
Syphilisation In London

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mother's grave." He would most assuredly, long before he had arrived at the end of his profound study, have to sit—a Rokitsansky-Marius (with the *Medical Times and Gazette* in his hands)—brooding over the universal destruction of our horned animals. His pathological museum, it is true, might be crammed to the ceiling with splendid morbid specimens illustrative of Rinderpest; but his larder would be innocent of Christmas beef.

The general history of Rinderpest is already only too well known. What is of infinite more importance, is to know how we may be rid of it. As for its drug treatment, we have already said, and we repeat it, medical science, if it have taught us anything certain about specific fevers, has taught us this—that there is no specific cure for them when once they have got possession of the body; that they will, spite of physicians and metropolitan surgeons, run their course in the body. Common sense and science therefore tell us, when we consider the contagious character of the disease, to stamp it out by the most energetic means. And, therefore, have we said, and again repeat it, that the only possible and really efficacious remedy for this virulent pestilence is to prevent its spread; that "*the only cure of the disease is the prevention of the contagion of it.*"

We must suggest to those members of our profession who desire to essay remedial agents as cures for the Cattle-Plague that, in their eagerness to find a remedy for the disease, they overlook the main point in this great national difficulty. They forget that there is a difference between a man and a brute; and that we may treat the one very differently to the other, if the occasion require it. They forget that, in order to try their experiments, they must keep alive, and of necessity thereby assist in the spread of the most contagious of all known diseases. No one will deny that the most effectual mode of arresting a grievous pestilential fever is to kill and bury out of sight, as rapidly as may be, every individual attacked by it. The patient who dies rapidly of small-pox and is buried out of the land, is infinitely less likely to spread the disease than he who lives through the attack. Just so with this Cattle-Plague, the instant destruction of the animal and the arrestment of all removal of living cattle are clearly the rational cure for it. The very contagious character of the disease also has not been fully appreciated by gentlemen who would try their hand at its cure. We believe it is an acknowledged fact, that cattle-inspectors have themselves widely spread the disease about the country; that it has been conveyed about a district by the cattle-doctor much in the same way as puerperal fever has often been by accoucheurs. So much so, that in some parts of the country the cry has been raised, "Bury the ox and burn the inspector." We have heard on good authority that there are cow-sheds into which the disease has never penetrated; and

for the sole reason that no fresh cattle and no inspectors have been admitted into them since the disease broke out.

No one would talk of curing malignant small-pox by the use of drugs? But in what degree, as regards malignancy, does Rinderpest differ from malignant small-pox? We would remind our readers that, in the letter in the *Times*, signed "Q" (which we may venture to ascribe to one who, as a Commissioner, has studied this disease in all its bearings as fully as any one in the country—we mean Dr. Quain), not one word is said about the treatment of the disease. The writer shews clearly enough, curer of diseases though he be, that, in his opinion, this was not an occasion for the trying of remedies.

We must be permitted to say, therefore, that a very considerable degree of responsibility attaches to every one who is engaged in attempts to cure the disease; we mean the responsibility which attaches to their being instruments of assisting in its spread. When yellow fever, like a deadly pestilence, comes near a country, what is the remedy? Is it not, by the most energetic means, to prevent its spread and arrest it *in situ*? Does any one in face of a virulent yellow fever talk about drug-experiments? No, surely. Why, then, should we treat differently this equally virulent disease, where only the lives of brutes are concerned?

SYPHILISATION IN LONDON.

ON Monday last, at the Medical Society of London, Mr. James Lane read a summary of the history of cases of syphilis which have, under Professor Boeck's own superintendence, been subjected to syphilisation at the Lock Hospital during the last few months. A crowded meeting assembled on the occasion to meet Professor Boeck, who was also present. Mr. Lane's paper went to show that the remedy was still on its trial, so far as these experiments are concerned. Mr. Lane, in fact, stated that he was not at present able to offer any definite opinion as to the value of the process as a means of cure. From the nature of the case, it necessarily happens that a long period of time, as well as many experiments, are required in order to obtain a fair view of the results. All that he would say at present was this, that, if he had nothing to adduce positively favourable to syphilisation, he had nothing unfavourable to say of it. He had brought the cases forward in their present unfinished form, in order that the Society might have an opportunity of meeting Professor Boeck, who is on the point of leaving England. Mr. Lane paid a high compliment to Professor Boeck, and bore witness to his candour and high scientific attainments. At a future time he will produce his experience of the treatment in a more full and complete form. He said that the marks left by the pro-

cess were really in most cases very insignificant—not so bad, indeed, as are those often produced by syphilitic rupia. Nor was any objection found on the part of the patients operated on (and they were almost all females) to submit to the treatment.

Much exaggeration exists in the minds of the profession on these points. The treatment had in no one of the twenty-three cases produced any unpleasant consequences; but all the patients had improved in health under it; and, in those few whose care was approaching a termination, the symptoms of the disease were disappearing.

