a dis-



charge, namely, of puriform matter, or an ulceration, each of them of an aspect no way different from that of the specific affections, yet each often produced by the healthy secretions of the part itself rendered acrimonious by lodgement, and each communicable from the one sex to the other, under similar circumstances of acrimony; a point well illustrated by the interesting observation of Dr Adams\*, that poisons, simulating the syphilitic, may be communicated by the application even of the *healthy* secretions of any one sex, to an abraded surface in the other. The local appearances being thus equivocal, nothing but the accession of secondary and constitutional symptoms can support the supposition that the primary were syphilitic in any one instance.

Bubo arises from very many causes besides the absorption of syphilitic matter; irritation, however, produced (most frequently it is produced by motion) in the extremities of the lymphatics on the surface of a sore or eruption on the genitals or lower limb—the inunction of mercurial ointment—excoriation of the perineum in riding or walking,—gonorrhœa—are all adequate to the production of this simple phlegmonous inflammation, the matter formed in which is said not to infect with Syphilis on inoculation. It is thus not the necessary effect or mark of the absorption of that virus.

But the most regular exponent of the absorption of syphilitic virus, is an eruption, the appearance of which indeed is remarkably uniform. It is well delineated by Mr Carmichael, under the name of the smooth papular eruption; and he was well aware, not only that it will disappear without mercury, but that the primary ulcer from

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\* Observations on morbid poisons, p. 46.



which he derives it, is also capable of a spontaneous cure, although, from the principles he adopts concerning the cure of Syphilis, he excludes the eruption and sore in question from among the number of its symptoms. These smooth indolent papulæ vary in size from that of a silver penny to that of a mustard seed, are slightly elevated above the surrounding skin, never so hard but they can be pinched into folds; their colour is the clear lake tint of the common phlegmonous inflammation, deepening into a positive purple on the inferior extremities, and the elevation alone is coloured, there being no areola. Towards their declension, the colour acquires as much of brown as to be liable to the vague description of a coppery hue, and the top becoming somewhat shinning, thin ash-coloured desquamations of cuticle are formed, and adhere for a long time. A minute quantity of fluid, serous or purulent, is sometimes observed on the tops of some of them, which has not, in any instance I have seen, formed scabs, nor has this eruption ever ulcerated: pitting has appeared in a very slight degree in some of the larger spots. The progress from the appearance to the termination of this symptom is very slow, from one to three months; there is little or no itching, or pain, or fever.

Although this form of eruption, which at different periods, or in different parts of the surface, answers to the description of the papular, pustular, or tubercular, is by far the most frequent; other modifications are described by authors. A mottled eruption has been attributed to a syphilitic cause, occurring most frequently on the back, breast, and side; it is very apt to escape observation, as its faint colour is absorbed in the general blush which those parts of the surface acquire from the pressure and warmth of the recumbent position in bed, and it is not till, from



exposure to the air, the skin becomes pale and cool, that the mottling is observable. Certain forms of lepra and pityriasis are also described as syphilitic; and I have sometimes seen them under suspicious circumstances, but am not prepared to restrict their origin to that poison, while they are so often met with in cases where no such cause can be adduced. Pustules forming deep set crusts and ulcerations, seem to me to be referable to the class of ecthyma, and unconnected with Syphilis.

Ulcerations, or rather raw excoriations on the throat, in a few cases accompany the eruption, and are aphthous, shallow, and *sloughy*; in no case do they assume the deep cupped form so often insisted on in the diagnosis. The layer of coagulable lymph on the tonsils is described as frequent by Mr Rose; but whether it consists in a certain granulated and thickened state of the lining membrane, with enlarged vessels, like those on the cheeks and noses of old people—a state very common in those who are subject to Cynanche, and which is the only appearance I have observed, or whether an enlargement of the substance of the tonsils themselves occur, I am unable to determine.

