

# Syphilis.

by  
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An intelligent account of the history,  
symptoms, & treatment of gonorrhoea  
& syphilis.

## Syphilis.

The venereal affection (including in this term, the two great divisions, Gonorrhoea & Syphilis proper,) with their concomitant effects, is a disease, the knowledge and treatment of which is of the highest importance to both surgeons & medical practitioners, far more so, than in general is acknowledged, but which nevertheless is truly so; as if seen in time and properly treated, it is in most cases, comparatively innocuous, and easy of cure, but if not properly diagnosed and treated, becomes one of the most horrible and even fatal diseases to which the human frame is liable - entailing misery both of mind and body, not only on the wretched being who through licentious habits & unbridled passions has contracted the disease, but also on others perfectly innocent - a man, an unfortunate husband (perhaps innocently enough too) communicating the disease to his still more unfortunate wife, & she

2)  
may be to her offspring, or if she contract  
not the disease, still what sort of offspring  
does she improperly treated, + so to speak  
half cured father beget, offspring weak  
puny, scrofulous, which if it does arrive  
at manhood's estate, is far from being  
in robust health, is unfit for the duties  
of life, + soon finds rest in a premature  
and early death. Truly may it be said of  
this disease, more than of any other "the  
sins of the fathers are visited upon the  
children".

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

Whether the Venereal affection is a di-  
-sease of ancient date or not, is a question

Venerical disease (history of)

that has often been discussed, one party affirming that it is so, the other asserting the contrary; both parties bring forward many proofs for their respective principles - the party affirming that it is an ancient disease, bring forward in proof of their assertions among other numerous facts or stories these - viz, that a disease of the genitals is mentioned by Celsus, Liber vi Chap. 18. Rhazes an Arabian writer, mentions an ulcer of the penis, arising from connexion with unclean women - it appears often to be mentioned in the Bible 12 + 15 Chapters of Leviticus - in 5th Chap of Proverbs we find Wisdom admonishing her pupil, to beware of strange women, lest his flesh + body be consumed - in Ecclesiastes mention also is made of some disease of this sort - in the Psalms also, it would appear, that King David had contracted some disease of this sort - for he mentions in the Psalm xxxviii - that his loins were filled with a sore disease, + that there is no whole

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part in his body. he also mentions in  
preceding verse, that he had no rest  
in his bones, by reason of his sin  
& that his wounds stank, because  
of his foolishness. Some, I am aware  
consider this Psalm to have been  
written in an allegorical sense, but  
the Psalmist seems <sup>to</sup> plainly to attribute  
his disease and misfortune, to his  
foolishness and sin, to warrant such  
a conclusion. Discharges from the  
urethra, seem to have been known  
according to Mr Beckett as early as  
1162 under the title of brenning or burning  
and that a penalty was enforced against  
brothel keepers, keeping women who had  
this infirmity. It hath also been stated  
that sores were contracted by lying with  
leprous women, <sup>but the term leprosy</sup> has been used for so many  
different diseases, and has so wide and  
uncertain a definition, that this affirmation  
cannot go for much. Lanfranc of  
Milan who lived about the year 1290  
states that chancres and ulcers of the penis

Venerical disease. (history of)

followed from coition with foul women.

Many of the urethral discharges might not have been, what we now consider the true gonorrhoeal discharges (the virulent gonorrhoea) but simply discharges which may be contracted from clean women (as opposed to foul infected ones) such as a man may contract from his wife, discharges caused by local non venerical ailments on the parts of the female - such as leucorrhoeal, menstrual discharges &c.

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

If the theory of the change of type in diseases be correct, might it not be applied to this disease also - if so, both the contending parties might come to the conclusion, that the venerical affection is a disease of ancient date, but that having

(6)  
Venereal disease (history of)  
during the last two or three centuries  
changed its type, it has become greatly  
aggravated, though fortunately now  
again, it is getting milder, either by  
changing its so called type, or more  
probably on account of the greater  
skill and more enlightened practice  
of the present day - There cannot be  
a doubt that this disease became greatly  
aggravated at the latter end of the  
15<sup>th</sup> century during the siege of Naples  
but in this case, there was every circumstance  
that could possibly foster and intensify  
any disease, that was then epidemic, viz, masses  
of men and women crowded together, exposed  
to wet and cold, without sufficient food  
or clothing, fatigued, depressed both in  
mind and body - all these circumstances  
are well known to induce cachectic states  
of body, aggravating every disease or wound  
however trifling, and if others, why not this?  
Moreover intercourse between different nations,  
(however it may be explained) seems to

