

Original Communications.

REMARKS ON SYPHILISATION.

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BOTH Vidal and Hebra support the opinion, that the influence and operation of soft or simple changes on the frame is something more than local—something more than limited to the neighbourhood of their site. In default of direct proof, they adduce the protective power of vaccinia in illustration of a constitutional change established in the system, which, during the cycle of its occurrence, is betrayed by no other sign than such as may be read off from the vesicle as on a dial. That such a change does take place *pari passu* with the evolution of the vesicle and its decline, is a fact that will hardly be disputed. Syphilographers who entertain different views from the above insist that, beyond having afforded passage to the contagion, the manifestation at the spot of lesion in vaccinia has no kind of connexion with the concomitant interior change. They affirm that the elaborative process is distinct in each, and that each pursues an independent course. Hence, whatever may take place in the constitution, the appearance of the vesicle is neither to be regarded as a measure of its completeness, nor to be accepted as a token of its existence. Moreover, the failure, it is said, of definite incubation in vaccinia, destroys the force of the analogy; for a certain stage of incubation, subsequent to the implantation of the virus, is proper to syphilis. A better subject of comparison, they suggest, is to be found in variola, where a volatile animal poison received into the body is subject to an incubation of fourteen days' term. But here again analogy is at fault, in so far that variola, casually taken, exhibits no appreciable lesion at the point where it enters the system.

Such is this course of argument; no reference being made to the method of inoculation for small-pox, in the practice of which the matter of variola is dealt with as a fixed contagious principle. When varioliferous matter is inoculated, the stage of incubation is practically annulled, or reduced to an equality with that in vaccinia; meanwhile, as is well known, the communicated disease is neither altered in character nor destroyed. In this instance at least, it seems difficult to believe that the local and constitutional symptoms proceed independently side by side; for if, in three or four days' time, the wound of inoculation be seen to close, the inoculation is declared to have failed. If it should inflame rapidly, a bad eruption of variola may be expected; and a quantity of pus deposited, as the disease advances, in the inoculated part, is often found to diminish towards the end, and it has commonly been supposed to be assimilated or absorbed.

There is some difficulty, it may be remarked, in regarding disease (under a fair interpretation of the word) as exclusively local, or exclusively general. The existence or prolongation of a local affection presupposes a consent, or at least a tolerance, on the part of the economy. A constitutional malady seems to imply the idea of some local expression, sooner or

A vertical section has been carried through the bones, and shows them to be unusually thin.

6. A dry preparation of the bones forming the knee-joint, amputated by Mr. Liddon. (Case XXI.) The bones have been macerated, but when fresh, showed denudation of articular cartilage. The articular surfaces are rough, and the end of the condyles flattened; the bones are much thickened. The surface of the tibia is rough and carious; the spine of the tibia is gone, and there is a cavity on the inner articular surface. A small exostosis or osteophytic growth projects posteriorly.

7. Portions of bone and ossifying cartilage, removed by excision of the knee-joint of a child, by Mr. J. Wood. (Case XVII.) The slice of femur is very thin and nearly healthy on the surface, and the patella is healthy. The principal disease was in the tibia, two slices of which have been removed. An abscess may be seen on the lower surface of the head of the tibia (which includes the whole epiphysis); this has encroached upon the joint, and the articular cartilage is thinned, and the synovial membrane much thickened.

8. A wedge constituting an ankylosed knee, removed by Mr. H. Smith from a child. (Case XVI.) The wedge includes the articular ends of the femur and tibia, and half the patella, all bound together by strong fibrous tissue.

9. The portions of bone removed by excision, by Mr. H. Smith. (Case XV.) The synovial membrane is in great part destroyed, and what remains is much thickened. The articular cartilages are destroyed in great part. The patella is adherent to the external condyle, in which there is a carious cavity, and a corresponding one in the opposite surface of the tibia, the bones having mutually worn each other away apparently, in a remarkable manner.

10. Portions removed by excision, by Mr. Whipple. There is thickening of the synovial membrane, with thinning and communicating ulceration of the articular cartilages. The spine of the tibia was broken off during the operation, and is attached to the femur by strong fibres.

11 and 12. Two femurs are sent in to illustrate the correct and the incorrect modes of removing the articular surface, as described in the essay.

HORSEFLESH AS FOOD. According to the *Moniteur de la Meurthe*, hippophagy is making progress at Nancy. M. Pineau has already a dozen fattening in his stables. At present the consumption is two animals per week.

BURLINGTON HOUSE. The Pathological Society, like the Medico-Chirurgical Society, has applied to Government for apartments in Burlington House, and has received the same answer, that more applications had been received than could be met according to the existing accommodation. The circumstances, however, are somewhat different. The Pathological Society has not a library, and does not require apartments devoted to its sole use. It is at present paying a heavy rent for the use of an apartment on fifteen nights in the year. This, it is thought, might be granted without much inconvenience in some of the rooms now used by other learned societies in Burlington House, and a renewed effort will, we believe, be made by the Honorary Secretaries, Dr. Murchison and Mr. Holmes, to ascertain whether some arrangement cannot be made for this purpose. The Society devotes its limited funds in such large proportion to scientific purposes, as to leave a very narrow margin for other expenses; and the claim which they have to such public accommodation as can be reasonably afforded is very strong.

