AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF MEDICINE.

*At the Annual Meeting of the British Medical Association,
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By T. BELL E. FLETCHER, M.D., F.R.C.P.,

Senior Physician to the Birmingham General Hospital;
President of the Section.

It is but very recently that I have understood that the address of the President, and those on Medicine and on Surgery, do not quite supersede the necessity for addresses from the President of Sections. But, however much they may have done so, I could not open the Section of Medicine without attempting to express my full conviction of the great honour that has been conferred upon me by selecting me to fulfil the important duties of the honourable post of President of the Section, and to express the high satisfaction which I feel in having associated with me as officers gentlemen of such high standing in their profession that, however inadequate I may be to perform properly the duties of President, the working of the Section is amply secured by their being associated with me in the performance of the task.

The list of papers we have to go through is highly satisfactory, and shows that the attention of the authors is taking a direction to secure permanent improvement in the study and practice of our art—a most desirable attainment, only to be secured by our observations being bounded by a correct knowledge of the sciences of Anatomy, Physiology, and Pathology. Those who are content to go on without a thoroughly practical knowledge of these sciences, must remain in the state of fifty years ago, when Dr. John Mason Good wrote his highly classical and elegant work, which gave an admirable account of all known up to that day, and now is a most desirable book of reference. But the only true progress in medicine is made by improving our knowledge both of the anatomy and healthy functions of the organs, and of their morbid anatomy and the corresponding derangements of their functions. What astounding starts have been made in all instances in the diseases of an organ from its anatomy having been correctly demonstrated, has been in all instances illustrated. The discoveries of the anatomy of the liver and of that of the kidney were followed at once by clear descriptions of the changes produced in them by disease; and the names associated with these discoveries are dear to us as physicians who have worked successfully in the amelioration of the health and comfort of their species. The great work of Corvisart admirably demonstrated to us the existence of the morbid changes which took place in the heart; but it remained for the school of more modern days to do away with the rigorous and lamentable epigram or motto—

“*Hæret lateri lethalis arundo.*”

The knowledge of the anatomy, physiology, and morbid anatomy of the changes which take place at the onset of diseases of the heart, has put us in a position for treating them with success, and the older cases satisfactorily. Bouillaud wrote in 1830: “*Aujourd'hui les maladies du cœur sont du nombre de celles dont l'histoire laisse moins à désirer*”; but this is much more true in 1872.

Numerous are the illustrations of the progress of medicine which may be said to have been well dilated on in the admirable Addresses on Medicine which have been given at late meetings of our Association, and in none more than in the highly practical one to which we have listened. The writings of modern days are wonderfully illustrative of the same progress; and I am sure that I shall be excused if I say that, to secure any certainty in our observations, we must never consider ourselves too old to study anatomy and physiology. And I think that the journal published by Dr. Humphry and Dr. Turner gives us a convenient and an ample supply of material to keep us up to those subjects. Let our studies be honest, and the ephemeral delusions of the day need never enter into our consideration, but as examples of the imperfection of knowledge.

It is not my wish to detain you with any comments upon our position; but I would just wish to say that the applications of the present day—the ophthalmoscopes, the endoscopes, the sphygmographs, the thermoscopes—are valuable aids to our senses in a like manner to the stethoscopes, for their immediate objects of investigation, and they augment the efficiency of the power of our senses in the investigation of the functions, as the microscope aids us in the investigation of the organisations.

I will terminate at once, and begin the business of the Section; but

allow me first to say, that it is the wish of the President and of all of us to make this visit of the Association useful and pleasant, in which the professional men of Birmingham are zealous and unanimous. I think Birmingham is an example of unanimity in this respect.

THE MODERN TREATMENT OF THE ADVANCED STAGES OF CONSTITUTIONAL SYPHILIS.*

By WILLIAM ACTON, F.R.C.S.

THE presence to-day at Birmingham of my distinguished master, M. Ricord, has induced me to write a paper on a subject which has occupied more of his attention than that of any other European surgeon. It may not, however, be known to many of those who must have listened to the brilliant lectures of the French professor under the lime trees at the Hôpital du Midi, that he has ceased for some years to publish any of his opinions; and it is only by letter, or the international interchange of private patients, that even old pupils are acquainted with his present views. If, then, I can induce my distinguished friend to state his opinions on the important question of the treatment of syphilis, I think I shall have “done the State some service”. Who is there but has often wished to know the matured opinions of our distinguished countryman, Harvey, on Generation? Would not every practical surgeon set great value on the opinions of John Hunter, if we could have possessed that author's remarks thirty years after his great work on the Venereal Disease had been published, canvassed, and tested, in all parts of the world, as has been the case with the investigations of my learned friend who has come to visit us to-day?

