AN ADDRESS

ON THE

MODERN TREATMENT OF SYPHILIS.

Delivered before the Harveian Society of London.

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MY excuse for bringing forward a paper on such a familiar and every-day subject as the treatment of syphilis is, that after twenty-three years' experience at the Lock Hospital, I have necessarily been led to some definite conclusions—to form, in fact, a sort of creed of my own on the subject, which it may be worth while briefly to put forward, even although it may comprise little that is novel, and may be in most essential particulars confirmatory of the views entertained by the majority of my contemporaries.

Fortunately, in the matter of treatment there is not quite the same divergence of opinion which prevails with respect to the pathology of this obscure and puzzling disease. To such pathological intricacies I am anxious at present to avoid all reference, except so far as the consideration of the practical side of the question may render absolutely necessary.

The consideration of the treatment of syphilis naturally resolves itself into the management of the primary, the secondary, and the tertiary manifestations, of each of which it is necessary to speak separately.

First, with respect to the primary syphilitic sore. Within my recollection a great revolution has taken place in the treatment of this stage of the disease. When I was house-surgeon at the Lock Hospital in 1846, twenty-eight years ago, it was the custom to give a course of mercury in every case of primary venereal ulcer, whether indurated or not. Five grains of blue pill were ordered night and morning both to in- and to out-patients, until the mouth was sore; and the influence was kept up until the ulcer was healed. The object in view was not so much the healing of the primary sore as the prevention of secondary symptoms, and the result, of course, appeared to be eminently satisfactory; for, as we now know perfectly well, about five-sixths of these ulcers will never, even if left alone, be followed by constitutional infection at all, and therefore the credit of prevention was erroneously attributed to the treatment in this large proportion of cases.

Not long afterwards, Ricord began to teach that it was the indurated sore alone which was followed by secondary disease, and that the soft unindurated sore was never attended with the like result. This idea has since been further elaborated by his followers, who have endeavoured to establish the doctrine that these two varieties of local manifestations indicate two different diseases, and are the result of two entirely distinct contagious principles.

Without expressing any opinion as to the vexed question of the unity or duality of the syphilitic poison, I freely admit the value of the researches of the modern school in confining the employment of mercury in the primary form of the disease within proper and rational limits. I suppose it will be admitted that, in the case of a sore attended with indolent circumscribed induration, secondary infection is all but certain to follow if no treatment be adopted; and it will be admitted also that, in the case of venereal ulcers unattended with induration at any period of their course, or with induration of the neighbouring lymphatic glands, the escape from any such result is to be expected in the great majority of instances. This, however, is not absolutely certain; and most surgeons of experience are of opinion that constitutional disease occasionally follows sores in which no appreciable induration has been at any time observable. This possibility should induce caution in diagnosis, for it is, in fact, impossible to predicate with absolute certainty of any given sore that it will or will not be followed by constitutional infection.

With respect to the treatment of the indurated form of sore, in which it is admitted that, if left alone, after-consequences are all but certain, here opinions are divided. There are those who tell us that mercury is useless as a preventive, that the secondary affections are sure to occur sooner or later, and that its effect is only to retard and not to prevent their appearance; that it is better, therefore, to wait, and to treat the original sore by local measures only. Mr. Cooper Forster is a recent exponent of this view. He says (*Guy's Hospital Reports*, vol. xv, 1870): "I could adduce several instances in which the surgeon, immediately on seeing a sore, has announced that sore to be syphilis, and has immediately had recourse to mercury: if no secondaries

