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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Some Remarks on the History and Origin of Syphilis.*
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It has often surprised me that in this country so little attention should have been given to the history of syphilis. To me it seems one of the greatest problems in the records of medicine; for, either a new disease sprang up at the close of the fifteenth century, and in time became so welded with the old one that we can no longer separate them; or an old malady, till then always local, suddenly became constitutional, and has remained so for nearly four centuries. I think I may safely ask if the annals of any disease show evidence of such a portentous change as this.

I see no way out of the dilemma in which this statement involves us. Certainly the evidence that venereal diseases of the genital organs existed from very remote times—that we can trace these back through the dark ages—is, to my mind, irrefutable. I know that a great deal of the evidence by which some authors have sought to establish this position is so obscure as to have thrown discredit on it. But I pass that by. I leave on one side such accounts as those given by Herodotus of the disease under which the Scythians suffered, which was as likely to have been leprosy as anything else;¹ that to which Horace alludes as attacking Cleopatra and her troop; the warts and condylomata spoken of

¹ Clio, 105. At any rate, it was not gonorrhœa, as has been surmised; for the old historian says, those who come into the country of the Scythians may see, *εργῶν*, in what manner those persons are afflicted.

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by Juvenal; and many passages in the old authors, from the close of the twelfth to near the end of the fifteenth century. The reader will find these very carefully analyzed by M. Robert,¹ Simon of Hamburg,² and others. I proceed to a few trenchant instances, which, taken in connexion, seem, in my judgment, too strong to be withstood.

If the ulcers on the glans and foreskin,—sometimes dry, with very little secretion, sometimes phagedænic,—the rhagades and condylomata, the hard, almost insensible excrescences described by Celsus, the buboes and destruction of the penis by phagedæna, sketched on the votive tablets which were found in the ruins of the old temple near the Seine, and described by Becquerel,³ were not syphilis, what were they, and what interpretation would be put on such symptoms in our day? What else was the boil which the hermit Éro, as told by Palladius, got from an actress, and which destroyed great part of the holy father's glans penis? What was the sloughing phagedæna for which Avicenna suggested amputation of the penis?

Gordon and John of Gaddesden speak of sores piercing between the skin and flesh (*puncturæ inter corium et carnem*) of the foreskin. John of Gaunt, we are told, died in 1399, and King Ladislaus died at Naples in 1414, of phagedænic disease of the genital organs, complaints which are usually ascribed in the nineteenth century to a venereal origin. Thomas Gascoigne, quoted by Simon, and writing in the first half of the fifteenth century, speaks of several men of distinction who had suffered from sloughing of these parts. The famous traveller Dr Clarke, in his account⁴ of a manuscript in the library at Stockholm, by Johannes Arderum de Sleewark, which must have been written rather early in the fifteenth century, inasmuch as it was the work of a man who practised at Newark from 1412 to 1419, says,—“It is very curious to observe (in this manuscript) ‘Pro morbo qui dicitur’ . . . followed by the French name of a disorder which is supposed not to have been known in Europe before the discovery of America.” It is very curious indeed; for, if this be not a later interpolation, there is an end of the question.

As we approach the era of the siege of Naples, the evidence grows more decisive. That abandoned scamp, Villon, who, according to Simon, passed half his life in brothels, speaks of chancres and condylomata (*fics*) as if they were quite common affairs in his day. Certainly, he was likely to be a pretty good authority on the matter. Peter Martyr, in a letter to the great Portuguese scholar Barbosa, dated 5th April 1488, mentions the disease in the most unequivocal manner. The correctness of the

¹ Nouveau Traité des Maladies Veneriennes. Par le Docteur Melchior Robert. 1861.

² Ricord's Lehre von der Syphilis. Von Dr F. A. Simon. 1851.

³ Union Médicale, 22d December 1852.

⁴ Travels, by E. D. Clarke. Vol. xi. p. 139. 1824.

date has been disputed by Thiene,¹ who, however, wrote at a time when men believed as firmly in the sophistical reasoning of Astruc as they did in the circulation of the blood; but I think Mr Prescott has quite disposed of his objections.² Vella was acquainted with primary symptoms. He saw the disease both before and after the outbreak of the morbus Gallicus, and expresses his surprise at finding it from this date followed by secondary affections.³ Many of the physicians who, at the close of the fifteenth century, saw the disorder for the first time, so far from looking upon it as a malady hitherto unknown, thought it was a return of the ancient leprosy, with the descriptions of which, we are told, those of them who had read the works of the Arabian writers were quite familiar.⁴ John de Vigo even fancied that he discovered in syphilis the malady under which the Emperor Augustus suffered,—an extraordinary error for so able an observer, seeing that there is not the least resemblance between the two.

