A Description

OF THE

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

BY

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In the *BRITISH MEDICAL JOURNAL* of April 22nd, I see that Mr. Lee has replied to my two letters. My opponent being evidently a person desirous of advancing the cause of truth, I shall feel great pleasure in continuing the discussion opened in the *JOURNAL*, if space can kindly be given for my remarks.

Mr. Lee goes back to Ricord's theory of unity, and describes briefly the development of the theory of duality. He alludes, also, to the part taken by himself in elucidating this question; and touches subsequently on the method adopted by Dr. Bidentap to make the indurated sore suppurate, thereby producing a positive result by inoculation. But this positive result—the pustules produced by this method—has been represented by Mr. Lee as essentially different from that arrived at by inoculating from a soft chancre. Here it is that my observations and those of Mr. Lee diverge. This is the point from which we are led to such widely different views of the whole system of syphilology, and more especially of the process of syphilisation.

I will now, as briefly as possible, state my experience concerning syphilitic sores. As regards the common soft sores, we are, I believe, pretty nearly agreed. I will, therefore, pass on at once to those which are indurated, the infecting chancres. Of these there are a great number, differing but slightly one from the other. We have, however, two well defined forms.

1. One of these has a perfect resemblance to the soft chancre; but, a few days after its appearance, induration takes place in the base of the sore. It has no period of incubation, or only an incubation of two or three days, and is autoinoculable. This is the form alluded to by Ricord, when he speaks of induration never taking place earlier than the fourth day. It is the Hunterian chancre.

2. The other resembles the everted tarsal cartilage, with a period of incubation of from two to four weeks. It secretes a thinnish pus or only a serous humour, which it is difficult to inoculate upon the patient himself. Auzias Turenne was the first to describe this kind of chancre, and calls it *pseudo-chancre induré*.

This other kind, which most people will, perhaps, be inclined to consider as the only true form of indurated chancre, is that which Mr. Lee has endeavoured to make inoculable by irritation; but he was only once able to produce pustules bearing any resemblance to the soft chancre. Dr. Bidentap has completed a series of such inoculations, and has arrived at quite a different result from Mr. Lee. He has found that by far the greatest number of indurated chancres, when irritated in different ways, can be readily inoculated in the patient who has them,

and that a pustule is formed producing a sore exactly similar to those which follow inoculation from a soft chancre. Dr. Bidentap has described the results he has arrived at in a paper entitled "On the Syphilitic Virus." Of the different cases described in this pamphlet, you will permit me to bring forward two.

The patients were under treatment in the hospital of Christiania for infecting chancre; and on being inoculated daily in the sides, the secretion seemed at first to be attended with a negative result; but after a period of incubation, lasting from a fortnight to three weeks, papules made their appearance, which, judging from the description given, must have closely resembled those produced by artificial inoculation with matter from tubercula mucosa on healthy persons—with this exception, however, that induration in these cases did not take place. On the other hand, indolent buboes appeared along the edge of the pectoralis major after the formation of papules, precisely as would have been the case if the person had not been suffering from syphilis. After the chancres had been made to suppurate by means of irritation, the inoculations were attended with another result. A characteristic syphilitic pustule made its appearance without any previous incubation, leaving behind it a soft ulceration exactly similar to the non-infecting chancre. I will add that one of these patients was taken to my ward of the hospital, and that I from day to day carefully watched the inoculations.

Whilst Dr. Bidentap was making his experiments in this city, Dr. Melchior Robert of Marseilles commenced a series of similar experiments, and arrived at precisely the same result as Dr. Bidentap, neither of these gentlemen having had the slightest knowledge of each other's experiments until after their publication, which took place simultaneously.

After what I have stated, it will be seen that there are indurated chancres which can be inoculated without difficulty; that the result of such an inoculation is a pustule and a sore, having a perfect resemblance to the soft chancre-pustule and sore. Similar pustules and sores can also be generated from the indurated chancres which pass through the long period of incubation, if they have been previously made to suppurate. But, says Mr. Lee, "If this process be necessary in order to obtain an inoculable secretion, it is evident that it is not the natural action alone which is inoculated. It is the adventitious artificial action which is propagated; and we must inquire how far the original disease is modified or altered by this process." This objection of Mr. Lee it is hardly necessary to refute, as I have shown that there are indurated chancres which do not pass through a period of incubation, but can, notwithstanding, be inoculated in a similar manner to soft chancres; but as Mr. Lee's objection stands there, I may as well answer it.