follow, all the good results are attributed to the drug, whereas it is quite certain that, mercury or no mercury, had the sore been a true syphilis, secondaries must have followed." I cannot agree with Mr. Forster in this, nor can I admit the certainty which he so confidently affirms, for I have repeatedly seen cases of well marked indurated sore, in which secondary disease might have been confidently expected, which I have treated with mercury, and in which no after consequences have resulted. I have had such patients under observation for years afterwards, and it seems to me to be beyond reasonable doubt that in them the immunity was to be attributed to the treatment. I am glad to find that Ricord, when recently in this country, expressed himself with no uncertain voice on this point. He said that "as soon as he had ascertained that there was a hardened chancre, with a swelling of the glands—non-inflammatory—he immediately commenced the mercurial treatment. If the treatment were soon begun and well carried through, the breaking out of the first secondary symptoms—the roseola, the swelling of the glands of the neck, etc.—might be prevented. If this were not frequently the case, it was because the treatment was resorted to too late, when the disease had had time to take root, and secondary symptoms were about to show themselves. In such cases it was not astonishing that secondary symptoms should appear, and the treatment ought not to be blamed: if it were steadily continued they soon disappeared. But if the treatment were begun early, the observation of forty years gave him the assurance that secondary symptoms would not appear."

With these statements of M. Ricord I entirely concur, with the slight reservation that I hardly feel quite so confident as to the certainty of prevention as the last sentence I have quoted might seem to imply.

If mercury is the valuable remedy against syphilis which most of us believe it to be, it must surely be right to employ it at the earliest moment that the system has become, or is becoming, infected. The induration may be regarded either as the first sign of general infection—"le premier des accidents secondaires", as Ricord once called it—or it may be looked upon merely as the peculiar local action through the agency of which contamination takes place, which seems to be the opinion towards which Ricord now inclines, and is that which I myself entertain. From either point of view it would seem rational to commence the treatment at once: on the first hypothesis, to get rid of an already existing infection; on the second, to favour the elimination of the noxious influence as fast as it is being introduced. To be effectual, it must be begun early, and must be persevered with, not only until the sore has healed, but until all trace of induration has disappeared, and, as a matter of precaution, in gradually diminishing doses, for some weeks longer still.

Next, as to the treatment of the non-indurated sore, which class will comprise probably some five-sixths of all venereal ulcers. The occurrence of secondary infection in these cases, though possible, is too exceptional to make it worth while to resort to mercurial treatment as a preventive, which would involve giving it uselessly, and therefore mischievously, in the immense majority: and it is, I think, a well established fact, that mercury has no beneficial influence in promoting the healing of this kind of sore, but, on the contrary, is more likely to retard it.

The treatment of the non-indurated sore should consist of destructive cauterisation in all recent cases, say, of not more than five or six days' duration. Nitrate of silver is inefficient for this purpose; it irritates and inflames, but does not sufficiently destroy. The caustic I prefer is the strongest procurable nitric acid, which should be applied freely, but of course very carefully, both to the surface and edges of the sore. If the destruction be complete, the sore rapidly heals when the slough separates, and all after-consequences are averted. After the period mentioned, however, cauterisation is so often ineffectual, that the better plan appears to be to let the sore run its course. The treatment should then consist of, above all, scrupulous cleanliness, the application of gently stimulating and cleansing applications to the ulcerating surface, and the avoidance of all extraneous irritation by overexertion, friction with the clothing, or otherwise; with, of course, such attention to the general health as the circumstances of each case may require.

By means of this kind, it is surprising within what narrow limits this form of disease may be confined, and to what an extent all more severe complications may be averted. This is seen in a remarkable manner in the Female Lock Hospital in the women admitted under the Contagious Diseases Acts. Of course, in these patients, soft sores are common enough, but, from the fact of their being secluded for treatment at an early period, the sores are for the most part small and superficial, and very speedily heal. Suppurating buboes are extremely rare, and anything like phagedæna or sloughing still more so. On the other hand, amongst the women who apply voluntarily, and who have neglected to attend to themselves until their symptoms become severe, or

who practise prostitution as long as they are physically capable of doing so, deep-spreading ulcerations, inflammatory swellings, and suppurating buboes, are exceedingly frequent.

Under early and compulsory treatment, and with hospital diet and regimen, from a fortnight to three weeks appears to me to be about the average duration of this kind of sore. If the progress be slower in most of the cases met with in private practice, especially in the male sex, it is probably because the patients are as a rule compelled to follow their usual avocations; they cannot attend carefully to the dressing of their sores, which are subjected to various kinds of local irritation, and they are often irregular and imprudent in diet and habits.