But there must be some mistake here, some confusion which requires to be cleared up. I know of but two distinct affections to which the name of leprosy has ever been generally given: lepra, including under this head the psoriasis of Willan; and elephantiasis Græcorum, which we now consider to be true leprosy. It is not very probable that men would ever confound the former with syphilis; and if the latter had really died out previously, to come back at this time with renovated malignity, and infest Europe for centuries after, I believe I am correct in saying that such a fact, if fact it be, is quite unknown. But there is not a tittle of evidence to show that the real leprosy had even materially declined at the close of the fifteenth century, still less that it had disappeared. With this awful disease so near at hand,—a disease which a man who has never seen it will recognise from an account read years ago, which, once seen, no man can ever forget,—how is it possible they could confound syphilis at one and the same time with it and the “leprosy of the ancients”—elephantiasis Græcorum? The disease really answering to this description was at their very doors, and its long, unbroken descent down to their day must have been matter of notoriety.

The recognition, then, of the morbus Gallicus as the leprosy of the older writers, proves, assuming it to be founded on truthful and trustworthy observation, not a similarity between syphilis and elephantiasis Græcorum, but between the former and some disease as yet not made out. What this was, is perhaps destined to remain an enigma. Most probably the disease which they took for leprosy never existed at all. The later Greek and Arabian writers

¹ Lettere sulla Storia dei Mali Venerei, Venezia, 1823. Quoted by Prescott.

² History of Ferdinand and Isabella. By William H. Prescott. Vol. ii. p. 202. 1851.

³ Ricord's Lehre, p. 7.

⁴ Under the names of bothor, saphati (a papulo-squamous eruption), and formica, which answers pretty well to our idea of lupus.

had jumbled together under this name eczema, lepra, elephantiasis, leprosy itself, symptoms which seem to belong to syphilis, and, possibly, scabies. The Italian surgeons might, therefore, very well be excused for taking up only a confused idea of such a compound, the true nature of which was really not revealed till the labours of Mason Good shed light upon the scene; and if they saw in syphilis the leprosy of older times, and not the existing leprosy, this only proves that they had before their imaginations a monster, which, as I have said, never existed but in imagination.

But there can be no doubt that the surgeons in Italy saw constitutional syphilis—at least so as to understand clearly what it was—for the first time in December 1494, when Charles VIII. passed the Alps with his army on the way to Naples. The work of John de Vigo would, I think, alone settle the point. It is impossible such a book could have been written by any but a thoroughly skilled and shrewd observer, perfectly familiar with the disease. The description of chancres, the exact knowledge of the periods of incubation, the tracing of a crowd of symptoms to their true source, the recognition of the protean nature of these symptoms, the graphic accounts of the horrible pains in the bones,—all attest the hand of a master; and it only remains to conclude, that constitutional disease, following directly an indurated sore, was a new disease to the surgeons of that day.

What, then, was the old disease? What were these sores of phagedænic nature which were never followed by secondary symptoms, as happens now with phagedæna in some instances—of sores, almost dry, which now infect the constitution? For my part, I know of no symptoms, except of syphilitic origin, which correspond to such descriptions. Astruc's reply to the question would have been, "Anything the reader likes, so long as he admits that they are not syphilitic." But how is it possible to admit this, if we are to believe that the dry and the purulent sore, the phagedænic and sloughing, the hard and soft, are but varieties of one common type, from which they all spring, and to which they all return? The dualists get out of the difficulty easily enough. True syphilis, with its long train of constitutional symptoms, is, according to them, quite distinct from the disease which was known prior to the siege of Naples; the latter was simply chancroid; the two have nothing to do with each other, any more than gonorrhœa has to do with either of them. But how do those who believe in the unity of the virus propose to explain such a change as that of a local disease being transmuted into a constitutional one? The old disease, with its various forms of sore, appears on the stage much as it did in the days of Celsus; but it is now followed by secondary disease, it is accompanied by indurated chancre, and the entire aspect of syphilis has assumed, apparently for the first time, the features it has ever since worn.