A painful tumefaction over the bones, apparently from effusion under the periosteum, is an occasional, but extremely rare occurrence, which, when it is present, offers no distinguishing character from which its specific nature may be pronounced. Among the gross number of unmolested cases of Syphilis, which I have said are reported as cured in the military hospitals, only three cases of *node* can be distinctly made out.

An inflammation of the iris has been observed as a concomitant of the eruption, and has been attributed to the same cause. Mr Travers can fix upon no distinguishing character by which the syphilitic origin of this iritis may



be suspected, but "the shade of colour of the inflamed conjunctiva and sclerotica, and the appearance assumed by the deposited lymph. The former have a brick dust, or dusky red, instead of the bright scarlet hue of the simple iritis, and the lymph is compact and brown, and intimately adhering to the iris, instead of curd-like, loose, and of a yellowish white colour." Mr Travers, however, is very doubtful whether this is ever a symptom of Syphilis or not, although he alludes to eleven cases where it was an attendant upon syphilitic symptoms. Two cases of this combination which have come within my observation, did not present this remarkable brown tint, and had yielded to the sarsaparilla before the pupil had acquired the compact and tuberculated margin from effused lymph.

Concerning the proportion of instances in which these secondary symptoms have occurred after primary ulcers believed syphilitic, it appears that this has been as one to sixty-one, in our military hospitals in France. In our colder climate, it has been as one to ten. Where mercury was used in France, only one in a hundred and twenty-three patients had secondary symptoms.

Such is, in few words, the history of a disease which exhibits few but regular phenomena of a mild and chronic character; and surely the application of a rigid philosophy to medicine, has in this instance been peculiarly tardy, although it is not easy to say by what deviation from the rules of close reasoning such long protracted confusion has arisen. A spirit of premature generalization adherent to all philosophy, has, in relation to Syphilis, applied one imaginary cause to the explanation of multiform and even discrepant effects; and lest their occurrence at a very remote interval should seem to refute the identity of this one common cause, the extraordinary supposition of its *lying*



*dormant in the constitution*, was made to account for the explosion of the pent up mischief. This, or any other given hypothesis, was tenable, where obstacles to the attainment of facts arose from such obvious motives to falsification on the part of the patients, that opinions founded on their evidence could carry no other weight than a mere personal conviction, liable to be disputed, it was not seldom disputed, by those whose conviction ran the other way. In thus arguing from the facts assumed concerning Syphilis, as in every other instance, the deduction of legitimate inferences would be found to be the lowest and easiest part of the process of philosophizing. Logic, ever attendant upon information, would speedily have arranged such facts as had arisen from experiment, if the experiment of abstaining from active remedial interference had been held to be lawful in this disease; but while a moral barrier withheld physicians from the investigation of its laws, "conscience," which "made cowards" of some, converted others into desperadoes, and the reciprocal taunts of neglect and destructive activity, seem to have alternately shifted their application between the quacks and regular practitioners.

From the history of this disease, as handed down to us by books, little, I apprehend, can be learnt of its original and distinctive characters. The vague ambiguous nature of the terms employed by the ancients to denote ulcerative and eruptive disease, renders the study of their works fatiguing and unsatisfactory, although, from the dire train of incongruous symptoms which they so unsparingly attributed to the agency of Syphilis, thus much is probable, *either* that the Spaniards, who are believed to have imported it, brought a great many other *contagious* diseases along with it, *or* that a great increase of *eruptive* diseases