I shall not occupy your time by alluding to phagedænic or sloughing sores, partly because time will not permit me to do so, but also because phagedæna cannot be regarded as having any direct relation to syphilis. It is an accident of syphilis merely, and may supervene upon any form of syphilitic ulcer, just as it may supervene on sufficient cause, either general or local, on any other description of ulcer in any part of the body. The treatment has no relation to the treatment of syphilis, but must be conducted on the same principles as that of phagedæna generally. I have only to say, that the occurrence of phagedæna in a syphilitic sore is an imperative reason for discontinuing any mercurial treatment that may have been commenced.

The more comprehensive question of the management of constitutional syphilis next comes under consideration. The division into a secondary and a tertiary stage, although the line of separation may not always be distinctly marked, is very convenient with reference to the question of treatment. The secondary class of symptoms comprises cutaneous eruptions, of which the mildest form is the discoloration or mottling called *roseola*. Next come the scaly varieties—*psoriasis* and *lepra*, the papular eruption, lichen, and cutaneous tubercle; associated with these are chronic enlargements of the lymphatic glands in various parts of the body. In the same group may be classed the mucous patches common on the female genitals, and sometimes seen on the scrotum and penis, and around the anus, in the male; also mucous patches and superficial ulcerations on the tonsils, tongue, cheeks, and palate, and on the os uteri. With the secondary group may also be mentioned some, but not all, cases of iritis, occasionally, perhaps, chronic orchitis, and osteocopic pains in the bones and joints.

In the treatment of secondary syphilis, the balance of opinion is undoubtedly in favour of mercury as the remedy which exercises the most decided therapeutic influence over the disease. For centuries, in spite of frequent and vigorous opposition, it has held and still maintains the foremost place; and probably the profession was never more unanimous in its favour than at the present time. Nevertheless, I have great doubts whether, in consequence of its flagrant abuse in former times, it has not, on the whole, done infinitely more harm than good; whether, in the treatment of syphilis, it has not been a curse, instead of a blessing, to the human race. I believe that we are only now beginning to confine its administration within proper limits, and that even now the tendency is in many quarters in the direction of over-mercurial treatment. We are greatly indebted, in my opinion, to the antimercurialists, and especially to the army surgeons in the early part of this century, amongst whom the name of Mr. Rose stands conspicuous, for demonstrating the fact that syphilis does not necessarily require mercury for its cure, but has, like most other diseases, a natural tendency towards recovery; that the old rule of action, more syphilis more mercury, is a mischievous delusion, arising out of the idea, that without it syphilis must necessarily go on from bad to worse. I think it, above all things, important that we should dismiss the notion that mercury is a specific or an antidote for syphilis, in the sense in which those terms are usually employed. Few probably would now contend that mercury holds this position; for we know well that syphilis will run its course and terminate favourably without any mercurial treatment at all. But, on the other hand, there are few who have had much to do with syphilis who have any doubt that mercury does exercise a marked beneficial influence over it; that it does hasten the disappearance of existing symptoms, and not only that, but it also hastens the progress of the disease and the restoration of the individual to health, without any equivalent disadvantage, if properly managed, if kept within certain limits, and if used at appropriate periods.

We have little definite knowledge of the mode in which any remedy operates; but I think we are justified, at all events, in saying of mercury that it is the most efficient agent we possess for stimulating the various emunctory organs, for accelerating interstitial change, and for promoting the absorption of morbid products, so long as the action which has led to their deposition is of an active or sthenic character. I believe it to be in this way that it acts so beneficially in the elimination of the syphilitic poison. It is not antisymphilitic; but it is a most

valuable adjuvant to the efforts of nature towards recovery, when these prove, as they often do, insufficient for the purpose.