Taking into account the mention of the disease under the name by which it was so long known, as far back as the early part of the

fifteenth century, the letter of Peter Martyr, and the statement by Dr Mason Good,¹ that, even in the spring of 1493, the dreaded malady was rising in Auvergne and Lombardy, I think there is good reason for thinking that the appearance of syphilis in Europe must be antedated; but that, owing to some cause of which we are totally ignorant, possibly some climatic change, like those which usher in boils, cholera, influenza, and so on, it suddenly spread about the end of the fifteenth century with great rapidity. De Vigo says that it appeared in December 1494 throughout almost all Italy; but here I think he is in error, as it seems to have found its way into Italy nearly, if not quite, two years previously. It may have been lurking in more than one part of Europe under some different and now forgotten name, just as it did more recently in Scotland and Ireland, under the names of sibbens and button scurvy.

Stress has been laid upon the fact that the earlier writers did not ascribe the disease we now believe to be simple syphilis to its true source—impure connexion; hence, that it did not arise from such a source. The inference seems to me incorrect. When we reflect how difficult it often is now, when so much has been done towards elucidating the pathology of syphilis, to say whether a sore is really due to a suspicious connexion or not, we can readily understand how much more difficult it must have been for the practitioners of the fourteenth and fifteenth centuries to trace a connexion between the two events. The fact, so long doubted but now fairly admitted, that secondary syphilis can be transmitted without any connexion at all, may have still further contributed to strengthen the error. As to the disease having been all at once noticed in so many different places, and by different persons, I do not ascribe so much weight to the fact as some persons might. It is only what is always happening. A man of unusual penetration observes the bond between cause and effect; he points it out; and when the evil passions which discovery is sure to call forth have subsided, others follow in the track which he has made for them.

Take, for instance, the history of the morbus Addisonii as an illustration in support of this statement. There is, I believe, no proof that any observer before Addison really had a clue to the tie between certain forms of bronzing and diseases of the supra-renal capsules. Yet, unless we assume that the disease sprang up *de novo* at the very time he announced it to the world, these phenomena must have yearly passed unnoticed, and certainly unsolved, before the eyes of hundreds of observers. The clue once found, any tyro can connect the two sets of symptoms.

Take, again, as an illustration, the slow discovery of many undoubted forms of syphilis, or rather their re-discovery in some cases—sarcocele and iritis (doubted even by such an observer as John Hunter); the venereal nature of infantile syphilis; chancre set

¹ The Study of Medicine. By John Mason Good. Vol. iii. p. 385. 1829.

up by secondary disease in another person; syphilitic disease of the viscera and nervous centres; syphilitic fungus of the testicle.¹ What wonder, then, if secondary syphilis, polymorphous in its nature, composed as it is of large groups of symptoms, *each of which closely resembles some non-venereal affection*, may have remained long undetected. It must be borne in mind that there are no pathognomonic symptoms to serve as a guide. The history of the case is often the master-key to which we must turn. The surgeon who has a patient under his care from the time a chancre first shows itself to the last evolution of tertiary disease, can easily relegate every symptom to its true cause; the very same surgeon, consulted for a lupoid ulceration, and told by a patient deserving of confidence that he had never had a chancre, might be sorely puzzled to say whether the disease in question was syphilis or not.

M. Ricord, as I understand him, throws out the conjecture, very carefully worded, that possibly syphilis may be the offspring of glanders; a theory which has been repeated by some of his pupils; by one of them as a startling but brilliant idea, though it is just one of those dangerous and seducing errors which, like Darwinism, animal magnetism, etc., are apt to start into life, when a man of great abilities gives up his mind to the illusions of a phantom. Of course, there is no proof, no attempt at it; but, even in pure conjecture, regard to probability is called for. Here there is none. The frightfully fatal nature and rapid course of glanders, the suddenness with which it must have changed from so lethal a condition to one which rarely destroys life, and runs a long, slow career, the utter want of evidence that any similar change has taken place in a disease transmitted from a lower animal to man,—are sufficient to stamp it, in my estimation, as one of the wildest theories ever smuggled into existence by dint of conjectures, and matured into sickly development by the modern progress of “cultivation.” But, were all these reasons against it wanting, dates would alone overthrow it. Glanders, if we are to put faith in M. Beau,² made its first appearance in 1494. Syphilis, precisely as we now recognise it, broke out, at the latest, according to De Vigo, in December of that year; according to the account of that admirable and critical writer, Dr Mason Good, early in the preceding year.

Besides, it is as certain as any fact can be, that the morbus Gallicus was widely spread through Charles's army. After making all due allowance for exaggeration, enough still remains to prove this. Then, supposing the disease to have been glanders in any form, it would have been simply impossible for men to go on fighting and marching when thus affected. They can struggle on for a little while with syphilis, but glanders prostrates them at once. Yet, there is no evidence that military operations were ever interrupted

¹ Recherches sur la Syphilis. Par P. Rollet, 1861, p. 21.