Veneral disease, history of  
 generate or rather aggravate these venereal  
 affections, witness the "black lion" that raged  
 among the British troops in Portugal -  
 there seems to be even <sup>in</sup> this disease, a sort of  
 acclimatization, not possessing which, the  
 patient suffers or is afflicted differently  
 to the proper inhabitants -

As to its being imported from America,  
 no mention of it is made by the then existing  
 writers, & looking to the fact that the natives  
 of that country, (before the introduction of the  
 European vices - "fire water" &c) however fierce  
 and cruelly they lived, spent at least  
 virtuous lives; it is more probable that  
 this disease was a present from the old  
 world to the new -

It seems to me therefore to have been of  
 ancient date, and that whatever would  
 cause cachectic states of the body, such as  
 wars; defeats; famines; depressing passions;  
 licentiousness; might aggravate it - we  
 continually see, that in depraved states  
 of body, even simple sores, take on a bad

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Venereal disease - (pathology of)  
aspect, and till that state is removed  
it is no good meddling with the sore -  
For the same reason I believe, some consider  
that <sup>there</sup> is only <sup>one</sup> kind of syphilitic (not gonorrhoeal)  
poison, but that different states of body,  
situations, circumstances, diet, regulate  
in a great measure at least, the resulting  
sores or symptoms -

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

Venerical disease. (pathology of believe) if in a very debilitated and cachectic state; a simple sore, and even eruptions may follow, but they are not specific eruptions, and they do not require mercury— Different persons it is true, have had connexion with the same woman, and some of them have been afflicted with gonorrhoea, others with chancres, how is this? a speculum clears up the difficulty, it been quite possible for the two diseases to be present in the same woman—

What is the grand difference between the two poisons?

It is this, the gonorrhoeal poison causes merely and entirely, a local affection, unless we consider the rheumatic affections of the joints and eyes which sometimes occur after gonorrhoea as secondary affections, caused by a contamination of the blood therefrom; the syphilitic poison also at first causes merely a local disease, but if not stopped in that part of its course,

Veneral disease (gett' logg of)  
 and destroyed, the matter soon gets into the  
 system, either through the agency of the lymph-  
 -atics, but more probably by absorption by  
 the veins, lights up a fever, followed by  
 specific eruptions, and other local com-  
 -plaints, inducing a cachectic state of the  
 system, causing deterioration of the whole  
 mass of the blood, setting up increased  
 action in some parts of the tissues, such  
 as secondary ulcers, papulae, pustulae, nodes, &c.  
 in others diminished action, a sort of  
 paralysis in fact, such as baldness, falling  
 out of the teeth &c. These are the so called  
 secondary and tertiary symptoms - and  
 these do not follow the introduction of  
 gonorrhoeal poison -

What is the cause or origin of the  
 veneral poison?

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

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

It probably arose, (as many others may be  
supposed to have arisen) from the infringe-  
ment of some of nature's laws, and a  
punishment due to the perpetration of  
the offence, though it cannot be denied  
that it appears often unjustly inflicted,  
the poor wretch the first time he gives way  
to his guilty passion, getting contaminated  
with a loathsome disease, whilst the  
aged libertine pursues his usual avocations,  
free from all contamination. It may

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Venereal disease - (origin of  
arise "de novo" now and then, and spread  
among the community at large by a mixture  
of various foul and diseased male and  
female secretions, acting on breaches of sur-  
-face in cachectic constitutions - according  
to Morgagnie "wherever prostitution is foul  
and unclean, restricted to few women amongst  
crowds of men, there the infection will  
be generated" Whether this theory be  
true or not, it is in the circumstances  
mentioned above, that the disease is found  
in its violent and most intractable  
forms, there being every thing to encourage  
and support it, as it were, the bad air,  
irregular living, filthy habits of body &c.

