

**NOTES ON SYPHILIS, WITH  
AN APPENDIX  
ON THE UNITY OF  
THE SYPHILITIC POISON**

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Notes on syphilis, with an appendix on the unity of the syphilitic poison by S. Messenger  
Bradley

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**S. MESSENGER BRADLEY**

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AN APPENDIX

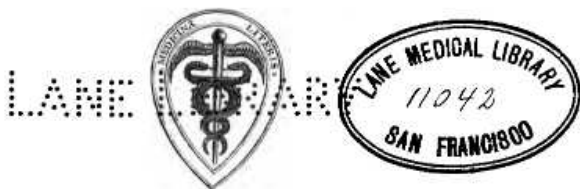
ON THE

UNITY OF THE SYPHILITIC POISON.

BY

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## P R E F A C E .

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THESE 'Notes on Syphilis' are reprinted from the 'Manchester Medical and Surgical Reports.' I have added an Appendix containing some separate articles which are referred to in the body of the paper.





## NOTES ON SYPHILIS.

By S. MESSENGER BRADLEY.

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"Ideas are like coins; they bear the impress of the age in which they are stamped."—  
ALCOX, *History of the Doctrine of a Future Life*.

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NATURE AND UNITY OF THE SYPHILITIC POISON.—Syphilis is one of the great group of zymotic diseases which depends upon the introduction into the circulation of living poison germs from without. These germs having once attained an entrance into the system, we have reasons for believing, all behave much in the same way; thus it is legitimate to infer that by catalysis they degrade the chemical composition of the blood, and, by a process akin to *agamogenesis*, that they multiply, and so take the place of the corpuscular elements contained in the vessels.

All such poisons, unless directly lethal, pass through the stages of increase, decrease, and elimination, the poison of syphilis only differing from the poison of the other specific fevers in its great duration, and in the fact that we possess drugs which exercise an appreciable influence over its duration and severity.\* Bearing in mind the infinite difference of soil in which the poison may be implanted, and the variety of seed which is capable of setting up the syphilitic fever, it will not be considered incredible that the manifestations of syphilis should differ so widely as to range from a mere local lesion of slight duration and little gravity, to a disease which resists treatment and destroys life by a slow process of blood poisoning and visceral degeneration.

This statement of course implies a belief in the essential unity of the syphilitic poison, however widely it may differ in the symptoms to which it gives rise; and as this belief is not generally

\* Hutchinson in Reynolds's 'System of Medicine,' article "Syphilis."

adopted by the profession, it is necessary that I should state the arguments in favour of such a creed.

In the first place we have the admission of the most experienced observers that sores which, so far as our present means of observation go, must be considered as soft, are occasionally followed by constitutional symptoms; and again, that sores with every feature of the true infecting chancre are not invariably followed by secondaries. Much evidence to this effect will be found in the 'Introduction to the Report of the Commission appointed by the Secretary of State for War, and the Board of Admiralty, to inquire into the Pathology and Treatment of the Venereal Disease,' and also in the various articles "On the Nature of the Venereal Poison," by Dr. Morgan, published in the pages of the 'Medical Press and Circular.'\*

In the second place, multiple adenopathy, which many observers regard as more certain evidence of infection than the character of the initial lesion, does not always occur where systemic poisoning has taken place. Bassereau mentions 120 cases of syphilitic

\* There are much the same sort of arguments and facts for establishing a *quadruple* doctrine in regard to the disease as there are for supporting the *duality* of the poison; much argument has indeed been employed to establish the theory that there are no less than four distinct maladies comprehended under the term syphilis, each having special symptoms and a different significance. Carmichael of Dublin has, perhaps, stated this most clearly. His classification is as follows:—“1st. The ulcer without callosity, raised edges, or phagedena, in fact, without any peculiar characters, and which may, therefore, be termed the simple primary venereal ulcer, produces the *popular* eruption which *ends* in desquamation, and the same effect is produced by a patchy excoriation of the glans and prepuce in men, and of the labia and vagina in women, and also by a gonorrhoea virulenta. 2nd. The ulcer with raised edges produces the *pustules* which terminate in small ulcers covered with *thin* crusts, and which *heal from their margins*. 3rd. The phagedenic and sloughing ulcers produce the pustular spots and tubercles which terminate in ulcers covered with *thick* crusts, which are accompanied with *phagedena*, and which *heal in general from their centre*. 4thly, and lastly. The primary callous ulcer or chancre is attended with the well-known *scaly* eruption, lepra or psoriasis.”—Carmichael on 'Venereal Diseases,' 2nd edit., p. 68. Bassereau writes to much the same effect. “La benignité du chancre annonce les symptômes constitutionnels peu graves; sa malignité au contraire de prévoir que le malade sera atteint de symptômes consécutifs d'une grande gravité. Après les chancres indurés bénins surviennent les éruptions syphilitiques bénignes; après les chancres indurés phagédéniques surviennent les syphilitiques pustuleuses graves, les exostoses suppurées, les nécroses, les caries.”—Bassereau, p. 144. There is truth in all this, and much valuable information it affords to the practical surgeon in making his prognosis in any case of syphilis which may present itself.

erythema where the initial lesion was neither accompanied nor followed by adenopathy. This, too, Mr. Berkeley Hill, a firm dualist, admits, for speaking of certain cases of syphilis, he says, "This makes it probable that the glands in a small number of cases escape alteration"—("Syphilis and Local Contagious Disorders," page 78).

In the third place it is admitted that in syphilitised subjects, inoculation with the matter of an infecting sore, or with the secretion from a moist secondary, will occasionally produce an ulcer, and that the inoculated sore so produced is invariably soft. M. Rollet, writing on this subject, says, "M. Ricord arriva à cette conclusion, que le chancre induré lorsqu'on réussit à l'inoculer à un sujet syphilitique se manifeste chez ce dernier avec les caractères du chancre mou."—(Rollet, 'Maladies Vénériennes,' page 665.)

In the fourth place there is the testimony afforded by the experiments which I have made upon the lower animals. These experiments may be briefly summarised as follows:—In three different cases, twice in guinea pigs, and once in a kitten, I succeeded in producing an auto-inoculable, freely suppurating, non-infecting soft chancre, by direct inoculation from a hard sore. The matter (or rather *materies*, for there was no visible pus in the cases which I selected) was always taken before cicatrization had commenced, and from subjects in whom there was well-marked multiple inguinal adenopathy, and other evidences of constitutional infection. The subjects of these experiments remained under observation for a period of four months. The resultant sore appeared in each case within a week from the date of inoculation. In no case was it followed by adenopathy or any other evidence of constitutional infection. In each case the sore was proved capable of auto-inoculation, and of implantation upon a third subject.\*

\* A paper detailing these experiments was read at the Annual Meeting of the British Medical Association held at Plymouth this year.

Many other experiments have been made upon animals, and with different results. The following case appears to me to be an instance of a soft sore produced by inoculation from infecting chancres. It is, I believe, the only one on record, and it is right to add that it is not so considered by the experimenter himself. *Exper. 10.*—Cane di razza Inglese fu inoculato con materia proveniente da ulcero sifilitico accompagnato da adeniti inguinali specifici. Due giorni dopo la piaga è arrosata e poco secretanti. In 13 giorni la piaga si cicatrizza. Il cane fu osservato per 34 giorni. Risultato ~~negativo~~.