✓ A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,
CHRISTIANIA.

If space can be given me in this JOURNAL, I will take the liberty of briefly describing the process of syphilisation, and state the results which I have observed up to the present time.

I feel the more called upon to take this step, as I perceive, by Mr. Lee's letter in the JOURNAL of February 18th, that medical men in England are totally unacquainted with the whole proceeding. I know nothing of Mr. Lee's own experience in syphilisation, and possibly he has not tried it; but he says that Dr. Marston has informed him that he has lately carried it to the extent of forty to sixty inoculations without any satisfactory result. From these words, it is evident that Mr. Lee has not studied the principles of syphilisation. What Dr. Marston has done has been simply to inoculate a few times with syphilitic matter; but inoculation is not entitled to the name of syphilisation unless it be continued until the syphilitic matter will no longer take. It is necessary to continue inoculating as long as the virus has any visible effect on the system. Mr. Lee will perhaps answer, that the virus never ceases to have a visible effect, for this assertion has been made by some; but I know for certain that it does, having myself observed such to be the case in every one of the seven or eight hundred patients whom I have had under treatment.

The virus seldom loses its power on the system earlier than at the end of three months, and seldom later than at the end of four months and a half. However, after the lapse of some time, it will be possible, by inoculating with syphilitic matter, to produce on the patient a pustule or a sore; and in proportion to the time which has elapsed after syphilisation, a greater or less number of pustules can be produced; but these pustules and sores are never so large, and it will never be possible to produce such a series of inoculations as take place during the first syphilisation.

With regard to the syphilitic virus, the body never returns to the state in which it was before syphilisation. And here lies the turning-point or gist of the whole matter. Here we discover the striking analogy between syphilisation and vaccination. From this point of view the matter must be considered; and when syphilisation has been practised in strict conformity with this theory, the same astonishing results will be seen which for a long course of years I have been able to produce by this method. But people have not cared to consider the matter in this light. The French Academy knocked syphilisation in the head without knowing practically anything about it; and everybody has blindly followed the French Academy. The whole affair has been considered as a chimera. What I am most surprised at is,

that practical Englishmen should have allowed themselves to be led away by mere words, instead of examining the hard facts for themselves.

Mode of Syphilisation. In syphilising, I take matter from an indurated chancre, and inoculate each side of the chest with three different punctures. After the lapse of three days, I take matter from the pustules which by that time have made their appearance, and inoculate the sides also with three different punctures on each side, always extracting matter from the last matured pustule for the next inoculation, until this matter no longer takes on the sides. I then extract matter from the sides, and in the same manner as before inoculate the arms, where it again takes for a few successive times; and proceed in the same manner as before on the sides. When it ceases to have any effect on this part, I take the matter from another patient under treatment for syphilisation. This matter will take for a few successive times; and with it I inoculate the sides of the chest and the arms at the same time. When this matter (from the other patient) loses its effect on these parts of the body, I transfer the matter from the arms to the thighs, where it again will take for a few successive times; and, when it no longer produces a satisfactory result, I introduce new matter extracted as before from another patient under treatment for syphilis with syphilisation. I now continue on the thighs until the matter becomes inoperative. When the virus ceases to have any effect on the thighs, the patient will either be cured, or every symptom of the disease will in a short time vanish. One or two mucous tubercles will sometimes remain, or an exudation in the throat, etc.; but these soon disappear on the application of caustics.

With regard to the mode of inoculation, it is necessary to be careful to make every group of punctures at some distance from the one previously made; otherwise large confluent sores may result. I would likewise draw particular attention to the necessity of first inoculating on the sides, as chancres on this part of the body are seldom large, and have never, in the course of my experience, become phagedænic. If we begin with the thighs, the chancres will be large, and may possibly become phagedænic, and leave a bad cicatrix. If we finish with the thighs, susceptibility will to a great extent have ceased to exist, and the sores which then arise will neither be large nor deep.

The different degrees of development which we observe chancres to reach on the different parts of the body, according to the part which has been first inoculated, must be the surest proof that syphilisation does not only act locally, but also produces absorption into the system; and that the whole body is influenced by this treatment.

Syphilisation must be adopted in cases of *Constitutional Syphilis* only, it being often difficult or impossible to tell whether constitutional syphilis will follow a chancre; and syphilisation ought to be adopted chiefly or only when mercury has not been previously given. Even after mercurial treatment, syphilisation is certainly the best method that can be followed; but in that case there will not unfrequently be a relapse; and as long as the doctrine of syphilisation meets with such strong opposition, the mercurial treatment previously adopted is liable to be forgotten, and the cause of the relapse to be assigned to syphilisation. In fact, syphilisation must be the first method resorted to in constitutional syphilis, and not the last.

Results of Syphilisation. I will now state the results of syphilisation as practised by me in my public ward in the hospital in Christiania. From October 1852 to the end of February 1865 there have been 502

patients subjected to the treatment of syphilisation, of which number 429 had not been under mercurial treatment. Of this latter number, 384 were cured completely, and 45 have returned to the hospital with a relapse, 28 of whom were not subjected to any new constitutional treatment. In these, external remedies have been alone applied, and in the greatest number of cases only for a few days. Thirteen of the forty-five were resyphilised; and four of them were treated with iodide of potassium.

