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COURSE OF LECTURES ON VENEREAL AFFECTIONS DELIVERED AT THE HOPITAL DU MIDI, PARIS.

By DR. PHILIP RICORD.

Translated and arranged by Daniel M'Carthy, Esq.,
Interne of the Hospitals of Paris.

LECTURE XI.

June 2, 1843.

Part II.—*Syphilitic Affections.*

GENTLEMEN,—I have finished my sketch of the non-virulent diseases consequent upon sexual intercourse, and turn to “syphilis,” properly so called. It is needless to trace back the derivation of this word; albeit, many authors have thought it important to do so, and have entered into long discussions on the subject, some referring its origin to the Greek derivative signifying a pig, whilst others have imagined that the animal propensities of the victims of this disease have induced an association of the two words rather in the spirit of poetry than strict etymology.

Whatever the philological debates on these points may be, most writers grant that the collection of symptoms known under the generic denomination of syphilis, are to be attributed to a peculiar morbid poison, the existence of which John Hunter clearly demonstrated, and which has since been admitted by all, though sometimes under the transparent and insignificant veil of a new name.

Origin.—The origin of the disease is lost in the mist of ages. The oldest medical authors, unaware of the existence of the virus, traced the symptoms observed now to excessive continency, and now to the deplorable laxity of public morals.

In the thirteenth century, Guillaume de Salicet ascribes syphilis to cohabitation with dissolute women, clearly mistaking for the *origin* what was then, and still is, the *mode of propagation* of the disease. Of the influence of the planets I will say nothing.

Astruc was the first to trace the birth of syphilitic disorders to the discovery of America. But Sanchez battered his arguments to such a degree, that this origin is pretty nearly abandoned. But, supposing for an instant that Astruc was correct, the question is far from answered—where and how did syphilis begin in the West Indies? Americo Vespucci attributes it to the exciting draughts given to the Spaniards by the American women. According to Lister, it is due to the use of the Iguana's flesh, which has also been proposed as an excellent cure for the same disorder. In 1492, the Jews were expelled from the Spanish empire; the privations and misery of all sorts which followed gave rise amongst them to a kind of plague,

perhaps not without some mixture of syphilis, but which has been, on the whole, much misunderstood.

Fioraventi, at a loss to give a precise date to the first appearance of syphilis on the scenes of pathology, boldly asserts it was the consequence of the siege of Naples, which “never took place!” Ménard conceives it to be a modification of lepra. Paracelsus, in his fanciful imagery, calls it a “mule”—i. e., a combination of sexes, &c. Vanhelmont is inclined to believe it is nearly allied to farcy, and I am not far from adhering in some measure to this opinion. Hofmann, Didier, Lange, Cullerier (senior), consider its nature to reside in a special cause, *animalculi*. Here begins what we may call the “microscopic era.” It is impossible to say what the microscope may, at a future day, discover on the subject; but I must say that hitherto its investigations have been fruitless.

At all times it has been asserted that syphilis might arise spontaneously from the intercourse of two healthy persons. I altogether deny it; and notwithstanding Cullerier's singular reason for admitting it—viz., “*in order to explain inexplicable things*”—I hope I shall be able to demonstrate that this origin is both improbable and impossible.

To prop the tottering theory of spontaneous syphilis, M. Fricke's (of Hamburg) experiments on corrosive sublimate are adduced. This salt, applied on the glans penis, produces ulcers, resembling chancre in all respects; yes, Gentlemen, in all respects—but one, which is sufficient to separate these artificial sores from chancre for ever—they are never inoculable. The theory of spontaneous syphilis is, therefore, totally inadmissible. After examining the various origins to which the disorder has been successively attributed, we are reduced to the necessity of acknowledging, with Voltaire, “*la vérole est comme les beaux arts, on ne sait pas qui l'a inventée.*”

The history of vaccine and farcy throws, in our opinion, some light on the possible origin of syphilis. Before Jenner's discovery, before modern experiments had proved that vaccine and farcy may be transmitted from animals to man, it cannot be doubted but that many persons must have been affected with one or the other of those diseases, in which case the cause and nature of the symptoms observed must have remained enveloped in obscurity. It is my opinion that at a future day, like vaccine and farcy, syphilis will, perhaps, be traced to the brute creation, and will possibly, as Vanhelmont has long since insinuated, be found in near relation with farcy. The preceding observations are, of course, purely hypothetical; but, even taking them as such, I do not think they are altogether destitute of probability.

It may be objected to that syphilis cannot be communicated to animals; but, as the same remark applies also to vaccine, that objection, at least, therefore falls to the ground

Research directed towards this subject, at which we only cast a rapid glance, and minute microscopic investigation, will, I have no doubt, eventually solve the mystery, and, by unveiling the nature of the virus, probably point out the origin of syphilis.

Syphilis is always propagated by contagion from a diseased subject to a healthy one; but the contact must be immediate, between the sore secreting inoculable matter, and the spot to which it is communicated.

