SYPHILIS AMONG BRITISH TROOPS IN PORTUGAL, 1812, AND IN INDIA, 1896.

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“Eadem scena agitur sed *alibi*.”

WILLIAM FERGUSSON, in a letter dated Evora, April 30, 1812, and written from the hospital there,* informed the Medico-Chirurgical Society of London that the venereal disease among the natives of Portugal was of a much milder nature than among the British, that in the former the disease in its primary state was curable without mercury, that constitutional symptoms disappeared with little or no mercurial treatment, and that this attenuation of the disease was due to its having become exhausted from being allowed to run its course unresisted by mercury. “This opinion” has not only in its time “made a strong impression on many persons in England,”† but it has been received as an established fact into most of the text-books, English and foreign, up to the most recent date. Only a short time ago I‡ tried to show by a critical analysis of Fergusson’s letter that he has neither proved that the venereal disease in Portugal has been mitigated at the beginning of this century, nor that this supposed mitigation of the disease has been due to its self-exhaustion. I have since become acquainted with a later communication of his on the same subject, written in the year 1843,§ which bears witness to a total change of his views regarding it, and which seems to have escaped

* Fergusson, William, “Observations on the Venereal Disease in Portugal” (*Med.-Chi. Trans.*, London, 1813, Vol. IV., pp. 1-16).

† Guthrie, G. T., “Observations on the Treatment of the Venereal Disease without Mercury” (*Med.-Chi. Trans.*, London, 1817, Vol. VIII., p. 563).

‡ *Lancet*, March 5, 1898, Vol. I., pp. 674-676.

§ Fergusson, William, “Notes and Recollections of a Professional Life.” Edited by his son, James Fergusson, London, 1846; “Of Syphilis,” pp. 117-124.

the notice of nearly all those who have written on the subject. My attention has been drawn to it by the first edition of Drysdale's work.* The only other author who refers to it, as far as I have been able to ascertain, is the learned historiographer of venereal diseases, T. K. Proksch.† As the subject is one of considerable interest and importance, and as erroneous statements regarding it abound, the following attempt to sift myth from truth will not appear unjustified.

By venereal disease Fergusson understood, in conformity with the teaching of his time, all venereal sores and the constitutional symptoms following them. He did not include gonorrhœa, but he made no distinction between hard and soft, between infecting and non-infecting sores, between syphilitic and non-syphilitic cases. When he went to Portugal he for the first time had an opportunity of observing the course of these diseases amongst a population which made only a limited use of mercury. According to his report mercury was not at all used for primary symptoms, *i.e.*, for ulcers and buboes,‡ it was only topically applied as apozems and gargles in secondary symptoms (Fergusson only refers to the throat affection), while its internal use was reserved "till the disease shows itself in the last order of parts, its last citadel, the bones." Apart from this limited use of mercury the treatment consisted in antisyphilitic woods, principally guaiacum, warm baths, and other sudorifics. Yet the patients did "quite as well certainly as an equal number of patients under the most favourable circumstances of a mercurial course for an equal number of weeks could be supposed to do in an English hospital."

On the other hand the English soldiers under Fergusson's supervision did not do equally well. Not only had "venereal ulceration been more intractable to the operation of mercury than under similar circumstances at home," not only is it "probable" that, during the four years the British army had been in Portugal, "more men had sustained the most melancholy of all mutilations through this disease than the registers of all the hospitals in England could

* Drysdale, Charles Robert, "On the Treatment of Syphilis without Mercury," London, 1868. The fourth edition contains no reference to it.

† Proksch, T. K., "Der Antimercurialismus in der Syphilistherapie," Erlangen, 1874, p. 84; "Geschichte der venerischen Krankheiten," Bonn, 1895, 2; Theil., pp. 711, 712.