appeared in Italy at the time of the siege of Naples, in consequence of that famine, and of those unusual rains and inundations alluded to by the authors of that period, and that these diseases were by the first observers described as syphilitic. Among the former may have been various modifications of sибbeus, of tinea, and impetigo, and ophthalmia; of the latter, were the herpes, albaras, serpigo, terminthus, *scrophula*, *gout*, *sciatica*, and gutta rosacea: in a word, we are told there was no disease mentioned by surgical writers, ancient or modern, but may be enumerated among the symptoms of this. Such assuredly was not the real history of Syphilis, nor will the abuse of mercury, which was administered for its cure so early as the year 1498 \*, account satisfactorily for the wide spreading mischief, since we are expressly told by Ulric de Hutten, who in his personal experience had no cause to exonerate mercury from this accusation, that he had known many, among others his father, affected with those symptoms, who had never used mercury; and since we learn from medical history that mercury had, long before the appearance of Syphilis, been applied in the same lavish manner to the cure of other diseases. That Syphilis should in a few years appear much milder, was to be expected from the natural improvement of medical discrimination, although the abuse of mercury which prevailed from the beginning was still sufficient to make it appear a formidable affliction. While such a ready explanation is at hand to account for its greater apparent inveteracy in former times, there seems no cogent reason to suppose that its activity has diminished of late years; it may, from its first introduction into

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\* Natalis Montesaurus seems to be the first author who has recommended mercury.



Europe, have been essentially uniform, and only imperfectly observed and confounded with other diseases.

The same confusion in the account of its symptoms, throws much difficulty over our investigations of its origin. The mere descriptions left us by its first reporters do not indeed greatly differ from those of pre-existing and well known diseases; but an argument, to my mind satisfactory, in proof of its importation, is drawn from the distinct and uniform impression prevalent at that particular period, of a *new* disease, said to have been different from those previously known. What that disease was, I have said, we can scarcely learn from the records of medicine; but during its pressure, there must have been ample opportunity to observe, whether it was different from the current diseases of the time. Its distinctive marks, indeed, are not well laid down, because the talent of description depends on the possession of well defined terms, which had not been yet attained, while that of observation involves merely the comparison of many different cases, from whence a perception of difference or similarity may arise, incommunicable in the imperfect state of medical phraseology, but yet credible as the observation of clear-sighted men. These trace the new disease to American origin.

The cure is eminently simple, the leading indication in that of the primary complaints, being to avoid irritation from motion of the parts, or from diet. Severe abstinence in diet is probably not essential, although its regulation should be strictly attended to, and stimulating food or drink carefully guarded against. The horizontal position is of much consequence; the suspension of the penis not less indispensable. The knowledge we possess of the spontaneous cure of the constitutional symptoms, holds out every encouragement to the trial of escharotics, on the



earliest perception of the local ulcer, by which its specific action being destroyed, its cicatrization is effected immediately upon the falling off of the eschar, while the constitutional symptoms, no longer dreadful, are often prevented altogether. This sore, considered in its uncombined and essentially specific character, needs no other remedies external or internal; complicated as it often is, with inflammation, it demands a reference to the general principles of medical surgery.

I have, on the authority of Mr Carmichael's description, although unauthorised by his inferences, considered gonorrhœa as a mode of Syphilis produced by the nature of the surface attacked. Hence, where it does not extend beyond what Mr Hunter called the specific distance, its cure is best conducted on the principles of abstinence from perturbing causes in diet, in exercise, in local applications, and in the obstruction of intestinal excretion. The frequent ablution of the penis with warm water, or in case of painful chordee, with the tepid and watery solution of opium, probably constitute the whole external treatment of this complaint considered as specific. Its severe and accessory complications belong to the more general and mixed consideration, of simple inflammation modified by the structure and irritability of its seat.

Although gonorrhœa is said by Mr Hunter to run a certain period, means have long been in use to cut short the progress of the discharge by injections, to which various virtues of astringency, or of stimulation, have been theoretically ascribed. The simplicity of modern practice has greatly abridged the number of these, although, as occasional resources, they are still employed. Mr Carmichael merely retains two,—the solution of muriate of mercury in lime-water, and the mixture of the sub-muriate of mercury