Of the 429 there were 42 children suffering from hereditary syphilis. Many of these had atrophy; but I wished to see to what extent syphilisation might be practised. Of these 42 children, 22 died. This may perhaps be considered a high rate of mortality; but whoever knows anything of the treatment of hereditary syphilis in new-born children will not find this result unsatisfactory. Moreover, of the aforesaid 429 individuals, one child, who was suffering from acquired syphilis, died of croup, and a woman, aged forty, of dysentery. The state of the patients' health after treatment has been most satisfactory. Apoplexy, paralysis, and the numerous internal affections, which are an every day occurrence after mercurial treatment, have never, as far as my experience goes, followed syphilisation. Tertiary symptoms have been confined to slightly developed affections of the bones; and of these cases I have seen four.

In my private practice I have had at least 250 persons under treatment, who, whilst the treatment was proceeding, were able to transact their daily business. The results of syphilisation in my private practice have been still better than in the hospital, these patients having been in easier circumstances. But as their case did not come under the observation of any one but myself, I will say no more regarding them.

If the results of syphilisation be compared with those of mercurial treatment, the difference will be found so extraordinary that the most zealous advocates of the latter must yield their opinion to the force of facts. There is, however, one point in which these two modes of treatment do not differ so widely; and that is, with respect to their several results upon the offspring.

The effect of mercurial treatment on the offspring has long been known. It is acknowledged as a fact that, when the mother has been treated for syphilis with mercury, the first children have been either in a state of putrefaction, or still-born or syphilitic; and there is no certainty that she will ever give birth to healthy children. I have, however, shown, in my statistical work entitled *Recherches sur la Syphilis* (Christiania, 1862), that when a female patient has been treated for syphilis previously to the age of puberty, she almost always gives birth to healthy children. If a male patient have been treated for constitutional syphilis with mercury, his children will generally be healthy. With but very few exceptions, they will be free from the disease; and even with the exceptions, they will not have it in so high a degree as those born of a mother who has been syphilitic. With regard to syphilisation the case is similar; but my experience, which on this subject is not trifling, would seem to justify the idea that the mother sooner begins to have healthy children after syphilisation than when the parent has been subjected to mercurial treatment; and if a mother, after syphilisation, has given birth to a healthy child, the children born afterwards will not be syphilitic, which they sometimes are after mercurial treatment.

An attempt has been made to throw obstacles in the way of syphilisation by pointing to its results where children are concerned, and alleging its inferiority in such cases to mercurial treatment. It has also been attempted to prove that so-called "deriva-

tion" is not a cause of disease in the offspring; but this is not true, for the case is precisely the same after derivation as after syphilisation.

I have now given a brief description of syphilisation as I practise it, and its results; and it would be indeed gratifying to me if its vast superiority over the mercurial system were to be recognised; and, if this is ever to be recognised anywhere, it must be by the most practical of all nations. With regard to syphilisation, there are many trifling points to be noticed, in order that the different stages of the process may follow with regularity, and produce the desired result. By long experience I have learned that, wherever syphilisation has been tried, it has been rejected on account of inability to surmount the small impediments connected with the system.

It has been asked in what way syphilisation acts on the system; and I must confess that I do not know. The results are plain enough; but how they are brought about I am unable to explain. But do we know more of vaccination and of many other great facts in the science of medicine? It is easy to construct a theory; and it would be strange if I had not formed one after having practised this method for nearly thirteen years; but it will make little difference to me if my theory should be proved a false one, for the facts will remain as strong as ever.

I consider syphilis to be a disease which has to go through a certain cycle. We often see that it vanishes when left to take its own course; but we are unable to say how often at a later date it may return. I think that all I can say with certainty is, that relapses after the "expectative method" are less frequent than after the use of mercury. I have shown, in my statistical work above referred to, that no treatment is followed by so many relapses and gives generally such bad results as the mercurial. The reason of this, I believe to be very simple. Mercury interrupts the cycle which the disease has to pass through; it is not able to break out on the skin and the mucous membranes, and it consequently attacks other organs at a later period. By means of syphilisation, syphilis is made to pass through an artificially produced cycle; the course of nature is not interrupted, but, on the other hand, assisted, and sometimes hastened.

In the course of my practice, I have been compelled, by childbirth or some other illness, to stop syphilisation; and, in such cases, relapses have often occurred. The cycle which has commenced is interrupted; and this, I believe, often happens when the disease is left to take its own course; for, during the time that the disease will have taken to pass through its several stages, many circumstances may arise to produce an injurious effect.

I will say no more of my theory. What I have written is essentially practical. What we have to look to in this case are facts. There will be plenty of time for disputation when the main point is settled.

If fifty patients in one of the London hospitals, suffering from constitutional syphilis, were placed under my treatment, I would show that what I have stated is in conformity with nature. I only request that five gentlemen should be appointed to watch my mode of treatment; and whether they be advocates of, or opponents to, the system, would be immaterial to me.

SANITARY REFORM. Sunday, March 12th, was by agreement appropriated by many of the clergy of New York to sermons relating to the unhealthy condition of that city, and the duty of taking vigorous methods for its improvement.