‡ Fergusson, W., "Observations," etc., p. 3.

produce for the last century," but "the constitution, while strongly under the influence of the remedy, had become affected with the secondary symptoms in a proportion that could not have been expected."* A detailed description of the treatment adopted by the English surgeons is not contained in Fergusson's letter, but his later communication gives a vivid picture of it. "Even warts on the genitals were pronounced to be a sure indication of syphilis, requiring a full course of mercury in a six weeks' salivation"; and "buboe, . . . or the scrofulous constitution, . . . was attacked with all its forces, until, what with the mineral, scrofula, or phagedæna, the victims were sent to the grave, or delivered over to the miseries of a ruined constitution for life."† The watchword was mercury "*intus et in cute, ab ovo usque ad mala*, and afterwards as long as the patient remained above ground."‡ "Amidst all this blundering and prejudice". . . even the most experienced went on "destroying in the dark, always believing, while their patients were falling before their eyes, that their practice was orthodox and indisputable." Fergusson§ himself "could not help acknowledging" that "the grave consequences he apprehended from their (the Portuguese) preposterous conduct did not follow, and that our soldiers, who were mercurialized, I may say, to extremity, often suffered them in the most lamentable degree." He declares that he "cannot describe the astonishment it raised" when he compared the difference of the condition of the English soldier, "full of mercury, with that of the native troops who never took a particle." Still, at the time when Fergusson wrote his letter, he could not "bring himself to believe" that he "had lived so long in utter error," that he had been "destroying instead of saving patients by murderous and unnecessary courses of mercury." To this truth his eyes were not opened until Rose and Guthrie "ventured upon bolder views."

Certainly no more thorough confession could be made by even the most penitent and contrite malefactor. Yet it did not emanate from anti-mercurial fanaticism. On the contrary, Fergusson remained to the end a strong advocate of mercury, although he has frequently

* Fergusson, W., "Observations," etc., pp. 1, 2.

† Fergusson, W., "Notes," etc., pp. 120, 121.

‡ *Ibid.*, p. 123.

§ *Ibid.*, pp. 118, 119.

been misrepresented as an anti-mercurialist. "The error lay in the abuse not in the use of the mineral." He never went to the absurd extreme "that mercury should be dismissed from practice in these complaints because it has been proved that they can be cured without it." To the last he considered it the "very best remedy that ever has been discovered." If, to "use it in accordance with the rules and safety of the constitution to which it is applied," to "eschew salivation," to "throw away the remedy the moment it is found to disagree,"* is called anti-mercurialism, mercurialism has at the present day ceased to exist. In fact, Fergusson looked upon the true anti-mercurialist—the man who rejects what "has been shown to be by far the best remedy we have ever known"—as "surely as much a bigot as he who mercurializes even to death."† With the above-mentioned restrictions of its use, Fergusson could not conceive why mercury should "not be used in every case of primary and secondary symptoms."

Apart from Fergusson's unvarnished report on the treatment then carried out in English practice, we have many independent witnesses—none of them adversaries to mercury—to testify to the abuse of the remedy in Fergusson's time. Of these I will quote only two, because their evidence is short and telling. Thomas Rose is reported‡ to have said that at the time when he commenced his therapeutic experiments all venereal disease was subjected to "repeated courses of mercury," whether "a person was consumptive or whether he was in a state of debility," and that "they always went on with a long course of mercury until the patient was dead." This statement was made at a time when Rose had finally resumed mercurial treatment. Carmichael,§ fully aware of the therapeutic value of mercury in syphilis, calls it "a remedy so long employed in destroying in place of relieving mankind," and remarks that at that time "the more the ulcer spread the more abundantly was the infallible specific exhibited." During the Peninsular war the English possessed a staff of medical officers imbued with these doctrines, and

* Fergusson, W., "Notes," etc., p. 119.

† *Ibid.*, p. 102.

‡ "Report of the Committee appointed to enquire into the Pathology and Treatment of the Venereal Disease," London, 1868, p. 336.

