

in three months well and feeling well; and one of his first visits was to the racket court. But Mr Lee maintains that the disease of which this patient was cured was not syphilis, but "Softening of the Bones." That syphilization should cure syphilis is, according to some minds, a great paradox—though not in reality a greater than the cure of it by mercury, iodine, or sarsaparilla. Professor Boeck has now used syphilization successfully in hundreds of cases, and he looks upon the cure of syphilis by syphilization as one of the most certain and "mathematical" facts in the range of practical medicine. I have the pleasure of knowing Dr Boeck personally, and I know how entirely and implicitly his facts and observations and statements can be trusted to. But I opine that, if Mr Lee's allegations be true, Mr Lee has made—perhaps unwittingly—a greater discovery in surgical therapeutics than the cure of syphilis by syphilization; for, according to his letter, he believes that inoculations from suppurating or soft sores cured in this case what was formerly, I believe, deemed incurable—namely, "Softening of the Bones." If the cure of syphilis by syphilization is a marvel, should not the cure of "Softening of the Bones" by syphilization be regarded in surgical therapeutics as a still more marvellous marvel?

4. The "Softening of the Bones" which, according to Mr Lee's pathological views, was the malady under which the patient was brought to the gates of death, was marked, as he himself states, by disease of the bones of the legs, enlargement of the left clavicle (there being carious ulcers in each of these three parts); pieces of bone were discharged from the interior of the nose, and the frontal and parietal bones were enlarged. What species of "Softening of the Bones" is, may I ask, indicated by this combination? Is there any new osseous disease, or "Softening of the Bones," of which these are the symptoms? Is there any old disease of the bones, *except* syphilitic disease of them, which ever leads to such a combination of them as the above? I am, etc.,

Edinburgh, 6th February 1865.

J. Y. SIMPSON.

P.S.—I shall forward a copy of Mr Lee's letter to Professor Boeck, who, I have no doubt, will answer it better than I can. Allow me to add, that I happened to see in the country lately the gentleman whose case is the other instance of syphilization reported by my son. This gentleman is in the enjoyment of the very best of health, and spoke, to my astonishment, quite distinctly. He showed me that the secret consisted in his having a flexible caoutchouc palate to replace the havoc made in his mouth, etc., by the syphilitic ulceration. He assured me that, since leaving Christiania, he has not suffered in any degree from the old syphilitic enemy that had formerly nearly destroyed him before he was cured by syphilization.

J. Y. S.

LETTER FROM HENRY LEE, ESQ.

SIR,—Professor Simpson has, in a very friendly manner, furnished me with the means of identifying the case he mentions in your impression of last week as the same as the one to which I had previously referred.

It is now admitted that that patient had no constitutional symptoms for six years after the appearance of the supposed primary affection; and that he had at no time any eruption upon the skin. Professor Simpson has attempted to show that the case might nevertheless be one of syphilis, by quoting passages from Dr Bumstead and Professor Gross, to the effect that sometimes "tertiary symptoms manifest themselves for the first time from twelve to eighteen years after the primary disease;" and, in the clever way in which Professor Simpson has put it, an ordinary reader might be led to suppose that the authors mentioned believed that constitutional symptoms, in real cases of syphilis, might not appear until after that lapse of time. A fallacy underlies Professor Simpson's whole argument.

It is true that Dr Bumstead says we meet with some "instances in which

syphilis appears to skip over its secondary, and manifest itself only in its primary and tertiary forms." But he also states that "the general symptoms of syphilis, in the absence of specific treatment, *always* appear within six months, and generally within three months, after infection."

Dr Gross says very much the same thing; and Ricord has printed his opinion upon the subject in very large letters; namely, that in the natural development of the disease, "IL NE PASSE JAMAIS SIX MOIS SANS QU'IL SURVIENNE DES MANIFESTATIONS DE L'INTOXICATION SYPHILITIQUE." (*Lettres sur la Syphilis*, p. 300.) I must add, that the opinion here expressed agrees with my own experience.

It is then evident that, when authors mention the tertiary symptoms as appearing after the lapse of some years, the "tertiary" are put in opposition to the "secondary" symptoms, which have previously appeared at their natural time. Such a case I well recollect, where an eruption appeared after the lapse of twenty years; but in this, as in other similar cases, the secondary symptoms had first manifested themselves at their usual time.

There are other reasons, such as the absence of any history of an indurated chancre and of any chronic indolent enlargement of the glands, which induce me to believe that the disease under which the patient in question was suffering was not syphilitic. I was of that opinion when the patient was first sent to me for a written opinion on his case; I was of the same opinion when I read the case reported in the *British Medical Journal*; and I am of the same opinion now that I have read Professor Simpson's comments upon it.

If, on the contrary, Professor Simpson has indeed made out that constitutional symptoms may appear for the first time after a lapse of six years, it is he who has made a great "discovery." For myself, I must disclaim having maintained the "marvellous marvel," that softening of the bones could be cured by syphilization, especially in the instance before us; seeing that it was the father who had the "softening of the bones," and the son who was (as it is termed) syphilized.

In the third paragraph of his letter, Professor Simpson implies that I am anxious to reject the case in question only because it was completely cured (?) by syphilization. Whatever opinion I may now entertain with regard to the virtues of syphilization, I certainly had no prejudice against it originally, and have published a plate in my work on *Syphilis*, illustrating the appearances of the inoculations in a case in which I had tried it.

My friend Dr Marston informs me that he has also lately carried it to the extent of some forty to sixty inoculations, but with no benefit to the disease for which it was tried, and with a certain amount of damage to the patient's constitution.

When these experiments are tried on those who are already syphilitic, and who are provided for in military hospitals, no great harm can probably follow. But, holding the views I do, your readers will not be surprised if I should exert what little influence I may have to prevent the young men of our country from leaving their homes to be syphilized with matter taken indiscriminately from hard and soft sores, where there is any chance of their having a disease communicated to them which they had not before.—I am, etc.,

9 Savile Row, 12th February 1865.

HENRY LEE.

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#### UNIVERSITY OF EDINBURGH.

At a meeting of the University Court, held on Wednesday the 8th February, Dr William Seller, F.R.S., F.R.C.P., was appointed one of the additional Examiners in Medicine in place of Dr Begbie resigned.