later pronounced, in one or other part, in one or more organs. Diseases display textural preferences in general disturbance, and take their character thence. The soft chancre, when contracted in disease, is multiple (averaging perhaps as many as six in number); its term of existence is moderately long, and the amount of secretion independent of the bubo is considerable. To what extent pus-formation influences the course of other disorders, and modifies diathesis, is perfectly well known. However much, then, the soft chancre may seem to differ in type from the more chronic or so-called infecting sore, however much in its consequences it may be found to differ from the other, it not unlikely has a searching influence on the economy, and entertains sympathies with it—there is much, indeed, which might persuade us that the secretion of the soft chancre does not find a pathway in the tissues; but it must be remembered that modern physiological research is far more favourable to the idea of rapid diffusion among our organs, than to the limitation, of fluid substances inserted or received within the frame.*

This is all that need be said on so obscure and difficult a subject; the *onus probandi* remaining with those who maintain a proposition so little self-evident and capable of proof as the localisation of the soft syphilitic sore, and its independence of the general system. But we may be permitted, perhaps, to draw attention to another point of comparison. In inoculation for small-pox, a roseolar rash, with papules, frequently precedes the expected eruption. This rash is an indication of a mild infection, and promises a good event. It may also precede a mitigated form of casual small-pox. (See *Library of Medicine*, vol. i, p. 318; art. Small-Pox, by Dr. Gregory.) Now, some such eruption, but very characteristic and definite, altogether different from the syphilides, will sometimes occur during the course of syphilisation; and that indifferently, whether the matter from soft or hard chancres be used; and it is equally regarded as a favourable prognostic. This point, in common with variolar infection, may still further incline us to believe in a constitutional influence exerted by the artificial inoculations on the constitution. Syphilisation not being based on these analogies, but founded on experience and ascertained facts in the natural history of syphilis, it seems scarcely fair, on grounds so poorly established and disputable, to debar those who practise it from an interpretation of its phenomena such as best accords with their experience. If there is much that is inexplicable in the difference between venereal forms, we may reflect that what is known on these subjects bears no proportion to what is unknown. The study of syphilis is full of pitfalls, and this localisation of the soft sore may very well be one of them.

It may be further objected that, even if these forms of disease be shown to have a common origin, that of itself is not a sufficient proof of their being identical diseases; and if the soft sore be, as some suppose, derived from the implantation of the virus on a syphilitic, yet, the immediate effects of inoculation of soft and of hard sores being different, they are practically two different diseases. Now this, indeed, is what has been insisted on with regard to variola and vaccine, one of which excludes or supersedes the other. Let us not, where all is conjecture, be deterred from observation and practical suggestions by vain and uncertain arguments,

* The recent experiments of Dr. Bence Jones, the prompt results of subcutaneous injections, and the constitutional effects occasionally shown of mineral caustics, are here referred to. Not less to the point are the paralytic affections which follow the inoculation of diphtherial poison.

or be fettered from attempts at improvement by the vain babble of schools. It was not thus that Hippocrates understood physic; and when some refuse to entertain the question of syphilisation until it has been found that the inoculation of the soft sore, at some time or other, shall have produced consecutive syphilis, this only marks a departure from the right line of observation, and shows how the true spirit of medicine is upheld amongst us; for, although it might be possible to adduce some recorded case,* a confuted argument, but a slight persuasive to a novel field of research, and the real question before us is, whether a number of patients have been relieved of the pressure of their disease by the method of syphilisation, and whether they have enjoyed full health afterwards.

Perhaps it may not appear a contradiction in terms, to say that this disease of syphilis is less formidable when acute than when displayed in more chronic forms. It is even possible that, being derived, as far as tradition guides us, from individuals of a very low type and organisation, it may find its path to extinction through more energetic vital processes in highly organised frames. Diseases with which syphilis has some points of resemblance, such as leprosy, pellagra, etc., are aggravated by want, dirt, and distress, not engendered by such causes; and they are known to disappear under better phases of culture. It is possibly thus that Dr. W. Boeck and other syphilographers have come to consider the soft chancre (with suppurating bubo) as a more acute form of the same disease, which drags out its slow length in consecutive syphilis, being formidable in proportion to its chronicity. Under such a view, the term chancreoid might seem inappropriate, as signifying an enfeebled or decaying syphilis, however much that certain cases its analogues, vaccinoid and varioloid, have been known to return to their types vaccinoid and variola. We have ventured the statement that the chancreoid carries infection; for, in a certain number of recorded cases, this has been proved by the event, although, indeed, a wider field of experiment is much to be desired. It is extremely probable that in many, may, in by far the greater number of cases, inoculation from the chancreoid, in subjects hitherto exempt from syphilis, would not be followed by consecutive symptoms. The cases of Bidentkap and others tell as much in favour of this class of facts, as those of Ricord, Fournier, Cullerier, and Robert for the other; yet none of these facts are probably irreconcilable, though we have, indeed, to regret that our views are limited with respect to them.

The following passage of Fernel may be appended as not without interest, to show the ideas of an earlier age with respect to the contagion of syphilis, in contrast with modern doctrines.

"Now, this communication (of disease) either happens to one who is entirely free from it, through (contact with) an infected person; or it may be communicated to one who has it already, from some other who is very much worse (*plus gasté*). It never occurs between persons who are infected in the same degree; nor is it received from one who has it not so bad as his companion. Those who are in the same degree of the malady may sleep together without danger, and yet for all that, they might communicate the disease to others less diseased than themselves (Fernel, *Path.*, liv. vi, chap. 20, *De la Vérole*.)

* Such a case, indeed, is quoted by Hebra, of a pustulous syphilide ensuing on repeated inoculations of the soft chancre in a patient afflicted with lupus. (Bericht der Allgem. Krankenhaus, in Wien für 1859; and Zeitschrift der Gesellschaft der Aerzte, 1860, N. 97) One of Wallace's experiments might be quoted to the same effect. Certain cases to are on record of hard sore following infection from soft chancres.