² Robert, op. cit., p. 27.

for a day by any such event. The pages of Daniel, Roscoe, and Prescott contain no allusion to anything of the kind.

As to the importation of syphilis from America, I should not have alluded to it but for two circumstances. It was the invention of a Strasburg physician, of whose narrative Mason Good curtly remarks, that "neither his history nor his arguments are in any degree satisfactory." It was subsequently re-invented by Oviedo, who wrote quite a quarter of a century after Columbus's first return, and who was treated by some of the best historians of his day—Ferdinand Columbus, Herrera, and Las Casas—as a literary Munchausen, the latter declaring that his works "were a wholesale fabrication, as full of lies as of pages," a reputation which has not declined at the present day.¹ And yet, on the authority of a man like this, people were asked to believe that the remnants of the small crews taken out by the great navigator to America—only composed at starting of eighty-two men according to one author, and ninety according to another—could, in the course of a few months, scatter syphilis through large countries like Spain and Italy, even supposing, what is very difficult to suppose, that the ravages of such a malady could escape the notice of so wonderfully observant a man as Columbus.

One of the circumstances, then, to which I have alluded in the foregoing paragraph, is the astonishing fact that the story should ever have been believed at all. The other is, the possibility that, some day or other, we may have the story told again, but this time in another form, and of another country. Dr Thomas Nelson stated before the Committee on Venereal Disease² that, in that immensely ancient country, China, syphilis has existed from time immemorial, and that he found traces of it in Japan. Now, it is true that intercourse with these countries might be described in the fifteenth century as non-existent. Still, China had been visited two hundred years previously, and I believe the communication between it and Japan, though very limited, is of considerable antiquity. Some little intermediate business might have sprung up by the route which the Polos took, and by one of these straitened lines of communication syphilis might have found its way to such a port as Venice; or its home may have been still nearer—in an equally ancient country, like Egypt or India.

Should time ratify the statements made by Dr E. Andrews, we shall have another source of confusion and conjecture. This gentleman, who is Professor of Surgery at Chicago College, says³ that three instances of constitutional syphilis in the lower animals have been reported to him by a veterinary surgeon in that city. The first was that of a bull, who had a chancre on the penis (!), followed

¹ "Among his merits will scarcely be found that of historical accuracy."—History of the Conquest of Peru. By William H. Prescott, vol. ii. p. 44.

² Report, 1868, p. 111.

³ Medical Press and Circular, 10th July 1872.

by secondary disease; the second case was also in a bull, but of a much more doubtful nature; the third was that of a boar, supposed to have a primary sore, followed by eruptions on the skin. He was also informed by the same surgeon, that gonorrhœa is very common in bulls (!). Supposing it to be the case that the bull and boar can acquire syphilis, we have before us the possibility of this disease having been communicated (by contact) from one of the inferior animals. All the old stupid theories about the origin of the disease, the astrological rubbish about its being due to a conjunction of some kind, I pass by without a word. They belong to the days of witchcraft, and there let them lie. But the possibility of one of the two modes of communication just mentioned seems to me worthy of further notice.

But by whatever means it got into Italy and Southern Europe, the fact seems pretty certain that, once there, syphilis, from the year 1494 onwards, spread with great suddenness. I have already noticed the statement by John de Vigo, that, in December of that year, it appeared in nearly all Italy. Twenty-six years later, it had, according to Le Maire, reached over the whole world (!); and even Fracastoro, one of the most learned men of his day, writing in the pontificate of Leo the Tenth, tells that it had then extended over Europe, and part of Asia and Africa.¹ Making due allowance for exaggeration—and we may safely believe there is some here—there is yet enough to show that the disease had made extraordinary progress; a progress which seems impossible of explanation by the ordinary modes of communication, and more akin to the sudden appearance of an epidemic than anything else.

It has been said that the army which Charles the Eighth took with him was the chief or even the sole medium of diffusion; but it is impossible that it could have sown syphilis broadcast in this way. Those who have adopted this theory cannot, I think, have weighed the facts of the case. The number of men did not, at a fair computation, exceed twenty thousand at the time Charles left Ast.² The soldiers supposed to have been the chief instrument in communicating the malady were the Swiss and Germans, and of these only six thousand, principally Swiss, started for Italy.³ I have not been able to make out how the Germans fared, but of the Swiss only twenty-five hundred (including, perhaps, some Germans in the number) left Naples on the homeward march; many, probably, remaining there, as only part of the army was to return, the whole body of troops which then prepared to quit Italy not numbering more than nine thousand fighting men,⁴ who were most seriously thinned down by the battle of the Taro, the painful retreat, and the hardships they endured. Those left behind got on

¹ "Europam, partimque Asiae, Libyæque."