An important question now arises, whether mercury should be resorted to at once indiscriminately in every case of secondary syphilis, or whether the milder forms may not safely be left to the unaided operation of nature. The latter plan has been recommended by experienced authorities in France, and what I have seen of late years has led me to look upon it with more and more favour. I have of late seen a large number of women who are under the Contagious Diseases Act, who, when they suffer from syphilis, develop that disease in the mildest possible form. It is indeed a most remarkable fact, that this legislation has not only greatly diminished the quantity of disease, but has also had a very marked beneficial influence upon its quality, in its secondary no less than in its primary stage. The great majority of the women affected with syphilis present only a few mucous tubercles on the genitals, usually, though not always, associated with a faint eruption of *roseola* on the trunk of the body. These symptoms, though unmistakably syphilitic, I find, rapidly disappear under local treatment only; and I hesitate, therefore, to commence a mercurial course, which, to be properly carried through, would require the detention of the patients in hospital long after all their outward symptoms, including the uterine and vaginal discharge which is almost constantly present, have disappeared altogether. When these patients have relapses at all, they are of the mildest possible character; if they are again sent to hospital for treatment, it is often only for a recurrence of their vaginal discharge, or for a slight return of their syphilitic symptoms, rarely for any development of the disease into a more aggravated form. They appear to have imbibed so small a dose of the poison, or to have imbibed it in so unconcentrated a form, that they may safely be left to get rid of it by their own unaided powers.

There is another class of cases in which a non-mercurial treatment is sometimes applicable. I allude to those in which there is an evident strumous or consumptive tendency, which renders it desirable, if possible, to dispense with a mercurial course. I will mention an illustrative case, but I have seen many others of the same kind. A youth, aged 19, was brought to me, about eight years ago, by his medical attendant, who had known him from his birth. He had a well marked indurated sore, which had existed for about three weeks. Its appearance was such as to lead me at once to examine further, and I found a copious *roseola* on his back and chest, which soon afterwards developed itself into a well marked scaly eruption. He had been delicate from his birth; had been reared with difficulty, and had an hereditary phthisical predisposition; for which reasons, it was thought advisable to avoid subjecting him to mercurial treatment, if it could possibly be avoided. He took cod-liver oil and iron; was sent to the seaside, in order to place him under the most favourable hygienic conditions, and the result was, that, in four or five months, he completely recovered. I have seen him repeatedly since in perfectly sound health, and I know that he has had no further symptoms of the disease. At the same time, I am far from wishing to lay down a rule that mercury should never be used in syphilitic patients, because they may happen to have strumous or consumptive tendencies. If it can be avoided, so much the better, as the above case shows; but, when the disease is more actively progressing, it will often prove not only the lesser evil of the two, but will be of the most signal service.

But the cases in which the benefit of mercurial treatment is most distinctly marked are those of persons in sound health, with a copious development of scaly or papular eruptions, and the usual concomitant affections of the mucous membranes. In such persons, it will usually cause the rapid disappearance of existing symptoms, which is the best possible evidence that the morbid influence is, for the time at least, much diminished. Relapses may occur, especially if the treatment be not sufficiently long continued, but they will usually be slighter on each successive occasion, and, by perseverance, the complete eradication of the syphilitic taint may be confidently hoped for in the great majority of cases.

It is my firm conviction (indeed, I never doubted the fact) that syphilis is absolutely curable; that it is not a life-long disease, as some have maintained. It is generally admitted that, so long as a person is suffering from secondary syphilis, he is incapable of contracting an indurated sore, or any further constitutional infection. If, then, cases are met with in which, after a lapse of time, patients do contract a second indurated sore, followed in due course by a secondary general infection, they afford strong proof that the first attack has been radically cured. This is the view now entertained by Ricord, whose long experience has shown him many such cases. It is corroborated by the cases recently brought before the Royal Medical and Chirurgical Society by my colleague Mr. Gascoyen, and I have myself seen repeated instances of the same thing. The curability of syphilis is also further evidenced by

the number of persons, young men especially, who have suffered from it, and who afterwards marry, and have perfectly healthy families.