with the same vehicle. The addition of opium or camphor to such, or the entire substitution of warm oil in cases attended with much pain or irritation, is analogous to the indications of relief. A radical and speedy cure has also been sought for in the destruction of the diseased surface, by the injection of a solution of the nitrate of silver, in the proportion of 15 grains to ℥j of distilled water. This practice, of military origin, has, in many instances which I have witnessed, been unattended with any severe or protracted pain, which indeed it speedily extinguished, or with any degree of constitutional reaction, and being injected five or six times a day, has completely stopped the discharge, although the regeneration of the membrane after a few days has seldom failed to bring it back along with it; or probably, the exfoliation of the cauterized membrane was effected in this, as in other cases, by the formation of a matter not specific. The army surgeons, however, who have so fairly tried its effects, are now less sanguine in its employment. A more efficacious remedy has been Cubeb pepper, for which, in the difficulty of procuring it, has been substituted the Cayenne pepper, of either of which, a tea-spoon full has been swallowed four or five times a-day in a few ounces of water, with marked effect in stopping the discharge, which it seldom fails to do after the second day, and its continued use for three or four days has prevented a recurrence. Nor has any inconvenience to the system followed its use; no acceleration of pulse nor marked excitement of any organ, except the skin, which in the head has been flushed with some slight perspiration in that region. It has been tried in patients of different and opposite temperaments, all of them, however, free from aggravated local inflammation.

The secondary symptoms of Syphilis have in most in-



stances been met by constitutional remedies, at the sarsaparilla and nitric acid. The efficacy of these, however, being by no means marked by any considerable acceleration of the cure, is rendered suspicious by the circumstance of its spontaneous completion. No local applications to the eruption, or to the throat, are generally enjoined, although the warm bath and ablution with the nitric acid greatly diluted, so as just to tinge the skin, has in one or two instances seemed serviceable. The iritis has yielded to copious bleedings, and the antiphlogistic regimen, the application to the eye-brow of tincture of belladonna, with which has been associated the internal use of sarsaparilla.

Notwithstanding the confusion that had arisen from the effects of mercury in obscuring the characters of Syphilis, and in inducing other diseases, it remains probable that it is an useful remedy in shortening the cure of the eruption; and the best of all modes of using it seems to be that employed with such success by M. Cullerier, in the Hospice des Veneriens of Paris, and which indeed is Van Swieten's method,—I mean the solution of the muriate of mercury. Its operation is proved, by the testimony of British surgeons\*, to be mild and efficacious, under the hands of M. C. and his pupil M. Lagneau, the latter of whom details the precautions to be taken against the mischief which has flowed from its injudicious use.

The above description of Syphilis bears upon the question of syphilitic infection of the foetus in utero. A peculiar laxity of induction seems to have at all times prevailed in the admission of evidence on this subject. Mr Bertin, the author of one of the best works on this subject †, rejects

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\* Mr Cross in his medical sketches, and Professor Thomson in his lectures.

† Published at Paris in 1810.



such symptoms as the aspect of old age, the putridity of the water of the amnios, the separation of the cuticle, absence of hairs or nails, excoriations, and erisipelas; he accounts for the aphthæ, "ulcerous excoriations," gonorrhœa, and "pustules muqueuses," with which many children are affected speedily after birth by various other causes, chiefly neglect of cleanliness, or a febrile attack; and very justly observes, that the diagnosis of Syphilis in young and old, is derived from the "ensemble" of symptoms, each of which by itself is equivocal, and these, in the present case, do not generally appear till some weeks after birth. From some instances, however, which are admitted to be extremely rare, of eruptions and "chancres" found on various parts of the surface at birth, he holds it proved, that the children in whom they were observed had been infected in the womb. But "secondary chancre," or ulcer, has not occurred in adults, either on the genitals or any where else, nor secondary gonorrhœa; there is therefore no analogy to induce us to consider such affections in children as secondary symptoms of Syphilis; primary indeed, they might be, as inoculated from disease in the passages of the mother, in which case, however, they could hardly appear at birth; but where this explanation is wanting from the absence of such local disease in the mother, it is evident that the history, the ensemble, so essential to the discovery of Syphilis, are wanting. Thus even the peculiar syphilitic eruption, if it ever did occur at birth, being unconnected with primary symptoms, must have been very liable to be mistaken for other cutaneous affections of new-born infants; and thus the possibility of infection in this way, through the placenta, which is not believed to transmit any fluid, is destitute of any thing like proof, and has against it the fact, that in every other instance the virus is



incapable of being communicated in the secretions, but requires the specific action of a diseased surface for the elaboration of its only vehicle, a morbid pus. That some formidable affection, however, has often been imparted from the child to the nurse, and from her to other children, is but too certain, and probably the contagious aphtha or sibbens would produce nearly such effects.