² Histoire de France. Par le Père Daniel, 1742, tome viii. p. 595.

³ Ibid.

⁴ Prescott's History of the Reign of Ferdinand and Isabella, vol. ii. p. 39.

still worse. Of five thousand men who marched out of Atella, not more than five hundred ever reached their native country. Upwards of four thousand more perished in the island of Procida.¹ We may, therefore, well believe the statement that not more than a fourth of the original army ever returned. The Swiss and Germans were in as bad a plight as any. "They made their way as they could through Italy in the most deplorable state of destitution and suffering."² Yet, although South Germany, if not Switzerland also, was even then thickly peopled, we are told that these broken remnants of a small army conveyed a disease, which must have made them objects of abhorrence to all who saw them, and which would really have invalidated them to the last man before they re-crossed the Alps, into "every city, town, camp, village, and cottage."

It has been repeatedly asserted that, when syphilis first appeared, it was, and for several years after continued to be, of a far more formidable nature than it is now, and that it underwent a singular decline, or, as an old author puts it, gradually "abated of its fierceness." I strongly doubt the correctness of both statements. There is nothing in the accounts given by the most reliable authors to show that, taking into consideration the absence of the influence exerted by proper treatment, there was any material difference in the disease as described by De Vigo from what we may see any day in a Lock hospital. I should feel little hesitation in saying that the malignant syphilis spoken of by Mr Walter Coulson,³ and the acute secondary ulceration of which Dr John Morgan speaks,⁴ equal in severity anything related by any trustworthy old author. Besides, I fail to discover in the old writers themselves convincing proof that the disease abated in severity. Fracastoro says it had not improved in his time, and he wrote at a considerably later date; and if we are to put any faith in the monstrous statement of Rosenbaum,⁵ that a Spanish surgeon amputated the penis five thousand times within three months for this disease (!!), the improvement must either have created very little confidence in men's minds, or else have been followed by a bad relapse.

There were, however, certain elements of error present which may easily have contributed to augment the alarm and astonishment excited by the new disease. Among these were phagedæna and sloughing. The former undoubtedly prevailed, and its intractable nature was well calculated to awaken terror both in the patient and surgeon. As to sloughing, we may be pretty sure that wherever large bodies of men get together, and where we find privation, fatigue, and debauchery doing their fell work among them, there

¹ Roscoe's *Leo the Tenth*, 1806, vol. i. p. 361.

² Jovius, *Historia sui Temporis*, quoted by Prescott, *Reign of Ferdinand and Isabella*, vol. ii. p. 61.

³ *A Treatise on Syphilis*, 1869, p. 141.

⁴ *Practical Lessons on the Nature and Treatment of the Contagious Diseases*, 1872, pp. 157, 229.

⁵ Oppenheim's *Zeitschrift*, Bd. xiv. p. 471, quoted in Ricord's *Lehre*, p. 72.

we shall have sloughing. The accounts given of the outbreak of syphilis in Lithuania and East Prussia after the Seven Years' War, that of the same disease in 1806 and 1807, quoted by Simon from Hecker, that by Horn of its ravages in Berlin in 1808, after the campaign of Jena, and numerous reports by army surgeons, completely attest the truth of this statement. With the return to better quarters and food, to more tranquillity of mind and body, comes a cessation of the evil; and possibly this was one cause why the morbus Gallicus was supposed to have "abated of its fierceness" after the ill-starred attempt of the French on Naples, albeit the date of the abatement is put much later.

Putting all things together, it is by no means improbable that glanders played its part in the picture so often drawn of syphilis in its earlier days. If we are to credit M. Beau's account, it made its first appearance in the same year (1494) as the siege; and the two affections are so much alike at a certain stage, that they might easily have been confounded then and long after. The first case of glanders I ever saw in the human subject was diagnosed as a "secondary syphilis and delirium tremens;"¹ and M. Robert mentions a case of constitutional syphilis which was mistaken for glanders by several distinguished medical men. At a time, therefore, when the contagious nature of the disease was not known, infection to some extent from such a source was possible enough.