The pus is secreted with its virulent property, and does not acquire it afterwards by any extraneous circumstance. Should a wound in a distant part of the body coexist in the same patient with a chancre of the genitals, the wound will proceed to cicatrization, as if no syphilitic complication were present, provided the secretion of the chancre do not come into contact with it. On the contrary, a wound existing close to the chancre, within one or two lines of it, for instance, will become chancrous, although no contact with the inoculable matter should have previously taken place. This singular fact may, perhaps, be due to the virulent secretion soaking, as it were, through the neighbouring cellular tissue, thus forming around the chancre a kind of sphere of "virulent activity." This is only, however, an explanation; but the fact is one of every day observation, which cannot be contradicted.

Once perfectly healed, the chancre cannot reappear without a fresh infection. From a perfect cicatrix it will be, however, necessary to distinguish with care such cases in which the cicatrix forms over the chancre, enveloping it in a complete cyst, which soon bursts, and gives rise to a relapse. It is only necessary to be warned of the possibility of such an event, to prevent any error on the subject.

Having made these preliminary remarks, I shall now turn to the disease itself.

The existence of a special morbid poison in syphilitic disease can be demonstrated only by its effects. The virus has never yet been isolated, and this circumstance is one which is likely to lead into error the properties of the *vehicle*, being constantly described as those of the *poison* itself. When the pus of small-pox, of virus vaccinae, the secretion of farcy, the saliva of the rabid dog, are introduced into the system by inoculation, a series of morbid phenomena appears, constantly in the same succession, so as to permit the physician to distinguish on the appearance of the symptoms, the different toxic agents employed, and enable him to foretell the symptoms likely to supervene on inoculation of any one of the substances referred to. It is this peculiar property which vindicates for these morbid poisons the denomination of virus, and it is the presence of the same property, in the pus of chancre, which claims for that secretion the same name, and obliges us to place syphilitic poison on the same line.

The vehicle of the virus may be muco-pus, serous or sero-sanguineous secretion, albuminous, glutinous, and coagulable matter. It may be alkaline (as in most cases) or acid, as in the vagina. It is essentially corrosive, and stimulates to ulceration.

Various hypotheses have been made with regard to its intimate nature. Bree considers it to be an *elastic fluid*, acting under the influence of an electric power of expansion. M. Donné believes that it is essentially

constituted by the presence of animalculi (vibrio and trichomonus). But these are found in all sores in which putridity is allowed to occur. They have been met with in sores which were not chancres, and have been absent in true primary chancre. My learned friend, Mr. Carmichael, is of opinion that the secretion containing the virus is always serous. This is far too exclusive an assertion; and you will have many opportunities of convincing yourselves, in my wards, that the vehicle of the poison may be phlegmonous pus, as perfect in all its qualities as that of the best characterised inflammation of cellular tissue.

With the exception of the secretion of chancre at its specific period, no other liquid of the human economy is capable of producing chancre by inoculation. The blood of infected persons is altogether inert in this respect, as well as semen, saliva, perspiration, or urine. It is only when these liquids are mixed with a certain proportion of virulent pus that they become inoculable.

I admit of only one syphilitic virus, in opposition to Mr. Carmichael, who describes several, and who conceives that each is followed by a special form of constitutional eruption. This opinion you will find disproved by many cases, in which one single sore, consequently one virus only, gives rise to several forms of general syphilis.

The virulent pus does not require heat, or the excitement of coitus, to propagate chancre. Introduced under the epidermis with a lancet, its results are constant; and thus will be proved an assertion of ours, we shall be always ready to substantiate—viz., that no individual is proof against primary syphilis. If any person should fancy that he is, nothing can be easier than to convince him, by inoculation with the lancet, that the supposed immunity he enjoys depends not upon his constitution, but merely on the integrity of a strong epithelium.

In order that inoculation of virulent pus should be successful, it is indispensable that the structures be placed in special conditions, which I will now enumerate.

Idiosyncrasy, age, sex, have no influence whatever, either to prevent or to forward inoculation, artificial or from coitus. We will say the same for climate.

The particular part of the body on which inoculation is performed has no influence whatever as to its results. The skin, the mucous membranes, the cellular tissue, the lymphatics, are all equally liable to its action. The true conditions of successful inoculation are purely physical, and depend not on any of the above circumstances, but on the denudation of the dermis, without which inoculation will almost invariably fail. As a proof, we might adduce a fact which comes under our every day observation. In this hospital, physicians and assistants constantly dress chancres and touch inoculable pus, yet, if the epidermis of the fingers be sound, no inoculation takes place. Again, in many patients chancre does not produce similar ulcers in its neighbourhood, although the adjacent parts are habitually soiled by inoculable matter; but if in the vicinity an excoriation or wound happens to exist, such as a leech-bite, for instance, the contact of the secretion invariably changes it into a chancre.

The infection is, therefore, not the result of any

vital action, but merely a local phenomenon, depending upon the physical condition of the parts exposed, and in this respect quite analogous to vaccine.