Blennorrhagia - (Bleuve P. 2)  
Gonorrhoea (young pers) Chande Pisse - Quorrhoea  
Arum - Clap - Mucite - Brenning  
Catarhal Inflammation - Catarhal  
primary syphilis - These are a few of the  
synonymes of this disease, given to it, by  
the inventors, as showing their ideas

# Gonorrhoea.

of its origin or some of its chief peculiarities. Gonorrhoea is a discharge from the urethra of the male, urethra and vagina of the female, of at first simple mucus, then of pus or mucus-purulent matter. it may be considered (as one or two of the synonyms above express) a catarrh of these organs, & it may arise from other, than illicit intercourse. It may arise from weak states of the system, as in young female children, it may arise from teething the introduction of the catheter, intestinal irritation, it has often followed a paroxysm of the gout, rheumatism, lastly it may arise from excessive venery leucorrhoeal, menstrual, and other acid discharges, from clean females, & the disease thus set up, is sometimes very severe - It is of importance to be able to distinguish these discharges (especially as regards the female) else chastity may be disputed, the peace of families disturbed, and as too

# Gonorrhoea.

often done, false accusations brought against innocent persons. The chief point in the diagnosis, between the disease, contracted from an unclean person, and that arising from simple irritation alone (whether it be derived from a clean uninfected person, or idiopathically, so to speak) seems to consist in the severity of the former, the mildness and shorter duration of the second. The period of the so called incubation varies from one to two days to five six or eight days, and it may be delayed, if care is taken, to a longer period, one author I believe mentions six weeks, some say years (Credet Jueda). In some cases, as from irritation caused by excessive indulgence, it may appear in a few hours, even in a few minutes, but as a general rule all things being equal, the longer it is in making its appearance, the milder is the disease. The ordinary

# Gonorrhoea.

symptoms are well known, first a dryness and slight itching at the orifice of the urethra, then an increased flow of mucus, oftentimes perfectly clear, sometimes whitish; an increased desire to make water; the venereal appetite also, being somewhat augmented. This state of matters does not last long, the discharge increases, and not only increases, but at some time alters its quality, becoming purulent, or muco-purulent, and in violent cases, where inflammation runs high, of a greenish colour.

No doubt if urethra was examined at the very first, it would be found dry and tumid, like other mucous membranes at this stage, but the over distended vessels soon relieve themselves, by parting with their more watery contents, the discharge of mucus also, is soon increased, and as mentioned above, pus or something like to it, is poured out. The mucous membrane still remains tumefied, or is still more swollen,

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Gonorrhoea.

by which the caliber of the urethra is contracted, the urine consequently passes out in a small forked, twisted or splitted stream and as the canal is most likely deprived of its protective epithelial covering, and from the fever and irritation present, the urine itself has likely undergone some change, there is scalding and pain in the act of micturition (it may be remarked that the greater the flow of pus, the less seems the scalding to be) more of the urethra seems now to be involved, the inflammation spreading deeper, the fever is often severe, other parts sympathize, pain is felt in the back, testicles, groin, perineum, the pain may be aggravated, at night more especially by chordee, and without this painful complication, by troublesome erections - but I believe the worst part of the disease consists in the knowledge that it is a disgraceful disease, a disease your own folly has brought on

## Gonorrhoea.

you, and one in which you dare not ask for, and therefore cannot obtain the comfort and assistance of friends—

As all inflammations tend eventually towards a cure, so these symptoms ~~to~~ after they have gone on for a few days gradually cease, the discharge and pain become less, mucus again is alone poured out, this at last ceases, all but sufficient to lubricate the canal, and the patient is well,— Sometimes however, far more severe symptoms ensue, the prostate, the bladder, accelerator urine muscles, even the kidneys may become involved and a fatal issue ensue—(death is however rare—) oftentimes, other and minor complications ensue, one or more of the mucous follicles of the urethra becomes inflamed, and may obstruct the flow of urine; as soon as this is discovered, even before it has time to get much enlarged, it ought to be opened externally— I have seen one of

## Balanitis.

These follicles much enlarged without retarding the flow of urine, and though it was punctured early, no good was apparent by so doing, the little tumor not diminishing, nor increasing, till, by friction with Iodine ointment it suppurated, when the ordinary rules of surgery were put in force.

Gonorrhoeal ophthalmia, (not the ophthalmia from direct contagion) and gonorrhoeal rheumatism, sometimes ensue.