With respect to the mode of administering mercury, I believe it to be comparatively unimportant whether it be by the mouth, by inunction, or by fumigation. Inunction is, perhaps, on the whole, to be preferred, especially for hospital patients; but it is troublesome and dirty, and therefore it is often undesirable to resort to it in private practice. The same objection applies to fumigation, with the addition that it is, as a rule, more debilitating; for the nightly vapour-bath has a decidedly depressing influence. At the same time, it may have its special uses, and may be appropriate where there is an obstinate chronic eruption, by introducing the remedy through the surface on which the disease is exercising its most deleterious influence.

On the whole, therefore, I prefer, in all ordinary cases, to give the remedy by the mouth; and I believe there is no better formula than the old blue pill. I find this equally effectual, and less irritating, than the iodide of mercury, which is generally preferred in France. I am not now in the habit of prescribing more than five grains daily—two grains and a half night and morning, with one-sixth of a grain of opium. This is usually enough to produce some slight effect on the gums in ten days or a fortnight. When this is the case, the dose should be reduced by one-half; for, although it may be desirable to have evidence that the remedy has really penetrated the system, it is most important not to pass beyond the remedial into the poisonous dose. In this way, we may get all the good that can be obtained from a mercurial course without any of the evils, real or supposed, which have been alleged to result from it; and it may be continued without injury for a lengthened period. The disease is essentially chronic, and the employment of the remedy must be equally so. It should be continued, but in diminished doses, for some time after all outward symptoms have disappeared, though probably the six months' course laid down by M. Ricord may be more than is necessary in many cases. M. Ricord stated that unless a patient will consent to submit to treatment for twelve months, he will have nothing to do with him. The first six months he is to take mercury, and then, if no symptoms reappear, treatment with iodine is to be begun, and continued for six months longer. The six months' mercurial treatment may be sometimes necessary, but I am quite at a loss to understand why it should be followed by a six months' treatment with iodide of potassium. M. Ricord admits that iodine is useless in secondary affections, and is only appropriate when the tertiary stage has set in. Why, then, use it at all as an adjunct to the treatment of the secondary stage? and why combine the two remedies in this stage, which is a practice I find frequently adopted? If, from any cause, it be considered undesirable to use mercury, it is a mistake to suppose that the next best thing is to give the iodide of potassium, which appears to have no therapeutic value whatever, either in the primary or in the secondary stage.

I have no personal experience of the subcutaneous injection of solutions of the perchloride of mercury for the cure of syphilis; for I cannot see what object can be gained by introducing so powerful an irritant into the areolar tissue while there are other and far preferable modes of arriving at the same result.

I have indicated a preference for the blue pill in the treatment of secondary syphilis; but the perchloride and the biniodide of mercury have their appropriate uses, and are often of great value. They are especially applicable to cases of relapse, in which mercury in other forms has already been used, and in which the health is beginning to suffer, although the manifestations still appertain distinctly to the secondary group. I allude especially to obstinate palmar and plantar psoriasis, and to those affections of the mouth and throat which are often so troublesome and persistent.

We come now to the treatment of the tertiary stage of the disease, which comprises ulcerative skin-affections, such as ulcerative tubercle and rupia, deep ulcerations of the throat, palate, and fauces; some cases of iritis and of orchitis, affections of the periosteum and bones, and of the fibrous tissues of joints; gummatous tumours of the cellular and muscular tissues, and the more deep-seated deposits of similar character in internal organs. When the tertiary period arrives, the direct influence of the poison would appear to have passed away, and to have left behind it a cachectic condition which manifests itself in destructive ulcerations, in diseases of the bones and of various internal organs. That the character of the disease has undergone a marked alteration seems clear, from the fact that transmission to the offspring, frequent in the secondary stage, rarely if ever occurs in the tertiary. The children of persons with tertiary disease do not, at all events, show any marked syphilitic symptoms either at birth, or shortly afterwards. They may be often weakly and may inherit a tendency to scrofula and other disorders which indicate debility and malnutrition, and which may be the result of impaired health in one or both of the parents, but they cer-

tainly do not, except very rarely, exhibit anything like syphilis properly so called.