Mr. Lee is quite right in asserting that a sore when irritated, even if it be not a syphilitic one, can secrete an inoculable pus; but he will surely be prepared to admit with me, that the pustule originating in this manner cannot be inoculated again and propagated through a long series of inoculations. Whenever this is the case, it may be considered as an undoubted proof of the sore being syphilitic; and it is, indeed, solely owing to this lasting inoculability of the pus, that I have been able to make use of it for syphilisation.

The case is quite different when matter from a soft chancre is introduced into the surface of an indurated one—an experiment I have frequently tried. By this means, too, the sore becomes irritated; but the pus here introduced is specific, and this cannot, therefore, be compared to the common irritation.

Mr. Lee having alluded to the experiments made by Dr. Danielssen and myself, with matter taken from indurated chancres, on persons who had never suffered from syphilis, I will, in the first place, repeat what I have emphatically stated on other occasions, that syphilisation ought never to be practised on healthy persons; and I quite agree with Mr. Lee, that a high degree of culpability attaches to such an act. I have never practised syphilisation once on persons not suffering from syphilis, excepting in cases which were altogether hopeless. The patient with eczema on whom I tried it, was a girl who had been in the hospital for upwards of ten years, suffering from an universal and most painful eczema. With despair she saw that every remedy employed was of no avail; and was, on the other hand, witness to the fact, that all who underwent the process of syphilisation for syphilis were not only cured of this disease, but enjoyed excellent health. She, therefore, of her own free will, earnestly requested that she might be syphilised. At last, I yielded to her continued solicitations, giving her clearly to understand, that I was by no means sure she would receive any benefit from the treatment.

Though this declaration has nothing to do with the matter in hand, and is consequently out of place here, I am unable to resist the temptation of making it, lest English readers should erroneously suppose I have ever, in a single instance, unjustifiably practised syphilisation.

When the theories of unity and duality had been more clearly defined, I thought the above mentioned patient, who had been inoculated to immunity with matter from soft chancres, a fit subject on whom to try whether matter originating from an indurated chancre would have the same effect as on persons not previously syphilised, which it must have had if its nature be essentially different to that of the matter in soft chancres. Mr. Lee has shown us the result of the inoculation: the sores did not indurate, and it was not possible to propagate the action by a series of inoculations, there being already immunity; and not, as Mr. Lee seems to imagine, because this matter had not sufficient intensity to produce a stronger effect on any other person.

Mr. Lee then alludes to Dr. Danielssen's case; and it must be confessed that, to persons not familiar with syphilisation, it sounds strange. I do not, however, for a moment intend taking refuge in the supposition that the observations of my colleague are wanting in accuracy; for Dr. Danielssen is a keen observer, and a thoroughly reliable author. I will simply state that Dr. Danielssen was not then, and is not now, a dualist, but a unicist; he has said so himself in the treatise where the history of the above mentioned case will be found. Of this Mr. Lee was not aware; but several persons, who have also alluded to the case, knew it perfectly well, though they have passed it by in silence.

From the continuation of Mr. Lee's remarks, it appears he is of opinion that the matter which I use in syphilising does not produce pustules and ulcerations similar to those which follow inoculation with matter from soft chancres; but as regards this he is quite mistaken, their form, extent, etc., being precisely the same.

I will now pass on to the conclusions which Mr. Lee arrives at, and will cite, for such of your readers who are not so familiar with this subject, Mr. Lee's own words.

"It thus appears that three very different actions have been included under the term syphilisation; and, until these actions are distinguished, the confusion which has hitherto reigned with regard to this subject will continue.

"1. There is the inoculation of real syphilis in a constitution not previously affected.

"2. The inoculation of the secretion of the soft or suppurating sore.

"3. The inoculation of the accidental or artificial suppurative action induced upon an indurated sore."