### Balanitis - (gonorrhoea preputialis)

This disease consists of excoriation and inflammation of the glans penis, and mucous membrane of the prepuce, accompanied by a muco-purulent discharge.

The predisposing cause of this disease is no doubt the existence of the prepuce, as this complaint does not occur to people who have been circumcised. The "prepuce" says M. Ricord, is an appendix to the genital organs, the use and object of which I could never divine; he not only says this, but a

## Balanitis

good deal more, blaming it for being the cause of at least one of numerous evils - but no doubt it serves some good purpose; may be keeping the glands moist & tender, and thus increasing pleasure in the copulative act -

The exciting cause of this complaint, is no doubt irritation, gonorrhoeal matter, menstrual fluid, very oftentimes however, from allowing the secretion of the Glanulose Tysoni to accumulate between the glands and prepuce -

The symptoms are, itching, pain, heat, an increased secretion which becomes more or less purulent, swelling of the prepuce, on pressing which a quantity of matter issues forth, but with all this, there is no pain on micturition - there may be a little scalding on the urine dribbling on the inflamed prepuce however, but this soon passes away, there may be pain on erection the glands being tightly embraced by the swollen prepuce, which is unable to retract - and very often phimosis exists to a certain extent, rendering it difficult

## Balanitis

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

"Treatment"—in simple cases—piece of lint between glans and prepuce quite sufficient, changed three or four times a day— it may or not be medicated— Solutions of sulphates of zinc or copper useful, when the lint cannot be introduced, the best treatment no doubt when it can be done, is— to wipe the parts clean first, and then to pass lightly over the parts a stick of nitrate of silver— this often cures the disease at once— after the cauterization, a wash of lead & water, black wash &c. may be used, and dry lint kept between the parts— If Phymosis is present, causing constriction— ~~excision~~ excision may or may not be required— most likely the cauterization will be sufficient, if not and gangrene threaten— excision may be absolutely required— One must look out for the contrary occurrence, and take care lest by any chance paraphymosis should occur—

Gonorrhoea - (virulence of the discharge)

- Gonorrhoea -

How does the poison of gonorrhoea act - what real change does it produce in the urethra, or rather in the matter discharged from the canal? I have never seen this explained in any book, or even any attempt at explanation - that it causes irritation in the urethra; lights up an inflammation there, causing a discharge is well known - but how does it do so?

If I inject a drop of gonorrhoeal pus into a healthy urethra, an inflammation is set up, with its products, pus &c. but it must be something more than mere inflammation, for I do not suppose that pus taken from a common inflammatory sore of a mucous membrane, would cause a discharge, pus being generally considered of a bland and protective nature. How then does the pus issuing from the meatus urethrae become so virulent - as gonorrhoea is a local disease, and the blood not contaminated, the pus on being first secreted, ought to be laudable pus, or if from cachectic states of the body,

Gonorrhoea. (virulence of the discharge)

it is not the so called laudable pus, still the blood does not, cannot secrete and elaborate from itself, gonorrhoeal pus, if gonorrhoea is not a blood disease - nevertheless the pus from the time of its exit from the meatus, if not before is virulent, and able to produce matter like itself, whenever it can find a suitable locality - how does it become so - does the drop of injected or infected pus, setting up the irritation, get dissolved in the newly secreted healthy pus, and thus infect it - or does it, finding a suitable nidus grow and increase endogenously, mingling with the healthy pus, or can each poisonous pus cell infect a certain number of healthy pus cells, and then die, they in their turn infecting others, till at last the poison seems spent out, having got too weak to infect any more; as the discharge is not at all times equally virulent or is some irritation set up in the solids of the parts, thus causing the pus as soon as elaborated, or rather the plasma from which the pus is formed to be

## Gonorrhoea. (treatment of)

come in some way deteriorated and poisonous—  
 "Treatment" As all inflammations tend  
 to a cure, so does gonorrhoeal inflammation,  
 and it is stated, that most of them would  
 cure themselves in a week or so, if they had  
 a fair chance, if patient would confine  
 himself to bed or at least to a recumbent  
 posture, for a few days, support the organ well,  
 drink plenty of mucilaginous drinks, to render  
 the urine as bland as possible; live low, in fact  
 consider himself an invalid for a short time,  
 but as most people will not submit to this  
 plan of treatment, but rather do contrawise,  
 for fear of being found out, other plans of  
 treatment become necessary. I will enume-  
 rate a few below. each of which has its advocates,  
 its advantages and disadvantages—