The true condition of morbid action in inoculation resides, therefore, altogether in a pre-existing wound, or ulcer, and, more frequently still, in an excoriation, resulting in general from coitus, and placed in immediate contact with a virulent secretion. Occasionally, also, the follicles of a part, when large and numerous, become impregnated with the virus, and, excoriated by its presence, soon present the characters of chancre.

It is in the genitals that these local conditions are mostly met with. Disproportion of size of the organs, the length of the foreskin (which incarcerates the poison), the great breadth of the meatus in some persons, hypospadias, in all prolonged contact of the part with the virulent matter—all these local circumstances, and not any special action exclusively due to the vitality or the functions of the genitals, explain why these organs are, oftener than others, the seat of disease.

The presence or increase of the physiological secretions of the parts are natural protections against infection. The same may be said of the menses, of utero-vaginal catarrh; also, the secretion covering a newly blistered surface prevents its being inoculated, though placed in contact with chancreous pus. The emission of urine or of semen act as a sort of injection forwards, and, washing away the exposed virus, must not be forgotten in the prophylaxis of syphilis.

Modes of Propagation.—Connection between a diseased person and a healthy one is, beyond doubt, the most frequent. But is this indispensable? Not absolutely so, in my opinion. In one case, and in one case only, do I admit of the possibility of infection occurring between two healthy persons, one of them serving as the mere vehicle of inoculable matter, which takes effect on the other. This opinion, which, at a previous lecture, I have already mentioned, cannot, it is true, be always physically proved to be correct; but do we not admit that the surgeon's own hand may be the vehicle of the poison from one person to another, whilst he himself escapes unscathed?

Besides sexual intercourse, there are some other modes to which I need not allude. During labor, a mother may inoculate her child with chancre; but this does not deserve the name of hereditary syphilis, which we would confine to secondary symptoms appearing in an infant, who, during the nine months of intra-uterine life, has derived its chief nutriment from the tainted blood of an infected mother.

Surgical instruments may transmit the disease, when not carefully washed, after opening a chancreous abscess. No fact hitherto proves that the introduction of virulent pus into the stomach can inoculate the mucous lining of the digestive organs. The atmosphere tainted with the breath of syphilitic patients cannot, as was formerly believed, transmit the disease. Public prostitution is a great source of primary syphilis; but here I must again repeat what I already have stated on a former occasion, that more disease is propagated by women not matriculated on the books of the police than by those who, thus inscribed, are every week submitted to medical examination. We will here close this lecture, by reminding you, Gentlemen, that

all these modes of communication of chancre are all, without exception, inoculations, in which the inoculating instrument alone occasionally varies.

ON THE
RELIEF OF DEFORMITIES
PRODUCED BY
CICATRICES IN THE NECK AFTER BURNS.

By J. H. JAMES,

Surgeon to the Devon and Exeter Hospital, and Consulting
Surgeon to the Exeter Dispensary.

[*Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Leeds, Thursday, August 3, 1843.*]

The various deformities incident to the human body have, of late years, much engaged the attention of the medical profession, and I cannot but think it rather remarkable that one of the most distressing of these should still be generally neglected. I allude to those miserable cases where, after burns, the head is tied down to the chest by the cicatrices which so constantly form. While it was allowed that in other parts of the body art is capable of relieving the imperfection by the means described by my late lamented friend, Mr. Earle,* those in the neck were pronounced by the highest authorities to be incurable, in proof of which permit me to quote a passage from the lectures of that great surgeon, Sir A. Cooper—"I have never seen," he says,† "a case like that represented in the plaster bust on the table, where the chin is firmly united to the breast, which was capable of being cured." "Where the bridle is broad and not separated from the muscles, as under the chin, no operation will avail." In the year 1825, I was enabled to communicate to the Medico-Chirurgical Society three cases, in two of which I had operated with perfect success, adopting a material modification of Mr. Earle's treatment, by which I was enabled to overcome those difficulties which the structure of that part of the body peculiarly presented. That communication was published in the Thirteenth Volume of the Transactions of the learned society to which I have alluded.

I should not now trouble you with any further observations on this subject, if frequent repetitions of the operation in the hospital to which I have the honor to belong, by my colleagues as well as myself, did not enable me to assert that, when carefully conducted, success will be obtained, while the works which are justly deemed to convey the present state of opinion on surgical practice, still continue to pronounce these deformities for the most part, if not altogether, incurable; it may be because the operation, as proposed, has not received any trial. Mr. Liston, in speaking of cicatrices after burns, expresses himself thus: "There is no encouragement to make such attempts, certainly no severe operation is warrantable, and, as already said, it is only in favorable instances where the connecting slip is thin and not extensive that any permanent advantage can be expected from interference with it."‡ And Mr. Fergusson—"When a cicatrix has been removed, and the wound healed by the means recommended by Mr. Earle, I have generally noticed

* Paper in vol. vi and vii of Med.-Chir. Transactions.

† Lectures, vol. i, p. 178.

‡ Operative Surgery, p. 216