In these observations, I have embodied the whole of what seems to me strictly essential to the consideration of Syphilis. It remains to consider those severe and complicated diseases which have so long occurred along with, and been confounded with it. Of these, some arise from the *local* irritation of the primary syphilitic symptoms acting as an exciting cause of inflammation in temperaments prone to excitement, or to that erisipelatous or ulcerative disposition, which has been ascribed to gastric or intestinal derangement, and which is so often accompanied with foul tongue, costiveness, or some other obscure indication, supposed to mark irregularity of the biliary secretions,—a state of constitution which is better known by its external effects on cutaneous disease, than defined or accounted for, and which is frequently the cause of those ravages which extinguish the specific appearance of the ulcer, by producing sloughing and phagedæna.

That state of the air of an hospital so well described by the French surgeons, as conducive to the occurrence of *erisipelas* in wounds of the head, is often the cause of a similar affection extending the ulceration of chancre. Its form is twofold, producing in some individuals a typhous affection, with tendency to sloughing, gangrene, or burrowing suppuration under the skin, with asthenic pulse; while in others it is active, painful, ulcerative absorption, attended with arterial and capillary re-action. My only apology



for enumerating affections thus obviously unconnected with Syphilis, is the conviction that the slighter and more insidious degrees of these have been often ascribed to syphilitic action.

The pendulous position of the penis, the contact of the clothes in neglected cases, will, as already implied, often assist in explaining the untractable nature of sores of this part. Gangrene of the penis is occasionally seen in cases where intoxication has accompanied the infection. The consideration of phymosis and paraphymosis, of abscess under the ligament of the penis, and suppuration of its body, of the hard chords of lymphatics, generally attended with bubo, either from gonorrhœa or chancre, of hernia humoralis, of gleans, strictures, and urinary abscesses, warts, fici, and condylomata, belong to this place; as these are local accidents, supervening on, and complicating the primary symptoms of Syphilis. The limits, however, of the present undertaking, seem to exclude all but the mere mention of affections not liable to be mistaken for the specific effects of the virus.

To the mercurial irritation in the system, often the effect of a very small quantity of mercury, may be traced the frequent *aggravation* of most of these local complaints, and the *production* of some. The spreading or sloughing of chancres, the invasion of erisipelas of the penis producing phymosis, the suppuration and phagedæna of buboes, afford the most destructive proofs of this influence.

The constitutional cure of these adventitious evils, as far as it involves general principles, is conducted on that of abating inflammation. Very active depletion is indicated in that state of cutaneous irritation which induces sloughing or phagedæna. Profuse hæmorrhage occurring from erosion of the arteries of the ulcerated part, has often stop-



ped the progress of the sore; and blood-letting in the arm, to produce its good effects, must be copious and sudden. Mercury, under whatever form it has been employed, must be forthwith abandoned. Milk diet, country air, and the horizontal posture, are important adjuvants. Neutral salts, in full doses, remove that torpor of the intestines which so frequently attends or induces inflammatory affections, and equalize the circulation, by creating a counter irritation. In this way also, may be explained the good effects of small nauseating, purgative, and sudorific doses of tartar emetic in a copious watery vehicle. Sea-bathing occupies a principal place among the general remedies of phagedænic and sloughing chancre, and bubo; and from the analogy of other febrile diseases, where much heat prevails, I should expect good effects from the cold affusion. The internal use of opium in ample doses, of hyoscyamus, and cicuta, become highly necessary to soothe pain, and the nitric acid is usually prescribed in such cases. Severe attacks of pain have been known to recur with regular intermission in ulcerated cases; the bark which has been so indiscriminately and so unsparingly administered, seems to me alone adapted to these, and the internal use of arsenic, so effectual in agues and periodical hemicrania, to derive at least equal confidence.