Mr Carmichael recommends, (if one can catch  
 the disease at its very commencement) injections  
 of nitrate of silver 10grs to the ounce. this is very  
 likely to cure the disease at once, if perfectly  
 antiphlogistic diet &c. be carefully carried out  
 afterwards, the injection may have to be repeated

## Gonorrhoea. (Treatment of)

A safer plan seems to <sup>be</sup> that of Mr. Ricord and adopted in this country by Mr. Doan of injecting a solution of nitrate of silver, (two grs to eight ounces) about twelve times - one injection every six hours - at the same time to take copaiba or cubeb, and of course rest, supporting the parts, and the other usual antiphlogistic remedies, according to the common principles of surgery - If the patient is seen late, and acute stage come on - leeches to the perineum - warm bath - diuretics, mucilaginous drinks - horizontal posture, suspensory bandage, low diet are necessary - Chordee is to be combated by camphor and opium - sleeping on a mattress, instead of a featherbed - Retention of urine by rest - mucilaginous drinks, warm bath - perhaps, in extreme case, catheter must be used - Hemorrhage best restrained by pressure on perineum - cold drinks, cold enemata &c. One of the most obstinate remains (so to speak) of gonorrhoea is gleet - it often defies all treatment - injections of sulphate of zinc have been used, copaiba, cubeb, turpentine, cantharides and a host of other medicines have been given

Gonorrhoea. (complications of)

internally, with and without success. cold sea bathing, seems to have done good, as also shower bathing - Mr Milton has recommended, a long narrow blister to be applied to the penis, and he says he has treated obstinate cases thus, with almost instantaneous success - All remedies that tone, and brace up the body, would be of service, whilst on the other hand, every care should be taken against excess of every sort - Swelled testicle, or more correctly speaking, swelling of the epididymis "epididymitis" is a serious complication of gonorrhoea, unless taken care of, and properly treated. The treatment must be in proportion to the intensity of the disease - rest even in bed is essential - if much constitutional disturbance, bleeding from the arm may be requisite, followed by leeching - taking care not to apply the leeches to the scrotum, vulva, or indeed to any part where much loose cellular tissue abounds - but to the perineum - a styptic tartar emetic, in nauseating doses, will be useful if there be great distention with pain of the tunica

Gonorrhoea. (complication of  
 vaginalis, puncturing will give great relief -  
 Compression of the testis with strips of adhesive  
 plaster is used by M. Ricord, and apparently  
 with great success. "Warts" or vegetations may  
 be treated by numerous remedies - warm ablutions,  
 astringent washes - sovere ointment. Mr Acton  
 does not recommend nitrate of silver, caustic  
 potash is unmanageable - I should think,  
 that the sulphate of zinc as used by Professor  
 Simpson in the removal of canceromatous  
 and canceroid growths would be useful - but  
 undoubtedly if patient would submit  
 incision is by far the most preferable  
 mode, and perhaps in the end the least  
 painful - the bleeding is of little consequence  
 and may be beneficial - dry lint should  
 be placed on the incised parts, when the  
 bleeding has stopped -

Syphilis-  
- Syphilis-

This disease caused by contact or inoculation, is generally divided into three stages, each having distinct characteristic marks, and signs; called the primary, secondary, and tertiary symptoms of syphilis.

The primary symptoms or chancres, must arise from contagion from a similar chancre, and mostly from illicit intercourse.

The secondary symptoms, may arise in a variety of ways, it may arise after chancres, it may be seen in infant at birth, it may be seen in ~~infants~~ mother, infected through infant. (Ricord) and other ways are mentioned.

The origin of the disease, I have attempted to discuss before, but the true fact may be confessed we know very little about it.

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

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Syphilis (primary)

The penis of the male, on the labia pudendi, vagina, or uterus, of the female—

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

Chancres are of different kinds, and are more or less numerously divided by different authorities. some (and I believe the best authorities) make out four different kinds, others divide them into many more. The common

Syphilis - (primary)

chance is simply a superficial excavation, and will heal of itself, if in favourable circumstances in from three to five weeks. When properly treated, perfect cicatrization may be obtained in from eight to ten days. Chancres in the urethra will of course take a longer time being irritated by the urine &c. The secondary eruptions that follow this sore, are generally of the papular variety (Lichen).