§ Carmichael, Richard, "Observations on the Symptoms and Specific Distinctions of Venereal Diseases," London, 1818, p. 196 and p. 46.

fired by a chief who had "applied to the Commander-in-chief, and obtained the strongest general order that could be penned, ordaining the use of mercury in every stage of syphilitic disease,"* who, moreover, with soldierly energy, showered down abuse and punishment† on those who dared to hold less thorough views on mercurial treatment. Under these circumstances it is not difficult to imagine what the treatment must have been like. No wonder that the Portuguese regarded the English practice with "horror and astonishment," and considered mercury a "poison which foreigners madly wield."

We thus have, on the one hand, a mixture of venereal cases, syphilitic and others, some of them probably inadequately treated, yet, on the whole doing comparatively well; on the other hand, a similar mixture mercurialized to excess and suffering "to the most lamentable degree." The proportion between syphilitic and non-syphilitic cases is unknown on either side. The natural inference to an unbiassed mind would have been that the treatment in the English hospitals was worse than Portuguese "apathy," because worse than the disease—an inference which the Portuguese evidently were not slow in drawing.

Fergusson, however, inferred "*as much from its easy cure, as from the analogy of the natural small-pox*,"‡ that the "venereal disease in Portugal was exhausted, and had spent much of its virulence in that country"—a conclusion unwarranted by the facts. He further argued that because the exhausted virus inoculated into the British constitution "seems to have the power of exciting new actions of more than ordinary violence," therefore it requires "curative means of more than common efficacy to arrest its progress," and the practical consequence was naturally to still further push the already excessive use of the panacea. The fallacy which underlies Fergusson's argumentation is contained in the following sentences:—"I need scarcely say that this new organization of disease in the stranger (viz., the English) cannot be combated by such means as the natives employ to cure themselves. They would be utterly insignificant, and mercury . . . offers the only chance of salvation."§ If anything,

* Fergusson, W., "Notes," &c., p. 118; "Observations," &c., p. 2.

† Fergusson, W., "Observations," &c., p. 7; "Notes," &c., p. 118.

‡ Fergusson, W., "Observations," &c., p. 7.

§ *Ibid.*, p. 10.

this assertion was in need of being put to the practical test by clinical observation. It was not the outcome of experience, from which Fergusson had altogether debarred himself by the indiscriminate and wholesale use of the drug, but the preconceived idea of a prejudiced mind. To prove mitigation or attenuation of a disease in one population compared to another, it is not sufficient to prove that the disease runs a milder course, but it has to be shown that it does so under identical conditions. In this particular case the circumstances under which the respective observations were made were so widely different as to make the results of the observations incomparable. Only under the arbitrary supposition that the disease in the English would have been intractable without the use of mercury, would it be possible to attribute the difference in the virulence of its cause. When Rose and Guthrie had shown this arbitrary supposition to be false, Fergusson became convinced of "the feasibility, propriety and safety of *treating British soldiers in the same manner as the Portuguese.*"* The difference which he had observed to exist between venereal diseases in the Portuguese and in the English he no longer explained by attenuation in the Portuguese, but by aggravation in the English, and this aggravation he considered to be due partly to the intemperate habits of the latter and the influence of the hot climate, chiefly, however, to the pernicious, even "murderous," effect of excessive mercurial treatment. "With such subjects . . . it might have been foreseen that phagadæna would assume the reins while mercury gave the spur."†

Less still than the supposed "easy cure" of the disease will the "analogy of the natural small-pox" support the theory of attenuation by self-exhaustion. This latter is generally explained by acquired immunity hereditarily transmitted. Suggested already by Mr. Lee, this theory has later been developed by Bæumler (1879),‡ and Grawitz (1881).§ The facts adduced in its support by the latter have not been well chosen.|| But the possibility of such transmission

* Fergusson, W., "Notes," &c., p. 119.

† *Ibid.*, p. 123.

‡ Bæumler, Chr., "Syphilis," in Ziemssen's "Handbuch der spec. Path. u. Ther." 8 Aufl., Leipzig, 1886, p. 78.