Among the symptoms of early syphilis, we occasionally read of an eruption of hard, painful, burning pustules, as big as acorns, coming out for a long time in succession, bursting with a green discharge, and gradually becoming milder with the lapse of time. This may have been impetigo rodens from syphilis, or acute secondary ulceration; but to me it looks as much like the epidemic of boils which followed the cholera of 1849 as anything else. In many cases the boils then wore far more the appearance just described than that of the ordinary furunculus, while in others they looked like deep limited sloughs, the surface scarcely raised above that of the skin, and of a pale dirty yellow, fainter than that of wash-leather, the opening being nearly, if not quite, as wide as any part of the sore, and the cuticle, skin, and cellular tissue all apparently melted down into one unhealthy slough. I noted some cases in which I was puzzled at first to make out whether the symptom was due to the epidemic or the syphilis.

We are told that in some cases the hands, feet, etc., dropped off. Admitting the accuracy of this statement, such mutilation could not be the work of syphilis, and was more likely the effect of hospital gangrene or gangrenous erysipelas—a disease which seems to have committed fearful ravages in the good old times, and which,

¹ In the Royal Infirmary of Edinburgh, during the session of 1842-3, when I was assisting Dr Peacock, the Governor of the Infirmary. The true nature of the disease was soon discovered.

according to Sigebert,¹ attacked people in this way. The quaint old writer, speaking of this pestilence in 1089, distinctly says that the victims of this singular malady "either perished miserably, or, deprived of their hands and feet, were reserved for a more miserable life;" while, in an account given nearly seven hundred years later, of apparently the same disease in a modified form, by Dr Wollaston, of Bury,² we are informed that the limbs of several persons attacked by this complaint rotted.

Simon states,³ as if it were a fact established beyond dispute, that in many parts syphilis, the offspring of leprosy (!), has degenerated into a variety of the latter disease. Some of the older writers believed that it could be transformed into tubercular leprosy; others, Paracelsus among the number, thought the morbus Gallicus was a cross between the old venereal disease and leprosy—an opinion not very actively assailed by M. Ricord when alluding to it; and Dr Mason Good describes a form of leprosy which might be mistaken in some of its features for syphilis. As I have not noticed that these opinions have anywhere been critically examined, I propose briefly summing up the evidence for and against the probability of a transmutation which seems to me as impossible as a change of species.

An analysis of the report on leprosy issued by the College of Physicians of London completely disposes of the view that syphilis is ever derived from this disease.⁴ Whatever affinity, whatever similarity there may be between them, there is assuredly no bond of connexion in the way of descent. There is not a jot of evidence to show that leprosy ever degenerates into syphilis or any other disease, or that syphilis degenerates into it. The two diseases may run their course in the same individual: a patient suffering from leprosy may contract either local or constitutional syphilis, and be cured of either or both without the leprosy being affected. Leprosy is as nearly incurable as a disease, curable at all, can well be. No system of treatment can be relied on to influence it in the slightest degree; syphilis can often be cured, and almost always be relieved, by treatment. Leprosy is almost invariably fatal; syphilis rarely so. An infant is scarcely ever born with symptoms of leprosy; syphilis in infants is only too common. The whole list of diseases, therefore, given by Simon⁵ as having undergone this

¹ Elements of Materia Medica. By Jonathan Pereira. Part II., 1840, p. 595.

² Annual Register, 1762, quoted by Pereira, op. cit., loc. cit.

³ Op. cit., p. 3.

⁴ The Pathology and Treatment of Diseases of the Skin. By J. L. Milton, 1872, p. 284. Journal of Cutaneous Medicine, vol. iv. p. 81.

⁵ "Das Pellagra, die Sibbens, die Yaws, die Pians, die canadische Senche, die Krimmische Krankheit, das mal rouge de Cayenne, die norwegische Radesyge, die holsteinische Krankheit, die aosturische Rose, u. s. w., mehr oder wienger bösartige Formen der in Aussatz ausgearteten Lustseuche."—Op. cit., p. 3.

suspicious degeneration may be struck out. The phenomena, when analyzed, resolve themselves into leprosy or syphilis, or both: the former, perhaps, dying out; the latter having possibly undergone much the same change as in sибbens. The history of all such diseases is generally that they have become localized in some out-of-the-way place, among people far removed from their only chance of help, the aid of surgery; and that these people, judging only from what they could see and feel, have given the disease some local name describing its most prominent symptom. I propose closing this paper with a few brief illustrations of the above statements.