From what I have already stated, there can be no question whatever about the first of these points. From the very moment I commenced practising syphilisation, I laid it down as an invariable rule never to inoculate healthy subjects, nor those suffering from primary syphilis. But, on the other hand, when every drop of blood in the system has become imbued with the syphilitic dyscrasy, no harm can possibly arise from inoculating the skin with the syphilitic matter.

Now to the second point—inoculation with matter taken from a soft chancre. Mr. Lee adduces here what has been said of the syphilisations practised with this matter in Vienna. To this I am able to give a definite answer, having for several years used indiscriminately matter from soft and from indurated chancres.

After inoculation with matter taken from a soft chancre, immunity invariably results: it is a rule without exception. With regard to the phagedænic sores which are said to follow these inoculations, they will never make their appearance if attention be paid to the rules I have given for selecting the spot to be inoculated. Mr. Lee must not, therefore, judge of this process by its results as practised in Vienna. He, and whoever wishes to form a just opinion of the merits of syphilisation, must be prepared to pay a visit to our little city of Christiania; and I feel confident that Mr. Lee would then no longer say "the anticipated result—complete failure to cure syphilis, as to prevent its recurrence"—was all he had seen of my treatment. Mr. Lee even believes my records to be accurate; but, when I bring forward from seven to eight hundred cases in which syphilisation has been signally successful, and not a single one in which danger resulted in consequence of the treatment, he is still sceptical, and points to a few cases in Vienna in which the treatment failed to have the desired effect. The only logical conclusion to be arrived at here would seem to me to be this, that syphilisation was not practised in Vienna as it should be; for I have before called attention to the fact that it has been considered unnecessary to follow strictly any particular directions, erroneously supposing that syphilisation consisted in inoculating a few times at unfixed intervals; and if the patient—which was not to be wondered at—grew worse instead of better, the whole theory of syphilisation was cried down as a chimera, and its adherents, to use the mildest expression, as enthusiasts. What, may I ask, would be said of a physician who should prescribe quinine in an equally arbitrary manner for intermittent fever, and then exclaim, on seeing his patient grow rapidly worse, "It is mere folly to prescribe quinine for intermittent fever"?

I now arrive at the third point. Mr. Lee is of the opinion that inoculation with matter taken from indurated chancres is not attended with danger; but this is because he imagines the result of these inoculations to be different from that which follows inoculating with matter taken from soft chancres. When Mr. Lee learns that the inoculated matter from indurated chancres produces pustules and sores precisely similar to those generated by matter taken from soft chancres, we shall, I fear, be no longer agreed on the innocuousness in its application. Hundreds of cases have, however, convinced me that these inoculations have no pernicious effect whatever, but are, on the contrary, the best remedy for syphilis.

To be sure, Mr. Lee considers the results of my syphilisations on children suffering from hereditary syphilis beyond all measure bad, asserting that, in England, they are without a parallel. This statement surprises me, familiar as I am with hereditary syphilis in our country. In my work entitled *Recherches sur la Syphilis*, page 504, I have made mention of 104 children, all of whose mothers, with the exception of one, had been treated with mercury for constitutional syphilis. Of these 104 children, sixty-two died, none of them having been syphilised. This is, consequently, a still worse result; and yet I was under the impression that it was not of the worst. My statistics are certainly not based on an imposing array of figures. They have, however, the advantage of including every case of hereditary syphilis in children brought to our hospital in Christiania for this disease; and their accuracy I can vouch for. I should be glad if Mr. Lee would give similar statistics from England. We should then be able to institute a comparison.

In order to throw as much light on this question as lies in my power, I will now cite a part of what has been said by the latest writers on this subject. In Acton's *Practical Treatise on Diseases of the Urinary and Generative Organs*, page 645, we read: "Fatal cases of syphilis in children are much more common in the metropolis than the profession is aware of." He then gives a table of over 203 children who died of hereditary syphilis in London in the years 1846-1848, in order to show at what ages this disease is most fatal to children. Trousseau says, in a clinical lecture delivered in 1858: "If hereditary syphilis make its appearance a few days after birth, it may be considered as incurable; if there are no symptoms before the second or third month, good hopes may be entertained of effecting a cure, provided the wet-nurse be healthy."