§ Grawitz, Paul, "Die Theorie der Schutzimpfung," *Virchow's Archiv.*, Bd. 84, Berlin, 1881, pp. 109, 110.

|| Colin, Léon, "De l'Épidémie de variole des Esquimaux," *Bullet. de l'Acad.*

is in itself most problematical. All we know is that children of *mothers* who *during pregnancy* go through an attack of variola, *may* in infancy prove refractory to vaccination (probably to variola also). How long this immunity lasts we do not know. Nor do we know anything about immunity in children born by mothers who had small-pox before conception, or hereditary transmission of paternal immunity. Experience derived from experiments with other germs tends to negative the existence of such transmission. The theory submitted to the Royal Society in 1813 by Dr. W. C. Wells,* in explanation of the negro's immunity to certain tropical diseases, viz., natural selection by destruction of those unable to resist, and by "survival of the fittest" and their offspring, would still, I think, have an air of probability with regard to such diseases as variola. But the fact itself which these theories are intended to explain—the spontaneous exhaustion of variola—is subject to much doubt. Countries without compulsory vaccination, or without vaccination altogether, and defective in preventative and hygienic measures, experience no decline of the disease. Only the other day Hervieux† stated that in the French colonies "variola reigns from time immemorial," without ever showing any intention to "disarm." I therefore believe that all that has been observed of mitigation with regard to small-pox must still be attributed, as Sir Gilbert Blane‡ did in the year when Fergusson's first letter appeared, to "inoculation and vaccination," together with isolation, etc. It has also to be remembered that the "analogy" between variola and syphilis is a very remote, if not an altogether artificial, one. The natural history of the two poisons, as reflected in the clinical appearance of their effects, is as different as possible. To class syphilis nowadays with the "specific fevers" is an anachronism.

If neither the "easy cure" nor the "analogy of the natural small-

de Méd. 2^e Sér., Tome X., Paris, 1881, pp. 356-371; Loeffler, Friedr., "Zur Immunitäts frage. Mittheilungen aus dem kaiserl. Gesundheitsamte," Berlin, 1881, Bd. I., p. 180.

* Darwin, Charles, "The Origin of Species," Sixth Edit., London, 1872, p. 15.

† Hervieux, *Acad. de Méd. de Paris*, Séance 15, III., 1898; *Gaz. hebdomadaire de Méd. et Chir.* 1898, No. 23, p. 274.

‡ Sir Gilbert Blane, Bart.: "The mitigation of the venereal disease has arisen from superior habits of cleanliness and superior skill in the cure; that of the small-pox from inoculation and vaccination" (*Med.-Chi. Trans.*, 1813, Vol. IV., p. 95).

pox " could justify Fergusson's explanation of the relative mildness of the disease by its self-exhaustion, the question still remains whether syphilis at the beginning of this century existed in Portugal in a milder form than in other countries. There is nothing in Fergusson's somewhat fragmentary description of the course which the disease ran in Portugal to foster that belief. With regard to the primary lesion (including the non-syphilitic sores), it appears that it was by no means uncommonly mild. Amongst the forty-six cases which were at the hospital at the time when Fergusson wrote his letter, "*none* of the ulcers were such trifling cases of chancre as we have seen at home . . . nor even such as an English soldier would run with in affright to seek the succour of his surgeon ; " . . . " but they were large extensive ulcerations that must have . . . caused great inconvenience previous to his (the soldier's) being taken into the hospital."* That the "Portuguese soldiers paid no attention" to less severe forms, and "even turned out for duty" with ulcers that made Fergusson "shudder to look at," may prove their "apathy," but it does not prove the disease to be a particularly mild one. Of what we now call secondaries, Fergusson, as said before, only refers to the throat affection. The appearance of the disease in the throat, "where it shows itself when the constitution is tainted, according to the same rule that it does with us," they (*viz.* the Portuguese) attack topically with mercurial apozems and gargles, and "often actually dislodge it with the same facility that they cure original chancres." This observation is constantly to be made in the natural course of the disease. When "received into the constitution" the disease is said to "wear itself out without the use of an *adequate* mercurial remedy after running a certain course, *not always* a very destructive one." I want to draw special attention to the words "adequate" and "not always." In later years Fergusson considered a "tithe of a tithe or a centime" of "what used formerly to be administered"† to be the adequate dose. If the course of the disease was "not always a very destructive one," still "dreadful examples of exfoliation and loss of parts no doubt sometimes occurred."‡ With regard to the frequency of these tertiary lesions we are told that they by "no

* Fergusson, W., "Observations," etc., pp. 3, 4.

