

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

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649403714

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

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

S. MESSENGER BRADLEY

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

NOTES ON SYPHILIS

WITH

AN APPENDIX

ON THE

UNITY OF THE SYPHILITIC POISON.

BY

S. MESSENGER BRADLEY, F.R.C.S.,

LECTURER ON COMPARATIVE ANATOMY, ROYAL SCHOOL OF MEDICINE AND SURGERY,
MANCHESTER.



LONDON :

J. & A. CHURCHILL, NEW BURLINGTON STREET.

1872.

N33
B81
1872

P R E F A C E .

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.

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

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 syphilitides 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 arrossata e poco secerne. In 13 giorni la piaga si cicatrizza. Il cane fu osservato per 34 giorni. Risultato negativo.

It is quite true that the interchange of the two lesions takes place very rarely. The majority of my experiments failed. I do not know exactly what the proportion was, but I should say roughly that about 95 per cent. of the operations gave negative results. It is quite true, also, that in an immense majority of cases the practised surgeon will be correct in prognosing constitutional immunity in the subjects of some sores, and constitutional infection in the subjects of other lesions. It is quite true, in a word, that the poison of syphilis has developed into two well-marked varieties, which, as a rule, "breed true," but in the face of such evidence as I adduce, it appears to me impossible to claim more than the position of a variety for the soft chancre.

It seems to me that this fact of the original unity of the syphilitic virus, taken together with the well-marked double type into which it has now divaricated, is interesting in affording an insight into the general evolution of disease. I shall, perhaps, explain my meaning more clearly by sketching the possible history of venereal disease. Once upon a time (pathological and geological chronology are equally vague), we will imagine that gonorrhœa which was evolved from, or let us say, commenced in, a traumatic urethritis, was transmitted from one sex to the other, and from that time assumed a persistent type. Dirt, low vitality, &c., prepare a suitable soil for the gonorrhœal matter, which, after a time, produces an ulcer in the readily abraded vaginal mucous membrane. The matter which this ulcer secretes is more virulent than the former—it tends to produce an ulcer like itself. The same factors which evolved the ulcer from the urethritis operate again, and so increase its poisonous qualities that its cell elements acquire a higher specialisation; becoming more highly organised they are capable of self-production, and so produce at length a true constitutional malady. This is of course purely imaginary, but it is probable that when the "special creation hypothesis" has given way to the "evolution hypothesis" in disease, as it is doing in

(Dr. Annelgan Ricordi, 'Sulla trasmissibilità della sifilide d'all uomo ai bruti'). The fact of any result following such inoculation affords evidence of its being successful; short time as the ulcer lasted, thirteen days, it is yet longer than would be observed had the inoculation not succeeded. Ricordi himself argues from these experiments that syphilis is a peculiarly human affection, and cannot be transmitted to the brutes.

natural history, we shall adopt some such theory as the above to account for the origin of different diseases. Leaving the unproved, however, we find a parallel to the history of syphilis in the history of the epiphytes, or vegetable parasites. It may be held as settled, that the various epiphytes which infest the human body have a common origin; *e. g.*, that the aerial spores of penicillium, that torulæ, sarcinæ, and the various tinæ, are all the offspring of the same vegetable cell; and yet it is a clinical fact that their interchange is scarcely ever witnessed in the human subject. Is it not possible that the same causes which operate to effect these changes among these low forms of vegetable life, such as differences in the soil, and the age, &c., of the seed, are also the principal agents which determine the character of the syphilitic attack?*

PECULIAR FEATURES OF HEREDITARY SYPHILIS.—So much power is here attributed to the soil in determining the future course of an attack of syphilis, that it will perhaps occur to some that, if this doctrine be true, we ought to find a marked difference between hereditary and acquired syphilis; such, indeed, is found to exist.

Hereditary syphilis differs from the acquired disease both in presenting lesions of an altogether peculiar character (*e. g.* interstitial keratitis) and in its mode of evolution, for while acquired syphilis observes a more or less regular course in unfolding its sequence of events, during which certain groups of symptoms, termed secondary, precede by a well-marked interval of time certain other groups termed tertiary, such a sequence is not observed in hereditary syphilis; but, on the contrary, symptoms belonging to the tertiary group, such as visceral lesions, occur contemporaneously with, or even precede, symptoms, such as skin affections, which essentially belong to the secondary group. It is, indeed, not uncommon for children to die from visceral syphilis, who have barely manifested any secondary affections. This is a point of practical importance, for, if discovered early, medicine is potent for good in the treatment of any form of hereditary syphilis.†

* The above arguments appeared much in the same form in a paper of mine published in the 'Med. Press and Circular' for 1871.

† I may here remark that the treatment of hereditary syphilis does not materially