Scherlievo is one of the diseases thus long mistaken. The symptoms are aching pains, hoarseness, difficulty of swallowing, inflammation, and unhealthy ulceration of the velum, fauces, uvula, and tonsils, the ulcers being covered with yellow lardaceous secretion. Having passed through this stage, the disease subsides, and on its reappearance attacks either the osseous structures or the skin. Squamous, moist, and ulcerative eruptions, and *copper-coloured spots about the size of lentils*, accompany those symptoms. The eye, nose, and cheeks are sometimes destroyed by ulceration. "*Growths on the lips*," tubercles, *nodes*, and fungoid ulcers, ozæna, contractions of the limbs, and "*fungus of the joints*," are mentioned among the symptoms. The disease is highly infectious, being communicated by contact. What else than misunderstood syphilis this can be, what evidence any symptom gives of pathological change, and what there is which separates it farther from ordinary syphilis than the cases of secondary disease conveyed by the touch, which Dr Colles and others have reported,¹ I profess myself quite unable to discover.

Sибbens was another. This disease, which first appeared in Dumfries about the middle of last century, as described by Freer, Gilchrist, Trotter, and Hill, was marked by an eruption of tubercles like raspberries, covered with a secretion like toasted cheese. In a pamphlet,² now very rare, for a knowledge of which I am indebted to the courtesy of Dr Blacklock of Dumfries, this symptom, from which, I need scarcely say, sибbens takes its name, is described as a fungus much like a rasp or strawberry, elevated one-half above the surface, and, when fully formed, appearing as if set in a socket cut exactly in the flesh to receive it. The disease is said to have been accompanied by loss of the teeth, destruction of the bones of the cheeks, and bright-red painful boils and pustules. Children afflicted with it perished of hunger. The disease was highly infec-

¹ Practical Observations on the Venereal Disease. By Abraham Colles, M.D., 1837, p. 283, etc.

² An Account of a very Infectious Distemper. Dumfries, 1769. There is no name to the pamphlet; but it was most probably written by Dr Gilchrist, as he published a narrative of the disease with the very same title. If the date of this pamphlet be correct, it quite disposes of the statement by Hill, that the disease was first introduced into Dumfries in 1772 by some infected soldiers, and shows how carefully statements of this kind ought to be received.

tious. Dr Adams, who went to Scotland on purpose to have a look at this mysterious disease, found wasting rather than ulceration of the tonsils, glueing together of these parts by viscid mucus, and pustular eruption, preceded by fever. The disease scarcely, if ever, appeared as a primary affection of the genitals. Its course was much milder than that of genuine syphilis. One young woman, who was watched with great care, recovered in a few days under the use of mercury.

I suppose few will nowadays contest the assertion, that this disease was syphilis. The raspberry-like growths and the fitting of the fungus, as it were, into a socket, have been expressly noticed in other places as symptoms of such forms of infection. Yet Dr Adams concluded that it was a separate malady, and others have shared this opinion.¹ The fact, therefore, that these men should have been mistaken will be ample warrant for assuming that the surgeons of the fifteenth century might easily enough have seen secondary disease in certain stages; they might have seen sibbens without recognising it as the offspring of secondary syphilis, running the course which it usually does when left to itself, but capable, under certain circumstances, of recovering all its ancient malignity.

Some of the symptoms, such as the secretion like toasted cheese, scarcely tally with our ordinary ideas of syphilis. I have only once seen secondary disease assuming a form like that of the growths described above. It was in a young man from Barking, who had, according to his account, which was not very lucid, suffered three months previously from chancre. On the right side of the forehead and scalp were two enormous masses of fungus, covered with a whitish tenacious secretion, somewhat like white kid-leather boiled to a pulp. I tried to get the lad to attend for the purpose of having a drawing taken, but to no purpose, and I saw no more of him. Another dubious symptom is, that the disease never attacked the bones, except by spreading from the soft parts; but I think this is easily explained. Syphilis, thus conveyed, does not often attack the bones, and there may have been an absence of that methodized observation which is now relied on. The third unusual symptom was, that in children the "pustules" chiefly occupied the belly, groins, and sides, so that "all the fatty membrane of the belly below the navel was laid into a large ulcer;" in others the whole scalp was "in a mortified state." In all this, however, there is nothing but what might easily ensue where such a disease was misunderstood and neglected.

Yaws is the last of these affections for which I can find space. It begins, according to Dr Adams, with intermitten fever; after

¹ Mathias, *The Mercurial Disease*, p. xi. Mason Good (op. cit., vol. iii. p. 417 and 419), who thinks sibbens may probably be referred "to such diseases or varieties of diseases as are found to approximate the general character of syphilis, though issuing from a source widely distinct."

the "remission" of this, a universal eruption of pustules takes place, with sore throat and small ulcers on the glans penis. In the case which he describes, fifty-six of these pustules had ulcerated at the end of a month; the sore throat still continued, and the fever was as violent as ever. The scabs which formed on the pustules were horny, and, on removing them, a fungus shot up. The uvula was destroyed. The disease seemed to die out by a process of exhaustion, something like that of smallpox, the whole constitution being affected at one time, and gradually throwing off the incubus. Mercury appeared to exert little control over the affection. Dr Adams confirms the statement of Sleaford, that the "master-yaw," one great pustule, in which the severity of the disease seems to culminate, always leaves a cicatrix.