In the *local* treatment of these ulcers, we observe the capricious nature of inflammatory action, relieved by frequent alternations of the most apparently opposite remedies, and often aggravated by the continuance of those which at first appeared beneficial. Emollients, carrot poultice, cold saturnine solutions, simple dressings wetted with cold water, strong solutions of opium, black wash, are indeed most clearly indicated in painful ulcerated cases; and yet, other cases of a character not previously ascertained,



but apparently similar, require irritants, as turpentine applications, the solution of muriate of mercury, red precipitate ointment, or sulphate of copper. Escharotics, capable of extinguishing pain, by destroying the morbid surface, as the solution of nitrate of silver, Fowler's solution of arsenic diluted, or the mineral acids diluted and applied to the sloughing parts, will often stop the ulceration, and induce cicatrization, producing the same marked relief as in hospital gangrene.

In the treatment of phymosis and paraphymosis, little assistance is derived from local means. These states are determined by the relative length of a sound prepuce to an inflamed glans, or of an inflamed prepuce to a sound glans. Hence the parts, when reduced without incision, are very apt immediately to return to their former position, which thus appears to be the most relaxed they can assume in their swelled state. Paraphymosis almost always depends on swelling of the glans, whether accompanied with œdema of the prepuce or not, while phymosis is generally the effect of infiltration into the prepuce, the glans remaining of its natural size. Leech bites are very liable to ulcerate; punctures into the tumid œdematous prepuce, although equally so, are yet necessary where the glans is threatened with gangrene from stricture behind it. The question of incisions into those parts in the acute case of stricture, where alone incisions are indicated, cannot be said to be decided, as the danger of gangrene supervening from stricture, is generally contrasted with that of inducing the same state by the irritation of incisions, where high inflammation already exists. Most weight is, in practice, allowed to the latter apprehension, although I think the employment of incisions so analogous to the interference of surgery in other cases, where irritation from stricture, or from con-



finer matter, is to be removed, that it would be safe, and of course beneficial, if accompanied by a severe attention to constitutional depletion. Scarifications are much recommended in other parts attacked with *erisipelas*; they are of approved efficacy in incipient *paronychia*, and in the inflamed tonsil; and even the amputation of a gun-shot fractured leg is not always precluded by commencing inflammation, or a spreading gangrene.

Buboes arrived at suppuration are allowed to burst of themselves, in order that the skin, rendered by the distention and absorption incapable of adhesion to the bottom of the abscess, may be removed by ulceration. They however remain long indolent, and their contents are sometimes ultimately absorbed, or a tedious resolution at least is effected without the formation of matter. In cases where little cutaneous inflammation prevails, this resolution is much promoted by the tonic pressure of roller and compress. When, however, we are forced by constitutional irritation to open buboes, this should be done by caustic in preference to the puncture or incision, as much difficulty is often experienced in healing the callous ulcer with high edges, which follows these last, and much paring with the knife is necessary, since escharotics will scarcely attack this gristly margin.

It is well known that there are also *constitutional* diseases resembling Syphilis, and which, until lately, were confounded with it. Of these the most frequent by far are such as proceed from mercurial irritation, instituted for a remedial purpose in Syphilis, and other diseases. The local effects of this *erithism* upon the lesions of surface produced by the primary symptoms of Syphilis, have been already hinted at. Its most common constitutional form is that of an eruption, *erithmatous*, *vesicular*, and subsequently



desquamating in large crusts; preceded and attended through its whole course by typhus; and called *Ezema Mercuriale* by Dr Bateman.

To the mercurial action may also be traced the exasperation of phthisis in those predisposed to it; dropsy, amaurosis, mania, and coma, are among the less frequent consequences.