On what constitutes the virus of syphilis, I fear we know little more at present than we did thirty years ago. Experience, however, has corroborated M. Ricord's observations, that relapses of constitutional syphilis are not uncommon even after long periods of apparently perfect convalescence. These accessions of disease we may attribute sometimes to neglect of treatment; but we must admit, likewise, peculiarities of constitution and temperament as bearing on the tendency, which, in spite of the best regulated treatment, will be followed by relapses. In other instances it is noticed that any general disease which will debilitate the system may be followed by an attack of constitutional syphilis, which without such debilitating cause would never have occurred. The old theories about the influence of *ferments* seems to be borne out by some of these exceptional cases.

Practitioners, however, will agree with me that, in the present day, in some of these rebellious cases patients and medical men both lose confidence in remedies, and there are those among us who, after seeing such relapses, doubt if it be the effects of syphilis or mercury which we have to treat in these advanced cases.

The treatment should consist in ameliorating the symptoms, commencing with those that are most urgent. We should attempt to improve the broken-down constitution, too often found in these instances; if mercury have been given, we must leave it off till the constitution has somewhat recovered. Our object should be to place the patient in the best possible condition as regards air, diet, and freedom from anxiety, and, if possible, to give him confidence that the disease is curable, for the moral and mental depression to which the patients are reduced is often very painful to witness.

This being done, I commence with tonics and iodide of iron. If there be ulcers, I treat them with the ointment of nitric oxide of mercury. If the throat and voice be affected, topical applications must be used. If osseous or periosteal tumours exist, iodine or blisters should be applied to reduce the size of the swellings and prevent disfigurement, or pressure on the brain or spinal cord. This local and general treatment will act almost as by a charm in relieving sleeplessness and pain in the bones and joints.

In the commencement, notwithstanding that iodine may have been taken (according to the statement of the patient) without previous benefit, I commence the syrup of iodide of iron in bitter infusion, taken at meal-time in moderate doses. As long as the remedy tells on the constitution, I adhere to moderate doses; but as soon as convalescence tarries or progress is not made, I increase the dose even to two drachms three times a-day. When the system becomes tolerant of these doses, I change the syrup for the iodide of potassium in solution, beginning with ten or fifteen grain doses, taken at meals and dissolved in large quantities of fluid.

* Read before the Surgical Section at the Annual Meeting of the British Medical Association in Birmingham, August 1872.

The subsequent treatment should be guided not by the number of grains given, but by the effect which the remedy has on the complaint. As soon as the disease ceases to retrograde, I augment the dose with the best possible effect. When the preparations of iodine and potash cease to benefit the best patient, I add bromide of potassium, not in combination with the iodide, but prescribe it at a different time of the day. It frequently happens that we succeed in curing the disease with these salts, but if the complaint be very persistent, if relapses occur after short intervals, I no longer hesitate to give mercury, and my hearers may be glad to learn what are the indications we follow in the administration of the remedy.

Treatment with Mercury.—As a general rule, it must be admitted that mercury is not required in the treatment of the advanced stages of constitutional syphilis. In fact, we attempt to cure our patients without resorting to the mineral. On the other hand, there are many instances in which the recovery hangs fire; the patient ceases to improve even under large doses of iodine. The disease becomes stationary. Yet such are the objections of some practitioners to a course of mercury, that, in spite of the recrudescence of severe symptoms, the anti-mercurialist will not give mercury in any form. This is an error of the day. The rule which experience teaches us is that, if a relapse occur, or if the progress of recovery be arrested, after the various preparations of iodine have failed, some of the mercurial preparations must be had recourse to, judiciously given and closely watched. In some cases, friction with mercurial ointment will be most beneficial; and I must admit that in England I find the old plan of rubbing in mercury answer better than almost any other that I am acquainted with. There are those who employ fumigations. M. Ricord is very partial to a prescription combining biniiodide of mercury, iodide of potassium, and sarsaparilla. In these stages, the writers of the last century had a high opinion of corrosive sublimate; but this irritant poison has fallen into disuse in modern practice. Those of my hearers who are acquainted with the writings of the older authors on syphilis need not be reminded of the almost miraculous recoveries detailed after giving mercury, long before iodine was known; and it is stated that the patient never had a relapse. These old writers, however, omitted to state how often the remedy not only failed, but brought the patient to an early and untimely grave. I can bring to my recollection many instances which, I have every reason to believe, died from the administration of mercury given on the old plan, and which would now be rescued by the mercury being preceded by the different preparations of iodine.

If mercury be found beneficial, as I am sure it will be, if judiciously given and carefully watched, the symptoms of syphilis subside, and the preparation should be persisted in till every vestige of the disease disappears. The dose required is sometimes surprisingly small. I have known obstinate symptoms, which have withstood iodine, disappear in a week. In a case now under my care, of syphilitic nodules of the testis, a six weeks' course of frictions has been required to enable the testis to recover its former elastic feel, and its functions are now performed satisfactorily. It is singular to notice in these cases how the general health improves under mercury. The patient loses the habitual earthy expression, becomes florid, and gains flesh; his spirits improve as the local affection declines, and he ceases to be liable to relapses.