The tertiary manifestations have often been attributed to the excessive use of mercury for the cure of the earlier stages; and no doubt in former days the abuse of that remedy greatly aggravated the later train of symptoms, but there is no doubt, also, that they all may, and not unfrequently do, occur in persons who have not taken a single grain of mercury. They are veritable sequelæ of syphilis, and they never happen in those who have taken mercury, in however large doses, for any other disease.

Nothing is, I think, more certain than that, as a general rule, mercury is injurious in this class of affections. They are essentially asthenic in their origin, and the remedies required are those which will repair the failure of nutrition and restore the debilitated powers. For this purpose, good diet and stimulants, with pure air and other favourable hygienic conditions, are of great importance; but it is now especially that the value of the salts of iodine becomes so strikingly apparent. Under their use, rupial ulcerations rapidly heal, periosteal swellings, gummatous tumours, and soft nodes are rapidly absorbed; while usually the general health improves in a remarkable manner, and the strength and weight of the patient are increased. But though existing symptoms quickly disappear, relapses often take place, for it is not to be expected that so serious a cachexia can be eradicated by a few weeks' treatment. On the recurrence of symptoms, the remedy must be again and again resorted to and persevered in, with the result, often even in the worst cases, of the ultimate and permanent restoration of the patient to health.

I do not concur in the view sometimes entertained that the iodides only remove existing manifestations and do not cure the disease, and that for this purpose mercury is subsequently required. My own experience leads me to believe them to be absolutely curative, if persevered in long enough, in a large proportion of cases; while I can testify to the mischief frequently occasioned by the imprudent employment of mercurials at this stage. It will aggravate spreading ulcerations, will cause rupial sores already healing or healed again to ulcerate or reopen, and soft nodes to suppurate and give rise to caries or necrosis.

Dr. Wilks considers that the gummatous tumours often seen in the subcutaneous and muscular textures and elsewhere, should be reckoned in the secondary group, and that the fibro-plastic deposit, of which they consist, is of that character in which mercury is useful as an absorbent. He regards as tertiary the syphilitic cachexia or sequelæ of syphilis, which are associated with destructive processes, such as extensive ulceration or sloughing in soft structures, and caries or necrosis in bone; and the lardaceous or waxy deposit sometimes found in internal organs. In all these latter he considers mercury injurious, and resorts to the iodide of potassium.

I cannot agree with Dr. Wilks (*Guy's Hospital Reports*, vol. ix, 1803), that the fibro-plastic deposits in the muscles, in the bones and elsewhere, should be classed with the secondary group, and that they require mercury for their removal. On the contrary, I should say, as matter of fact, that they, of all others, are the symptoms most markedly under the control of the iodide of potassium. There are some forms of morbid deposit, undoubtedly, which are more favourably influenced by mercury than by any other remedy; but plastic effusions are very variable in their character and tendency, from the rapidly organisable lymph in acute pleurisy, to the rapidly degenerating material effused in carbuncle or in phlegmonous erysipelas. Mercury will be invaluable in promoting absorption in the one kind, while it would only increase degenerative tendency in the other.

The absorptive power of mercury is, I believe, in proportion to the sthenic character of the morbid process which is to be counteracted. It is useful whenever the associated general condition tends in the direction of hyperæmia and of vascular and nervous excitement. It is injurious in the opposite condition of vascular depression, anæmia, and general failure of power; and these latter are the almost constant characteristics of tertiary syphilitic disease.

One important point in the administration of iodide of potassium, in my opinion, is to abstain from large doses at the commencement. It is better not to give more than three or four grains thrice daily at first, increasing each dose by a grain about every four days, till fifteen, twenty, or thirty grains are reached. I have not usually found any further advantage obtained by resorting to the heroic doses which are now sometimes prescribed, though I am far from saying that they may not sometimes be beneficial. Gradual increase of dose is the most important point to be attended to. I think that disappointment often occurs, and the remedy is discredited, by remaining stationary at the same dose, whether it be small or large. Its efficacy seems to be increased by combining it with carbonate of ammonia; and it is less likely to disagree when taken in a large quantity of fluid. There is no better