In refusing to Syphilis those multifarious forms under which it has so long been described, we find it necessary to enlarge the definition of a disease much more formidable, though less likely to occur, where its causes, as they are now understood, are foreseen and averted; the Cachexia Syphiloidea of Mr Pearson, the Pseudo-Syphilis of Mr Abernethy, and the *Mercurial* disease of Mr Mathias. We may well ascribe it to this last implied cause, since those symptoms which are peculiar to it arise from the administration of mercury for the relief of other diseases besides Syphilis. This chronic form, then, of Hydrargyria, is said to occur at a considerable time after the reception of its cause; and the period is at least indefinite; months, and even years, are said to intervene, a position which has probably procured the indiscriminate admission of many anomalies under this head. The order of its symptoms has been as yet imperfectly observed, but it seems essential to its character, 1st, to produce aphtha, sloughing, and ulceration, sometimes deep and cupped, sometimes superficial and extensive, of the *throat, tongue, larynx, and bones of the nose*; 2dly, To produce *cutaneous ulceration* similar to that of ecthyma, on parts never before affected with Syphilis. Interesting instances of this are found in Dr Adams' work on morbid poisons\*, and in Mr Pearson's

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\* Page 34.



on the articles of the *Materia Medica*. Dr Adams' case of alternative sloughing and phagedænic ulceration, commenced with copper-coloured spots on the seat of the future ulcers, under circumstances where, although mercury had previously been much abused, the existence of a syphilitic taint was from the first very doubtful. The ulcer described by Mr Pearson was preceded by a small boil on the forehead, appearing during the full use of mercury. *3dly*, To reproduce its peculiar ulceration on the seat of former syphilitic sores. Such ulcerations are well described by Mr Mathias as moveable, that is, healing in one place, and spreading in another. They heal in the centre, and spread towards the circumference, are more irritable than the venereal, are of an irregular and jagged form, with sharp edges, as if divided with a knife. *4thly*, It gives rise to nodes on the bones, and effusions between them and the periosteum, ending sometimes in extensive caries, especially when seated on the head; and to rheumatic pains of the joints and shafts of the long bones. A distinct instance of mercurial node lately offered itself in the Infirmary of this place, on the legs of a girl of thirteen, who took mercury for the cure of a cutaneous complaint on the elbow, unconnected with any suspicious circumstance. A number of strongly marked cases of the same nature have occurred to Professor Thomson; by his permission I state, that during the course of the bygone winter, a young gentleman, a patient of his, who had never been affected with any symptom of Syphilis, was, on exposure after a mercurial course, (instituted for the relief of a liver complaint), affected with three distinct nodes on the forehead, and one on the upper part of the ulna. Such is also the case reported by Mr Travers, of a young woman of respectability, who took mercury for the cure of iritis.



Dr Adams explicitly asserts such instances to be of frequent occurrence. *5thly*, Iritis is proved by Mr Travers to be a mercurial affection. *6thly*, Many anomalous symptoms described by authors, have been referred to the syphilitic virus; but although convinced that such are not attributable to this last cause, I am unprepared to assign their true origin. They are, inflammation and purulent discharge from the eye-lids, and from the ears, both of which parts are liable to ulceration, ulceration of the upper lip, of the umbilicus, paronychia, and ulcers between the toes, chronic swelling of the testicles, copper-coloured blotches on the skin.

It is laid down by Mr Mathias as an invariable observation, that the "*diseased* mercurial action" just described, is in an inverse ratio to the effect of mercury on the salivary organs; and such individuals as I have seen afflicted with it, had indeed scarcely experienced the usual flow of saliva, or soreness of the gums. He contends, moreover, that this mercurial disease exerts no power whatever in eradicating, although it may suspend the syphilitic action, which will reproduce its peculiar symptoms after their temporary suspension. This recurrence will be rendered evident, he observes, by the history of the case, as having apparently yielded to the specific, without the necessary anti-venereal salivation, and by the different characters of venereal or mercurial sore.