† Fergusson, W. "Notes," etc. p. 120.

‡ Fergusson, W. "Observations," etc. p. 4.

means constitute a large proportion of the affected," "though they powerfully impress the feelings of strangers by appearing without scruple in the streets of great towns and in the concerns of life." Guthrie* reports a remark which Fergusson once made to him, and which he is "very willing to confirm," that "there were more people to be met with in the town of Lisbon who had suffered that mutilation (loss of the bones of the nose) than in any other he has seen of the same size." Whether this can be sufficiently accounted for by unscrupulousness on the part of the maimed may appear doubtful. But it is obvious that, with such observations at hand, the first statement viz. that the bone lesions constituted "by no means large proportion of the affected," becomes so vague as to be worthless. Tertiaries constitute "by no means a large proportion," even where a strict distinction is made between syphilitic and non-syphilitic cases. "Tertiary symptoms are exceptional, whatever may have been the plan of treatment pursued, or even if all treatment has been omitted."† From large lock hospitals different observers have reported that out of the total of syphilitic cases, tertiaries form from 7-8 per cent. These statistics are misleading, because nearly all those cases which escape tertiary affections also escape the observation of the syphilographer. On the other hand, the majority of patients affected with tertiaries apply to general, not to lock hospitals. Therefore all estimates as to the relative frequency of tertiaries are only "general impressions." This uncertainty is much greater still where no distinction is made between infecting and non-infecting sores, and all the more so as the proportion between these two forms of chancres is most difficult to ascertain with any degree of assurance, and seems to be subject to considerable variations according to locality and time. For all these reasons Fergusson's observations on the venereal diseases amongst the natives of Portugal do not establish the fact that syphilis in his time was in any degree milder than in England.

It is not without interest to compare the depositions of those who from time to time have reported their experience with regard to syphilis in Portugal. In 1817, Rose‡ relates that he "was able to

* Guthrie, G. T. "Observations," etc., p. 562.

† Hutchinson, Jon. "Syphilis," London 1893, p. 325.

‡ Rose, Thomas, "Observations on the Treatment of Syphilis (*Med.-Chi. Transact.*, London, 1817, Vol. VIII., p. 355).

trace *some* of the natives" of Portugal and Spain "in perfect health for two or three years after sores which he had supposed to be venereal, and which had been healed without mercury." But at the same time he states that "*a few similar instances came under my observation amongst our own soldiers.*" . . . "A few instances of nodes and caries of different bones are to be met with in Portugal, *as in every part of the world*; but they did *not* appear to me at all *more frequent* there than in any other country I have had an opportunity of visiting." His opinion on attenuation is clearly expressed. He says that "some are inclined to maintain the doctrines that new forms of disease have arisen," or that "syphilis itself be modified." By the first he refers to Pearson, by the second to Fergusson. And he adds: "I should be more inclined to suspect, from the extreme contradictions at all times to be discovered in our histories of syphilis, that the descriptions of it have been totally erroneous . . . than that any such change has taken place." *

In the same year (1817), Guthrie,† who was "with the army during the whole war in the Peninsula, and had for several months together the superintendence of the hospitals in Lisbon, at a later period than Dr. Fergusson alludes to," says "the Portuguese, in treating all cases of ulcers without mercury, did only what we have been lately doing, and with *nearly the same success.*" With regard to attenuation in Portugal, he remarks that "there is *not any more* solid foundation for this opinion . . . than there is for that . . . that the disease is more virulent in Portugal than in Great Britain." Nor does he think that "the disease which the troops contracted in Portugal was *in the slightest degree* more violent than the same kind of complaint at home."