Such, then, is the course of syphilis, and we must admit that it is a very serious complaint; and the few minutes that are left to me cannot, I think, be better employed than in stating that, according to a recent return of the Registrar-General, the deaths of twelve infants and of one adult were directly referred to syphilis, showing an excess of five upon the corrected weekly average. Without an intimate acquaintance with the laws of syphilis, no one can venture to legislate on what are now popularly known as "Contagious Diseases."

The passing of the Acts bearing on these diseases must be attributed to the attention which has been called to the frequency and severity of syphilis. On sanitary grounds, 2,700 medical men have, during the last session, urged on Mr. Bruce the continuance of these Acts. In fact, no one now contests the beneficial influence of their operation on public health—the evidence we have brought together on this subject is overpowering; but we as medical men, and this Association more especially, have still a great task before us. We cannot conceal from ourselves that, if we wish to carry out our views, we have strong moral prejudices still to overcome. Granted (say our conscientious and well-intentioned opponents) the advantage on sanitary grounds, still we object to the Contagious Diseases Acts, because we fear we shall lower the high standard of English morality. I can only repeat what I have stated elsewhere: that if I thought the existence or the extension of the Acts would have such an effect, I for one would have long ago ceased to agitate this question; but the more the various bearings of this international question are considered, the more the ablest men of the day

are convinced that the Contagious Diseases Acts have a moral tendency. I hope that they will be more thoroughly year by year carried out, notwithstanding all the clamour that has been raised against them; and I have no hesitation in asserting that, the longer these Acts are in operation, the more beneficially will they be found to act on the morals as well as on the improved sanitary condition of our population. Our French *confrère* will, I hope, on his return to Paris, be able to tell his compatriots that the English sailor is gradually ceasing to be the disseminator of that foul scourge syphilis. The day is at hand, I hope, when foreign precautions against syphilis will not be defeated by the influx of diseased British sailors into foreign ports, because a minority of well-intentioned but narrow-minded English men and women refused to sanction the examination and seclusion, when found diseased, of common prostitutes. I hope to see the day when this disease (the ravages of which we have been describing) should be stamped out. This almost total extinction has been found successful at Malta, and, on a small scale, syphilis has been banished from the garrison at Colchester. It has diminished in all our large garrison towns where the Acts have been in operation; and I am pleased to hear that in the Lock Hospital of London, which at one time had not beds enough to accommodate the Government patients, there are not sufficient women to fill the wards appropriated to these cases.

But differing as we do about the benefits of the Contagious Diseases Acts, all are agreed that the agitation to which they have given rise must be attended by ultimate benefit; not the least of which is that the public women of England will be no longer allowed to disseminate a disease, the consequences of which I have, I fear, but feebly described in this paper.

THE TREATMENT OF SYPHILIS.*

By M. P. RICORD, Paris.

I MUST thank you very much for the reception you have accorded to me, and I am deeply gratified at finding that my name and reputation are known to you. I have not prepared anything to say, and I did not intend to speak; but Mr. Acton caught me, and has forced me to speak. It is a trick. I came here to listen, and not to speak—to learn, and not to teach; but, if I am to speak, it will be little, after what Mr. Acton has said; for he has entirely given my views on the phases of syphilis, on the peculiarity of symptoms, and on the manner of treatment.

There is one question which comes before the medical man very frequently: Can syphilis be cured radically? That is the question which we will consider. There is an immense quantity of venereal disease cured—clap, swelling of the glands, soft chancres, warts—all these "accidents", not belonging to syphilis, and not associated with secondary symptoms, being radically cured. Since these have been distinguished from real syphilis, there have been great differences in the treatment of them, and they have been radically cured. Doubts have been raised whether real syphilis can be radically cured; and those doubts are not new. Mercurialis thought that it was liable, even after the lapse of years, to break out again; and the doubts remain in the minds of many whether it can be cured radically, or whether it can be cured only temporarily. Well, that doubt may remain until I establish before you that the law regarding syphilis is the same as the law regarding the small-pox, measles, and such like. You can have at the one time only one small-pox, only one cow-pox; and as, just so long as the cow-pox influences the system, you cannot have another small-pox or another cow-pox, so in syphilis; for, as long as the patient is suffering under the syphilitic diathesis arising from an indurated chancre, he cannot have another indurated chancre. The application of this law is that, while a man is suffering under the effects of secondary symptoms, he cannot have a chancre of an indurated character; so that if you want to know whether the system of a man is altogether free from syphilis, you can do so by inoculating him with an indurated chancre; if it take, he was free; if not, he was insusceptible. That is a great point to be reached in the science of medicine. I say, and say distinctly, that syphilis can be radically cured.

Now as to the case of syphilis in the first stage—the primary sore. You have first to find if this be really the hardened chancre, and it comes with the swelling of the glands; but with it the glands never suppurate. I at once institute the mercurial treatment. Now, there is one point here upon which there is a difference of opinion, for some think that you cannot prevent the secondary symptoms; but I say that if the treatment be well done and soon done—and this is most important—you can prevent the first bursting out of the secondary symptoms.

* Speech in the Surgical Section, August 9th, 1872.