Both these marks, however, must assume a very different bearing, when it is admitted, that Syphilis will disappear spontaneously, and that secondary ulceration has not been clearly observed as the effect of Syphilis. On the threshold of rational inquiry into the characters of Syphilis, it would be premature to assent to a position implying such distinct lines of discrimination as the alternation of syphi-



litic and mercurial ulcers. That the mercurial disease, especially in its ulcerative symptoms, is extremely apt to recur, is however certain.

There is no doubt, that the various forms of Ecthyma have often been confounded with Syphilis. It is a disease of poor ill-nourished people, and in its form exactly answers to the ulcerations hitherto so confidently ascribed to Syphilis. It has supplied those accurate descriptions of cutaneous pustules and blotches, terminating in deep-set thick brown scabs, covering ulcers of depth, and generally of a round shape, surrounded with a purple brown areola. These are generally accompanied with round, cupped, or foul sloughy apthous ulcers on the tonsils, and muscular pains. It is not contagious, generally depends upon a cachectic, emaciated habit of body; but in one instance of an officer, I found it decidedly produced, along with severe rheumatism and node, by abuse of mercury; and this is confirmed by daily experience\*.

The Scherlievo, described as prevalent in Illyria, by the French military physicians †, is identified with Sibbens, by the committee of the *Société de Médecine*, and is said by them to present the closest analogy with the *venereal disease*, as described by the authors of the 15th century. These two forms agree in being highly contagious, being caught by using the same vessels with the infected, by lactation, and kissing: their symptoms also correspond, and consist in apthous ulcers of the throat and palate, spreading along the cavities of the nose, with caries; copper-colour-

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\* An interesting case, attended with the utmost emaciation, is at present in the soldier's ward of the infirmary of this place. The quantity of mercury used was very considerable, and its effects on the salivary organs violent. - he died - je

† Vide Lagneau, exposé des symptômes de la maladie vénérienne. Paris, 1812.

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ed eruptions, forming crusts, with extensive ulceration, and, towards the decline of the disease, with mulberry fungi, an eruption resembling scabies, with severe itching; severe pains in the bones, alopecia. There are seldom, it seems, any primary symptoms, and it is rarely communicated by coition. Its description recalls that of the reputed Syphilis of infants caught from their nurses, or by these from the infants; and that of the diseases from transplanted teeth, reported by Mr Hunter.

A few cases are in record of Pseudo-Syphilis, characterized distinctly, both by *primary* and *secondary* symptoms, arising spontaneously in chaste conjugal people, and communicated to their wives. Nothing but the confidence of their medical attendants in the continence of their patients, could rescue the spontaneous origin of their sufferings from being set down as apocryphal. Fortunately, such cases are extremely rare. They may, however, be analogous in their origin to sibbens. The observation already quoted from Dr Adams, that the healthy, or apparently healthy secretion, of one person applied to another, does often excite ulcerative disease, is ingeniously referred to by him, in explanation of the origin of sibbens. "It appears," says he, "that a disease originating from such a cause, is capable by contagion of exciting a similar disease in another person, which may be universally propagated."

The cure of all these diseases is obtained by the same general and local means, and on the same principles, as far as these are discernible. The warm sea-bath, the decoctions of the woods reputed antisyphilitic, the liquor potassæ externally and internally, washes of the metallic salts, and warm clothing, gently stimulate the cutaneous capillaries and absorbents, while purgatives, mineral acids, milk diet, and country air, correct the general habit. The



acute, inflammatory, and phagedænic symptoms, are relieved by venesection, by cicuta, by external escharotics, and cold applications. It is not to be forgotten, that Dr Adams and Mr Carmichael have made the observation, that towards the decline of the mercurial disease, when, the specific irritation being removed, the disease is kept up by habits of action in the ulcerated parts, or by effusion in the nodes and in the iritis, small alterative doses of mercury expedite the cure.

## FINIS.