The second kind of chancre, consists of an ulcer, with elevated edge (but not with an indurated base) this ulcer often happens in persons of a cachectic state of body. it is most like a simple papular ulcer. pustular eruptions "ecthyma" follow mostly this kind of sore. The third kind of chancre, the ulcer with an indurated base, commonly called the Hunterian chancre. though not very painful, is by far the worst as regards contamination of the system, the occurrence of secondary symptoms &c.

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Syphilis (primary)

There being no active inflammation going on <sup>in</sup> the part, whereby absorption may be retarded, but by its painlessness, deluding the patient, who often fancies it a mere pimple & that there is not much the matter with him, whilst all the time the absorption of a terrible poison is going on, bursting out afterwards suddenly on the unsuspecting patient - This ulcer sometimes heals over, the induration however remaining, and if by any chance irritated, such as by applying caustic to it, with the idea of causing absorption of the induration, or any other way, inflammation may be set up, ulceration often of the indolent kind set up, causing at first pain, (sometimes great, to the patient) and remaining long stationary and indolent, (the parts about it being perhaps congested) unless constitutional remedies are given - I have seen an ulcer of this kind, remaining stationary for some weeks, with great congestion of the

## Syphilis (primary)

prepares; heal in week, under the influence of Iodide of Potassium, (that is the mere ulceration) and Sarsae, with local application of Sulphate of copper - but no sooner had the sore healed, when secondary symptoms appeared, which disappeared in about three weeks, Iodide of Mercury being taken - Lepra-psoriasis, are the eruptions which follow this kind of sore -

The fourth class of sore, consists of what may happen to any of the others in untoward states of the constitution. "Phagedena" "sloughing ulcer" "sloughing-phagedena" are very likely to occur in persons, in whom from the states of their system phagedena would have occurred in any other sore - This kind of ulceration <sup>is</sup> ~~is~~ <sup>often</sup> seen in persons in whom nutrition is imperfect; scrofulous persons for instance - Sloughing ulcer may occur in some way, in persons, entirely free from syphilitic poisoning - These

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Syphilis (primary)

ulcers, on account of the intensity of local inflammation, least liable to be followed by contamination of the system, affording a marked contrast, ~~to~~ the painless harmless looking third class of sore.

Tubercular eruptions, prone to ulcerate untowardly, follow this class of sore.

"Treatment" - The treatment for all these kind of sores, is in the early stage, pretty much the same, for whether it be, a simple excoriation, or an Hunterian Chancre, whether the surgeon be doubtful of its character or not, his duty, plainly is, to run no risk, of secondary affections, if he can possibly avoid them; and he can easily avoid this risk, if he sees the sores early, (within four days Ricord) by cauterizing them throughly, an operation not attended with pain worth mentioning, moreover, if it is not a chancre, still no harm is done, but a deal of good, the mind both of patient and surgeon, being relieved, and this itself is worth

Syphilis (primary)

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

## Syphilis - (primary.)

to heal, without doing the same,  
 In the one case, in which I saw it tried,  
 it cauterized more than was intended, and  
 after the separation of the eschar, the ap-  
 pearance of the sore was such, that to make  
 all sure, the nitrate of silver was applied.  
 I should think, the dried Sulphate of zinc,  
 as recommended by Dr Simpson, for the  
 removal of cancerous, and canceroid mas-  
 ses, would be beneficial in those sores,  
 seen too late for the application of the  
 "nitrate", and for which potassa fusca is  
 generally used. If the iodo-tic treatment  
 fail, or the surgeon sees the sore too late,  
 he must treat it on general principles,  
 though even here, the application of  
 the nitrate, is useful, to expedite the  
 healing of the sore; for it is a well known  
 fact, that the longer the duration of  
 the sore, the greater the chance of systemic  
 contamination. Calomel applied to the  
 sore, in the shape of black ~~rock~~ wash, is  
 very generally used; if the sore is inflamed,