This much, therefore, appears to be proved of syphilisation in Mr. James Lane's hands: that there is, *per se*, no *à priori* objection to its use. The main point which remains to be decided is the effect of the treatment over the disease; and this, of course, time only can decide. If, as Professor Boeck asserts, the relapses are considerably fewer than after mercurial treatment, and at the same time only of a very mild and passing character; and if the disease may be said to be virtually eradicated from the body by syphilisation, the remedy must be admitted to be most valuable, and, in fact, far superior to mercury or any remedy yet known. It is admitted that, under the influence of mercury, the symptoms of secondary syphilis disappear more rapidly than under syphilisation; but then what is also admitted is, that relapses frequently occur, and that the severity of the symptoms of the disease increases with each succeeding relapse. The rapid mercurial cure may be, therefore, a deceptive cure.

Professor Boeck, again, lays stress on a fact, the importance of which has only of late years been dawning upon us; and that is, the fatal character of the internal diseases produced by syphilis—of the liver, kidney, brain, etc.; and it is, he asserts, in warding off those diseases, that syphilisation is of such value. The objections taken to syphilisation by Mr. De Méric were of a feeble character, and merely a re-echo of what has been so often said in Paris—viz., that it was immoral. Mr. De Méric also contradicted himself. He accused his compatriots of Paris of narrow-mindedness in refusing M. Auzias-Turenne an opportunity of practising syphilisation in the French hospitals, and at the same time complimented England for its liberality in letting the thing be tried at the Lock Hospital. But if the proceeding be, as he asserts it is, of an immoral character, his blame of his own countrymen is wrong, and his praise of his English *confrères* very equivocal. His argument against syphilisation as a cure for syphilis really amounted to nothing; viz., that he did not understand how such a remedy can produce the effects asserted of it. He forgot, as Mr. Lane told him, that, if his argument were worth anything, it would apply to nearly every dose of physic we give. Assuredly, only one thing can

settle such a question, and that is experience. Those, therefore, who argue of its use from an *à priori* idea of syphilisation, build their arguments on a quicksand. They might just as well argue about the probable effects of a dose of Epsom salts from a consideration of their chemical character, or deny the virtue of quinine in ague because they do not know how it acts. And, in this respect, it is only fair to say, that Professor Boeck has now had thirteen years' experience of the remedy; that his convictions are derived from the results of operations performed on a very large scale; that he is confirmed in the belief of the excellence of syphilisation by what he has seen; that he is admittedly a man of large scientific attainments, and a most honest and careful observer; that what he says, therefore, is fully entitled to consideration; that his opponents have not facts, but opinions only, to set off against his statements; and that only fact and experiment can decide the matter. Besides this, it is no slight testimony in favour of his opinion, that such men as Dr. Bidentkap should have an equally firm belief in the remedy—belief founded on experiment. Opposition, therefore, like that of Mr. De Méric, must be regarded as mere play of words. As to the suggestion of immorality in the proceeding, we can only say that we are surprised to hear it uttered in a learned medical society. Would Mr. De Méric refuse to give mercury to a case of secondary syphilis, if he knew it to be a perfect remedy for the disease, and that it would prevent the patient ever afterwards suffering from syphilis? Would he, on moral grounds, abstain from the use of so perfect a remedy? Surely not. And yet this is precisely what his argument comes to in the case of syphilisation.

Mr. James Lane and Mr. Gascoven have determined to continue the experiments after the departure of Professor Boeck; and we may, therefore, anticipate that in due time, and not at a very distant date, the profession will have the results of their very carefully conducted experiments laid before them in a complete form.

Mr. CEELY of Aylesbury has, we believe, thoroughly satisfied himself that the Rinderpest is a specific eruptive fever, having no relation either to typhus or typhoid fever. He has satisfied himself, from historical records, that the Rinderpest which formerly visited this country was a specific eruptive fever; and it was from this study of the past history of the disease that he came to this conclusion. If, he argued, the present cattle epidemic is the Rinderpest of former days, it must be accompanied with an eruption. Like Le Verrier with his new planet, he said to pathologists, Seek for an eruption and you will find one. Pathologists have sought and have found the eruption to be a constant phenomenon of

the disease. The Medical Committee of the Norwich Cattle-Plague Association, who have just issued a report, refer to the fact in the following terms.