Unless this disease were syphilis, I am quite at a loss to make out what it was. It may have been a malady which, like leprosy in some parts, has died out. Dr Adams, who was quite in a position to judge, looked upon yaws as a separate affection, as did Mathias; but I incline most strongly to a belief in the identity of the two. Dr Adams contends that the Jews were at one time affected with yaws, and that, about the epoch of the siege of Naples, a remnant of this persecuted race, fleeing from the cruelties of the demons who then held power in Spain, carried the yaws to Rome and Africa. I am not fond of conjecture, but it is difficult to avoid concluding here, that if they took such a disease with them, it was, by the evidence above, syphilis; and this they might easily have done at an earlier date, and in other parts of the world.

Several other diseases of this nature are mentioned by authors—the pians, the mal rouge de Cayenne, the rose of Asturia, etc. The early history of them is obscure, and even the most recent accounts of them are not very clear. Some are leprosy, but, as in the case of the Asturian rose, described by Dr Mason Good, with features so modified by time and distance as to suggest a suspicion that those who first described the malady did so inaccurately. Some are dying out. Dr Blacklock of Dumfries was kind enough to inform me that in a practice there of forty-one years he had never met with a single case answering the description given by Dr Gilchrist; and Dr Borthwick, also of Dumfries, wrote to me that he had never seen the disease in the virulent form described by Gilchrist and others. Dr Daniel, the African traveller, told me that, in a residence of sixteen years on the west coast of Africa, he had not seen more than six or seven cases of yaws, and these he had not examined sufficiently to satisfy himself as to the real nature of the disease; and I have been informed that it is rarely seen in the West Indies, where it was once so common—which, I apprehend, simply means that syphilis is now better understood, and that patients affected with secondary disease are more carefully segregated than formerly.

Dim, however, as is the light so far shed on these strange com-

plaints, it reveals one thing: no transition between syphilis and leprosy, or any other disease—no hybrid affection which could be referred to any possible conjunction of them—has yet been found. As the nebula of one age is resolved by the higher telescopic powers of the next into stars and space, so does the confused picture here, when the beam of critical investigation is turned upon it, resolve itself into the two forms of disease, their natures as unchanged in the long lapse of years as the qualities of matter. When we come face to face with the symptoms, we find that the phantom maladies described by Simon and others have no real existence. They die out, and the twin giants, syphilis and leprosy, reign in their stead.

But faith in these wonderful changes is like divine Ulysses, “not yet dead upon earth.” If beaten from the former strongholds, it can take refuge in the shelter which cancer and scrofula offer; and, if properly handled there, with equal success. For there is no proof, pathological or histological, that such a change ever takes place. As cloud lies piled upon cloud, the bearer and its burden equally insecure, so do the theories about these transmutations of syphilis and the facts on which they are built, the fabric and the foundation, prove, when scrutinized, equally intangible and shadowy. I have read in books of the conversion of syphilis, as of other diseases, into cancer, and have heard it spoken of at medical societies; but I believe the evidence amounts to this—that syphilis has preceded cancer in some particular case, and that men believe in the possibility of such a conversion. The belief may be well founded, but I see no evidence that it is so. Similarly, I have heard and read that syphilis, after it has percolated through the tertiary stage, may reappear in the children as scrofula. That it may be an occasional factor in the genesis of this disease, I do not deny, for I have no facts to guide me on the affirmative side of the question; but I know that I have carefully inquired into the history of scores of cases of scrofula, without once tracing it to such a source. One author has asserted that struma is always the offspring of syphilis. This means, in plain English, to brand thousands of fathers, men of the strictest morals, with an ineffaceable stigma; and, to speak plain English about it, I should take the liberty of describing it as a monstrous and unfounded slander.

ARTICLE II.—*Cerebral Hæmorrhage mistaken for Hysteria.* By
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SOME few weeks ago, I saw a note in the *British Medical Journal*, of a case read before the Obstretrical Society of Edinburgh, in which cerebral hæmorrhage had been mistaken for hysteria. I have not been able to find any detailed account of the case