# Syphilis (primary)

a poultice may be useful, if indolent, pressure may be applied. If the sore of the second class, very obstinate in healing, and always, in the "indurated sore" if ectrotic treatment has failed, Mercury should be given, till gums are slightly affected, (no more than this is required). The sores soon show signs of amendment, but in the Hunterian sore, the mercury must not be given, till all signs of induration has vanished, though cicatrization, may have happened long before. Mr Acton says, (pg 264) "indurated chancre then will heal without any general treatment. The employment of mercury is not absolutely necessary, but if not had recourse to, we run the risk, of a simple indurated chancre, assuming a phagoclenic appearance." In the fourth class of sore, the plan of treatment varies much, high authorities differing directly one from the other, some recommending poultices &c. others are for destroying the unhealthy mass at once, by agency of a powerful escharotic,

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## Syphilis (primary)

In doing this, surgeon, ought to be careful to thoroughly wipe up the superabundant moisture, and get the surface of the sore quite dry, before applying the caustic. The common cause of failure, consists simply in applying the escharotic, not to the surface of the sore, but merely to the moisture, which is always plentiful in these kinds of sores, the caustic, never in reality touching the sore, but getting dissolved in the moisture. After the caustic, a warm poultice to cause separation of the sloughs must be applied. The primæ viæ, ure in these cases always out of order, therefore a purgative may be useful, if there is great irritability, give an opiate, three or four times a day. This kind of sore, often under simple treatment, changes its character, by removing patient into better ventilated apartments, pure fresh air being indeed in every disease, all important. Mercury is withheld in this kind of sore, making it worse if given. Sores on the penis,

## Buboes.

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are sometimes of secondary origin, secondary eruptions may happen on the penis, as well as on other parts of the body, and ulcerations may follow, they may be diagnosed by their history; the length of time, that has elapsed between their occurrence, and the period of contamination &c.

## Buboes.

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

It may however occur at any time, from a debauch, too much exercise &c. being then merely an extension of the inflammatory process; hence Mr. Ricord's classification of them into "Buboes by absorption" - "Buboes by irritation"

## Buboes.

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

Buboes generally commence, during the second week of the chancre, (that is the time, when ulceration is about to cease,) rarely during the first week; pain may be the first symptom, or shivering, sometimes fever is the first symptom. They may be acute or chronic. Syphilitic buboes, especially if acute generally attack, but one gland; the chronic, one or more, but both kinds as a rule, fix on the glands, situated above Poupart's ligament. Buboes below this ligament often caused from irritation about the leg, foot, toes &c. &c.

The prophylactic treatment consists in curing the primary sore as soon

# Buboes.

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

Chronic bubo, in its different forms of 'subacute' indolent, may be discussed by

Syphilis (secondary)  
 rest, low diet, frictions with the Iodide  
 of Potassium, which may also be given inter-  
 nally; a blister is often of great use, when  
 other remedies fail.

### Secondary Symptoms.

Secondary and tertiary symptoms, occur  
 as a consequence of the absorption, into the  
 circulation, of the syphilitic virus, which  
 sets up a fever, followed by eruptions  
 differing in character and degree.

Secondary eruptions may occur inde-  
 pendently of chancre, as seen in the new  
 born child; in the woman infected through  
 her infant, or according to some observers  
 directly through the semen of her husband.  
 "Temperature", "Temperament", "Clothing",  
 "Use of Spirituous liquors", "Age", "Sex", are all  
 placed among the predisposing causes.  
 The constitution of the individual him-  
 self does not appear to be of much  
 importance in this matter.

As Buboes, are very often not fol-

Syphilis - (secondary)

lowed by secondary eruptions, and many persons, have secondary symptoms, who have never had Buboe; Mr Acton thinks that the poison is absorbed by the veins Mr Erasmus Wilson is fully convinced that there is only one kind of syphilitic poison, and that all the varieties of its manifestation, are due to modifications, in the poison itself.

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

The secondary eruptions of the skin, are

Syphilis (secondary)  
 divided by Mr Acton into five "classes"

I Exanthemata

II Papular affections { Squamose  
 Lepros  
 Poriaria

III Vesicular eruptions (very rare)

IV Pustular \_\_\_\_\_

V Tubercular \_\_\_\_\_

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

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

As a rule, the exanthemata last fourteen days, and then the patient never has them again in his life time, but ~~in~~ a person afflicted with syphilis, (as a rule) has the fever, and then a state of comparative health; then another attack of the fever, then again comparative health, and at last, the attacks cease; the poison seemingly having been eliminated, and the patient is quite well, at least as

Syphilis (secondary)

far as his Syphilis is concerned.