This statement of Trousseau is quite correct, and may be transposed thus. In the first-born children, the dyscrasy breaks out at the earliest period of their lives; in those born later, the disease seldom makes its appearance until after the lapse of a couple of months. In those born first, the internal organs are, as a rule, found to be attacked; in those born later, the disease generally breaks out on the skin and mucous membranes. The children I have syphilised have been taken in treatment indiscriminately, as brought to the hospital, without regard to their symptoms, wishing to see how far syphilisation could be carried.

Pottou relates that, according to the statement of Girard, who practised in the Department of Isère, where numbers of children from Lyons are put out to nurse, syphilis was fatal in two-thirds of the children infected with it. (Rosen, *On the Offspring of Syphilitic Parents*, Copenhagen, 1859.) Zeissel says: "As I have already observed when treating of the different forms of syphilis on the skin, I consider congenital syphilis as an, invariably fatal disease." I must, however, remark that Zeissel, by the word congenital, means symptoms of syphilis existing at the birth of the child.

This may be as it will: my experience of the treatment of hereditary syphilis justifies me in continuing to practise syphilisation also in this form of the disease.

Mr. Lee returns to our mutual patient, and says: "... but I cannot conceive it possible that in the case in question, seen by so many eminent men, a disease could have been acquired which remained dormant, without giving any signs of its existence, during a period of six years, and then for the first time showed itself with such terrible severity. Such a case, if substantiated, would, I believe, be unique

in the annals of medical science." In a former number of the JOURNAL, I have stated the results of my own experience on this point, but prefer, instead of laying stress thereon, to cite what Ricord, in his *Lettres sur la Syphilis*, says on the subject: "Il n'y a pas de praticiens qui n'aient vu des malades qui, après avoir été traités, ont joui pendant dix, quinze, vingt, trente ans, de tous les privilèges d'une excellente santé, et qui ont fini par présenter, soit pour la première fois, soit comme récidive, des accidents caractéristiques de la syphilis. En présence de faits de ce genre, malheureusement si nombreux," etc.

Mr. Lee and I disagree on many points; but, should the proposal made in my last letter be accepted, I should be glad if Mr. Lee were selected to watch my mode of treatment, being convinced from his correspondence that he is a man who has the cause of truth at heart.

AMERICAN ARMY HOSPITALS. One hundred and eighty-two hospitals, with a capacity of 84,472 beds, were in operation at the date of the last annual report. During the summer campaign it was found necessary to establish additional ones, and increase the capacity of those nearest the scenes of active operations, giving a capacity of 125,521 beds in June 1864.

LUNATIC PAUPERS. Dr. Stiff, superintendent of the Nottingham Lunatic Asylum, in his last annual report, calls attention to a matter of some importance in connection with the admission of lunatics into an asylum, which should be more generally known than it appears to be at present. In the case of ordinary paupers, the proceeding is to take the alleged lunatic before a justice or an officiating clergyman, who, after calling in a medical practitioner, may grant the order of admission. A different procedure must be adopted in the case of persons who are not chargeable to a union but who are alleged to be dangerous lunatics, and not under proper care and control. The person deemed to be lunatic must be brought *before two justices*, by whom the case is to be dealt with, after a preliminary examination of one justice with the aid, if necessary, of a medical man, and if the two justices be satisfied, and the physician or surgeon sign a certificate that such person, not being a pauper, is insane, they may direct him to be received into an asylum. It is to be feared that persons not being maintained out of the poor-rate, are sometimes brought before an officiating clergyman of the parish, and committed to the asylum. The inconveniences attending this practice are, that persons, whose circumstances have not been inquired into are thrown upon the county rate without magisterial authority; that no opportunity is given to the friends to come forward and take charge of them, and that in case of any legal inquiry into the settlement of the individual being made, the original order of admission would be quashed. That due care and judgment must be exercised is shown by the Islington case, where an alleged lunatic, not legally chargeable, was removed to the workhouse, under the direction of the relieving officer, against whom an action was brought. The jury found a verdict for the plaintiff, and the damages and costs, on both sides, amounted ultimately to nearly £900. In another case recently tried, £20 damages were obtained against a relieving officer, for causing a person not maintained out of the poor-rate to be placed in a cab and lodged in the lunatic ward of the workhouse. The judge decided that, although the defendant had simply acted as he believed it to be his duty to do, yet he was legally wrong in not observing the statute.