"Quite recently the attention of your Committee has been directed to the state of the skin in the diseased animals. It appears now to be certain that, in a large proportion of cases of Rinderpest, certain spottings or markings are present upon some portions of the skin, and can be easily seen after death by shaving off the hair and holding the integument up to the light. They are also rendered more distinct by the earlier processes which the hide undergoes in the course of tanning. These spots, when examined, appear either as papule or imperfect vesicles, or as small rounded spots or stains scattered over the surface, in small or larger number, and they appear to be most numerous behind the shoulder. On the smooth skin, also, surrounding the vulvæ of the cow, small scattered spots or markings may be found. They look to the naked eye like petechiæ; but, on examination with a magnifying-glass, they are seen to be really elevated above the surface, and to be, in fact, papule or pimples, acuminated, with indistinct vesications or semi-purulent corrugations of their apex; their colour and general appearance approximating very closely to that of the spottings that have been seen on the mucous membrane of the larynx and trachea. Such appearances confirm very forcibly what has been said as to the specific and eruptive type of the disease; and indeed, in the opinion of your Committee, supply the only link hitherto wanting to prove most conclusively the truth of what has been advanced above."

This phase of the case will naturally bring forward the question of vaccination as prophylactic of the disease. We shall hope shortly to lay before the profession a full account of Mr. Ceely's views on this important matter. The report of the Norwich Commission above alluded to, is a valuable and instructive document. The members of the Committee are, Dr. Eade, Dr. Bateman, Mr. Nichols, and Mr. Cadge, with Messrs. Wells and Smith, M.R.C.V.S., and Mr. Forrester as Secretary. We regret that we are only able summarily to allude to it. Their conclusions are as follows.

"1. That the disease is the result of a specific blood-poison. 2. That it is an eruptive disease, closely allied in its nature to the exanthemata in man. 3. That it is both infectious and contagious. 4. That it is communicable from ox to ox, from sheep to sheep, and between these two classes of animals by mere association. 5. That it is also inoculable by means of the discharges from bullocks to sheep, from sheep to bullocks, and to each other respectively. 6. That the disease as seen in sheep is identical in nature with that of bullocks, but is milder in type, and is also modified as to its *post mortem* appearances."

A full account is given in the report of the symptoms of the disease, as observed in the ox and the sheep, as well as of the *post mortem* appearances. With regard to its communicability to man, they say:

"The human species does not appear to be liable to suffer either from exposure to contaminated air, or from punctured wounds made by instruments charged with fluid from the carcasses; neither does it appear that the diseased meat is, in its early stages, unwhole-

some as food; but that the poison may enter into the human system, and be retained there, is shown by the fact that the smell peculiar to this disease may be perceptible in urine and stools passed many hours after its inhalation. How peculiar and characteristic this smell is, is borne testimony to by all who have had any experience of the disease; and, indeed, from it alone, as emitted by the living animals, or in a still more marked degree by the dead carcasses, and especially their abdominal viscera, the presence of the disease may often be diagnosed."

The Committee add, that they have as yet no data before them from which to judge of the efficacy of any kind of treatment of the disease.

We are glad to find that our distinguished associate, Dr. Barham of Truro, has been diffusing sound and sensible doctrines of the Rinderpest in his neighbourhood; and especially that the landowners and farmers have had the good sense to listen to, and so to reap the benefit of, his advice. In a letter he says:

"The main purpose with which I have penned these lines is the endeavour to urge the necessity of effectual separation of cattle supposed to be affected with disease from those which remain apparently healthy, and the utmost vigilance in preventing the conveyance of the plague-germs to the latter, and in removing the discharges. From the reports of recent meetings, and what I hear of the common practice, I apprehend that the measures usually adopted are by no means sufficiently decided."

He then gives a plan for penning the cattle, when diseased, in semi-open sheds. With respect to the drug-cure of the disease, he speaks plainly out.

"I do not wish to intrude on the province of the veterinary surgeon, and will only remark generally that, in mankind, fevers analogous to Rinderpest may be guided in their course with much advantage; but, speaking strictly, no cure for them has yet been discovered, and it does not appear that more can be said in respect to animals. It is possible, however, to do a great deal of harm; and I cannot but think that to do nothing would be far better than to throw in large doses of active drugs and stimulants totally alien to the constitutions of these ruminants."

Remarks like these we wish we could more frequently meet with from the authorities of our profession. Most assuredly no verbal abuse of quackeries will ever put them down; but, if the lesson which may be learnt from Dr. Barham's words were fully practised by us all, we should soon see one, at all events, of the most rampant of quackeries, sink to its proper level in the dust.

Dr. CRISP considers, like Mr. Ceely, that Rinderpest "has little or no resemblance to typhus; but that it is a malignant spotted fever of an exanthematous character." His recommendations for treating the disease are:

"Destroy all animals when necessary; compensate all losses; appoint a chief inspector in every county; establish temporary dead meat markets; kill all foreign animals at the ports of landing, and all sheep and oxen where they now are; stop all movements of sheep and cattle for six weeks, unless under spe-

cial circumstances, and by an order from the county inspector; order all dogs to be tied or shut up; and prevent hunting in every county in England."