The syphilitic fever, may be considered as acute recurring fever in a person of a cachectic state of body, produced by a specific poison in the blood. (Laycock.) The effects of the syphilitic fever, are; mental and nervous depression and prostration, congested fauces; with sore throat; congested and muddy conjunctiva; congested and discolored skin; the congestion partial or general, and assuming the form of an eruption, there are also, neuralgic pains &c. In all these, it bears a close resemblance to the exanthematous fevers; measles, small pox &c.; the nervous depression, showing the stagnating influence of the poison, the congestion of the fauces, showing the effort made by nature, to expel the poison thus, and the eruption, showing that the poison is being eliminated by the skin.

Dr Laycock has mentioned above, considers the recurring attacks, as acute recurring fevers; Erasmus Wilson, considers that the difference

## Syphilis (secondary)

between the exanthemata, and the syphilitic fevers to be, in that the former, are acute; the latter chronic. The effect of the syphilitic poison on the body, is for the most part destructive, both upon the tissues, and the blood, or vital action of the blood; it may either cause loss of function in a part, causing baldness for example, or a contrary effect, causing a sort of new action, as when pigment is deposited. Metastasis may also happen. The termination of syphilis properly treated is in health (Laycock) but if patient is, or has been in a cachectic state, "anaemic," "scorbutic" &c. the inflammation may also take on a cachectic state, and thus syphilis may terminate fatally.

"Treatment" of syphilis, consists in limiting supply, encouraging waste, the manner of bringing this about, however, differs greatly in different countries, and among different practitioners. For instance, mercury is (in this disease) very little used in Edinburgh, much more so in London, and still more so

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## Syphilis (secondary)

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

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

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

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

# Syphilis (secondary)

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

As a rule now a days, the use of mercury in syphilis, as an antisyphilitic, (not as an attenuant for deep seated inflammations) is limited to the Hunterian chance, and the papular eruptions, (comprising, "squame" "Lepra" "Psoasid") given in sufficient quantity, to touch the gums, and no more, salvation not being requisite; for this purpose, two or three grains of calomel, with half a grain of opium night and morning will be sufficient. It ought to be remembered, that it is of no use giving mercury in those cachectic states of the body, in which the gums, are naturally

# Syphilis (secondary)

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

Mercury undoubtedly is a great & powerful eliminator of the system, and by its power of taking away the appetite, and the rapid emaciation it causes, it certainly fulfils the great principle of treatment, viz, "limit supply; encourage waste"; but as all these indications can be fulfilled by other remedies, slower perhaps, but infinitely more safe, it is preferable to employ them as their abuse does not leave those dire & lasting effects, most surely following the abuse of mercury. Indeed those affections of the bones of the nose, and palate, those violent inflammations of other bones, and their periosteum, are seldom, some say, never seen, in those cases, in which mercury has not been used, or rather abused. In fact, those grievous affections, are not considered as syphilitic; but mercurio-syphilitic; the combined effects of two different poisons.

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## Syphilis (tertiary)

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

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Syphilis (tertiary)

their origin, to the combined influence of syphilis and mercury.

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

## Syphilis - (in the female)

fourth class of sore, mercury is carefully restrained from, but nevertheless, when the Iodide, & the preparations of arsenic have failed - we are driven to mercury, given in very guarded doses, and oftentime with a successful result - Sarsaparilla, quaicum and other diaphoretics may also at the same time be administered -

Syphilis in the female, differs in no respect from the same disease in the other sex, except in its site &c. Gonorrhoea in them, is generally not so painful, nor so liable to cause complications, and is on this account more liable to last the longer; the inconvenience and distress being oftentime so slight, that medical relief not being sought, the disease is allowed to run its own course, oftentime aggravated by neglect & uncleanness -

Ricord I believe considers "buboes" to be of less frequent occurrence in females, than in males, though he cannot find out a reason for this peculiarity -

William Taylor Procter