vehicle and adjuvant to it than sarsaparilla in the old form of decoction, which, I regret to find, has fallen almost completely out of fashion. Sometimes, there is great intolerance of the iodide of potassium, even small doses producing dryness of the throat, headache, and coryza. Here the iodides of sodium and ammonium may be used with advantage; they may, perhaps, not be so efficient, but they are certainly much less irritating. The iodide of sodium is, I think, of the two to be preferred. I have found it necessary to descend to half-grain doses even of the iodide of sodium in some cases, and have in this way been able gradually to augment it up to ten or twelve grains, and with the most satisfactory results. I remember one patient especially in whom in this way full tolerance of the iodide of sodium was obtained, but who was at once upset by any attempt to give him iodide of potassium. This patient had severe tertiary syphilis, from which he recovered perfectly, and has remained well for years.

I have no explanation to suggest of the way in which the iodides operate so beneficially in tertiary syphilis. There is some reason to believe that they act as a solvent for some metallic substances which have become incorporated with the tissues—of lead, for example, and not improbably of mercury. Hence may arise their influence in causing salivation, as they not unfrequently do, in those who have taken mercury in excess; and hence the necessity for caution at the commencement of their employment in such cases. This is one way in which they may be of service, but it is not their only, or by any means their principal use, for their good effects are equally manifested when no mercury at all has been given, and also when the tertiary stage has set in, as is sometimes the case, without having been preceded by the secondary.

The main principle to be followed is, that mercury is the remedy for the secondary stage, and that the iodides are the remedy for the tertiary. I believe iodine to be seldom if ever useful, and usually harmful in the first, while mercury is rarely if ever admissible in the latter. There are cases, however, in which the two conditions overlap, in which tertiaries become developed while chronic secondary affections still remain; and here a combination or alternation of the two remedies becomes useful. I believe alternation to be better than combination, the iodide being used first until the tertiary symptoms are removed or amended, and the health improved; after which a mild course of mercury may be cautiously resorted to for the remaining secondary affections.

I have already mentioned that there are some, whose opinions are entitled to all respect, who think that iodine is insufficient for the cure of tertiary syphilis without the subsequent employment of mercury, and who are in the habit of using the latter systematically even in advanced cases. I have seen some few instances in which this practice has appeared to be of signal service; but I have seen so many others in which the results have been disastrous, that for a long time I have ceased to resort to it—the more so that I have met with so many of the most unpromising cases successfully carried through by persistence, in spite of all discouragement, in the use of the iodide of potassium. I think, as a matter of fact, that the cases of true tertiary disease in which mercury proves useful after the iodides have failed, will be found to be extremely rare. I should never suggest it myself unless the case appeared to be going on hopelessly from bad to worse. I should not think it sufficient cause that the symptoms remained stationary; they will often remain so even for months while the iodide is being taken, whereas they will immediately get worse if it be discontinued. This is no evidence, therefore, of its failure, for we are indebted to it for the maintenance of the *status quo*, which is no small matter in so serious a cachexia as that with which we have to deal. I should not give it up even if some fresh accession of symptoms were developed under its use, but should consider this as an additional reason for continuance, and for an increase of the dose. In the treatment of tertiary syphilis, time is on our side; patience and perseverance is the doctrine I wish to preach.

I have given an outline—a very imperfect one, as I am fully sensible—of what I believe to be the appropriate treatment of the different phases of syphilis. My chief object has been to allot to the two leading therapeutic agents—mercury and iodine—each its appropriate sphere; to confine the use of the former especially within properly circumscribed limits, because I believe it to be even now often used greatly in excess, much too empirically, without a sufficiently definite idea of what may be expected from it, or of the forms and periods of the disease to which it is applicable.

MR. JOHN SWINDALE has been awarded, on July 5th, £2 15s.; and on November 3rd, £3 15s., for efficient vaccination in the Binfield district of the Easthampton Union, Berks.

WE understand that Dr. Wickham Legg, Casualty Physician of St. Bartholomew's Hospital, is also a candidate for the vacant office of Assistant Physician.