The Rev. S. Surtees says, in the *Times*:

"The Rinderpest has been peculiarly fatal in my parish. The homœopathic treatment has been so highly vaunted, that it is to be feared that farmers generally throughout England are careless of other remedies. I think it ought to be known that we have tried arsenicum in several cases, not administered by the herdman, but carefully and regularly by the farmer himself, and that it is a complete and total failure, both as a preventive and a cure. Those treated by the allopathic veterinaries, and by the several nostrums or remedies in your columns, have failed alike. Having witnessed the failure of every remedy in turn, I am reluctantly, against my own conviction, obliged to confess that the Commissioners are right, and the pole-axe should be used."

THE cholera still lingers in Paris; and there was lately a slight increase of deaths from cholera in that city. On the 11th, there were sixteen deaths; on the 12th, the same number—six in hospitals and ten in the city. Twelve patients were admitted into the hospitals, and four cases broke out in the sick wards. On the 13th, there were fifteen patients admitted, and three cases in the sick wards. The deaths were on that day three in the hospitals and ten in the city.

THE Imperial Academy of Medicine distributed its annual prizes on the 12th instant. The prize of the Academy, 1000 francs, was adjudged to Dr. Martin, its subject being Traumatic Paralysis. Baron Portal's prize of 1000 francs, "On the Specific Anatomical Characters, if there be any, of Cancer," was gained by M. Cornil. There were six competitors for Madame de Civrieux's prize of 1000 francs; the question being, "The Relations between General Paralysis and Madness." M. Magnan took the prize. Capuron's prize of a like value, "the Pulse in the Puerperal State," was not adjudged. An encouragement, however, of 600 francs was given to M. Hemey, one of three competitors. Baron Barbier's impossible prize of 8000 francs, for a cure of incurable diseases, found seven candidates. A prize of 7000 francs was adjudged, as the nearest approach to the programme, to M. Chassaingnac, as author of "Ecrasement Linéaire." M. Amussat's prize of 2000 francs found four candidates, but no takers; but recompenses were given to two of them. Eight works were sent in for Godard's prize of 1000 francs; but the Academy gave only two recompenses.

M. Bouchut, of the Children's Hospital, tells us that since 1862 he has paid great attention to the diagnosis, by means of the ophthalmoscope, of cerebral hæmorrhage, softening of the brain, hydrocephalus, compression, and other diseases of the brain. His observations, now sixty in number, prove that all diseases which interfere with the cerebral circulation impede more or less the venous circula-

tion of the eye, rendering the veins of the retina more distinct, dilated, and varicose; sometimes rupturing them, filling them with clots, and causing serous infiltration and hæmorrhage in the retina, and consequent atrophy, etc.—all which lesions are appreciable by the aid of the microscope.

ROYAL COLLEGE OF SURGEONS.

From the annual report of the Royal College of Surgeons of England, it appears that, during the past collegiate year, there have been sixteen meetings of the Council, and fifty-four of the Court of Examiners. During this time, seventeen members have passed the examination for the fellowship, and three have been rejected for twelve months. For the Primary or Anatomical and Physiological Examination for membership, 366 passed, and 131 were rejected for three months. At the Pass or Surgical and Pathological Examination, 402 passed, and 60 were referred back to their studies for six months. During the year, 12 assistant-surgeons presented themselves for examination for promotion to the rank of naval surgeon; of whom, 8 were reported to the Admiralty as having passed to the satisfaction of the Court, and four were referred to their professional studies for a period of three months. The Board of Examiners in Midwifery have had three meetings, and have passed 39 candidates and rejected 3. The Board of Examiners in Dental Surgery have passed only 4 candidates during the year, and rejected 2. Since the institution of the fellowship, it appears that 116 candidates have passed the preliminary examination in classics, mathematics, and French, for that distinction. The senior member of the Council and Court of Examiners is Mr. Lawrence, who appears to have been admitted a member of the College so long ago as September 6th, 1805, and who is in his 83rd year. The oldest officer of the College is Mr. T. M. Stone, who appears as having been appointed assistant-librarian thirty-three years ago. Three members of the Court of Examiners have each filled the President's chair twice; viz., Mr. Lawrence, in 1846 and 1855, having been elected a member of the Court in 1840; Mr. South, in 1851 and 1860, having been elected a member of the Court in 1848; and Mr. Luke, in 1853 and 1862, having been elected a member of Council in 1851.

From a report just published, it appears that, during the past collegiate year, the income of the Royal College of Surgeons amounted to £11,634:14:8; and the disbursements to £12,085:18:2; being an excess over receipts of £451:13:6. The members of the Council and Courts of Examiners divided amongst themselves £2890:12:0. The next largest amount is set down for salaries and wages; viz., £3208:13:8. The income appears to decrease, whilst the disbursements increase; as there appears a diminution of £282 for the dental diplomas alone, and also a decrease in the number of licences granted in midwifery.