DIPHTHERITIC PARALYSIS:

ITS NATURAL COURSE, PATHOLOGY, TREATMENT, AND RELATION TO PARALYTIC AFFECTIONS FOLLOWING FEVERS.*

By SIR JOHN ROSE CORMACK,

Chevalier of the Legion of Honour; M.D. Edin. and Paris; F.R.S.E.; Fellow of the Royal Colleges of Physicians of London and Edinburgh; Physician to the Hertford British Hospital, Paris; etc.

[Continued from BRITISH MEDICAL JOURNAL, October 17th, p. 489.]

THE case of S. M., which I have now so minutely described, affords in itself an almost complete study of the paralysis of diphtheria, so far as symptoms and termination are concerned. The history of no single case, however, can convey the whole truth in respect of the natural course, pathology, and treatment of the affection. I therefore proceed to give an account of the leading features of two other cases which have occurred in my practice. One is a case in which the paralytic symptoms were mild; and the diphtheria—the original disease, if I may so express myself—was of maximum intensity, tracheotomy having been necessitated as the only means of saving life. The other case was of considerable severity in the primary manifestations, and slight, though exceedingly characteristic, in the paralytic manifestations. The three cases, viewed together, show that there is no relation between the severity of the general or croupal, and the severity of the paralytic symptoms.

CASE.—On the morning of Friday, October 24th, 1873, soon after five o'clock, a young lady arrived in a carriage at my house, in a state of wild excitement and distress. The object of her visit was to fetch me immediately to aid her little brother, who, she informed me, had been, just before she left home, almost carried off in a suffocative paroxysm. She said he had gone to bed the previous evening between eight and nine o'clock, suffering only from a sore-throat and great debility, attributed to a diarrhoeal attack of some days' duration. Until she was hurriedly sent to fetch me, he had not been supposed to require more than domestic medical treatment. On my way to the residence of the patient, I obtained from his sister the material facts embraced in the following history of the case.

E. G., an English child, aged six-and-a-half years, returned to school, after his usual Sunday at home, on Monday, October 20th. He did not then seem quite well, yet there was nothing which seemed to call for his being specially attended to. On the 21st and 22nd, the master observed that the child frequently asked permission to leave the class for necessary purposes. On the afternoon of the 22nd, permission to retire was refused, under the impression that the request was made from a mere childish trick of idleness, and not under the constraining influence of a real necessity. The sequel showed that this was a mistake. When refused, the child burst into tears; and, unable to restrain the bowels from acting, saturated his clothes with a copious alvine discharge. He was undressed; and, his drawers being wet and dirty, he was dressed without them and sent home to the house of his parents, that his condition might be inquired into and treated. On the 23rd, he complained of sore-throat, breathed badly, and was observed to have nearly lost his voice. He had several liquid motions during the day. To cure the purging, he was made to drink rice-water freely, and for the other symptoms, attributed to his having caught cold in consequence of his having been sent home without his drawers, his mother administered an emetic prescribed by a neighbouring pharmacien on her report of the symptoms. The emetic was taken just before the child went to bed. The emetic operation—violent and of short duration—afforded very considerable temporary relief to the dyspnoea, which had been becoming more and more urgent and more and more frequently paroxysmally exacerbated for the preceding twenty-four hours. It was about six in the morning of the 24th October—twelve hours after the action of the emetic—that I first saw the patient. I then, in reply to questions addressed to me, informed the family that it was not in my power to allay alarm by giving a favourable prognosis.

The information I had received on my way to the house had excited my most unfavourable suspicions. A glance at the patient, and a few words spoken by him in reply to my salutation, immediately confirmed my fears, and impressed me with the conviction that examination of the patient would show him to be stricken with asthenic diphtheria already in the croupal stage, and probably advancing rapidly therein from bad to worse.

Before I entered, the child, as I was told, had considerably quieted from a sudden dyspnoeal paroxysm. I found him supported in bed by pillows in a semi-recumbent position. His countenance was painfully anxious in expression, and dirty pallid in complexion. His words were

* Partly read before the Medical Section at the Annual Meeting of the British Medical Association in Norwich, August 1874.