In 1818, Robertson,‡ who "in his duties to the office" had "for a considerable time been attached to the physician-general at Lisbon," reports "that Portuguese medical men of scientific training seemed to be convinced of the use of mercury in syphilis, that they only are more sparing in its application." To the prejudice of the natives against mercury, it is "probably chiefly due that we see *more*

* *Ibid.*, p. 426.

† Guthrie, G. T., "Observations," etc., pp. 562-564.

‡ Robertson, John, "Some Remarks on Lues venerea" (*London Med. Repository*, 1818, Vol. IX., pp. 459-465).

distorted and mutilated objects in the streets of Lisbon than in any other capital of the world." The healing of primary symptoms without mercury is not limited to Spain or Portugal, but can be seen "in different parts of England also." "The Portuguese do *not* escape with impunity when their prejudices carry them so far as entirely to omit the use of the medicine. Indeed I have reason to believe that *more* people die in that country of the venereal disease or its consequences than anywhere else in Europe."

In 1825, Huber * says that it cannot be denied that secondary symptoms are frequent in Lisbon, *perhaps more* frequent than in many other countries, but they seemed *not* to be *more* malignant.

In 1828, Wallace† writes from His Majesty's sloop *Lyra* that "syphilis, so far as I have been able to judge, is not so common here as in England, although I cannot say that I have observed it to be *any milder* in its nature."

In 1858, Livingstone‡ reports that "syphilis seems incapable of permanence in the pure Negro of the central part of Africa, but amongst the half-blood Portuguese it is *equally* frightful in its inroads on the system as in Europe." It has to be remarked that here the virus was not implanted into more but rather into less susceptible soil.

In 1860, Hirsch§ states that syphilis is *not less* common in Portugal than in other countries of the European continent; with regard to its virulence he quotes Wallace's statement.

In 1863, Webster|| after lately visiting Spain and Portugal, "would assert, notwithstanding the malady was rife in those countries, it did *not* appear either *more severe* or *more general* than throughout northern countries."

In 1875, Laveran¶ gives the frequency of syphilis in the Portuguese army between the years 1861 and 1867 as 9·6 per cent., while France has 10·6 during the same interval.

* Huber, V. A., "Bemerkungen über die Geschichte und Behandlung der venerischen Krankheiten," 1825, pp. 87, 88.

† Wallace, James, "Observations on the Climate and Diseases of Lisbon", (*Edinb. Med. and Chir. Journ.*, 1829, Vol. XXXI., p. 79).

‡ Livingstone, David, "Missionary Travels," London, 1858, p. 128.

§ Hirsch, Aug., "Handbuch der hist.-geograph. Pathologie," Erlangen, 1860, Vol. I., pp. 358, 374.

|| Webster, John, *Med.-Chir. Soc.* 12, II., 1863; *Med. Times and Gazette*, 1863, Vol. I., p. 200.

¶ Laveran, A., "Traité des Maladies des Armées," 1875, p. 446.

In 1883, Hirsch,* in the second edition of his great work, declares syphilis to exist in approximately *equal* diffusion throughout Germany, Denmark, Austria, Switzerland, France, Greece, and the Pyrenean peninsula.

In 1886, Wernich,† in his geographical pathology, states that syphilis in Portugal runs a *particularly severe* course.

In 1896, Neumann‡ on three occasions assures us that he is by no means in a position to corroborate Fergusson's statements about the particularly benign character of syphilis in Portugal; on the contrary, he has become convinced, by his observations at the hospitals in Lisbon, in particular the Hospital Desterro, that it *in no way differs* from what we see in other countries. On the other hand, on page xxxvi. of the same book, in his historical introduction, he says that Portugal is "less infected" with syphilis with regard to the intensity of the disease as well as its extent, that the course of the disease is a "very favourable" one, that "spontaneous cure is not rare," that this benign character of the disease is apparent in the hospitals, that he, therefore, is in opposition to Fergusson, who "pointed out the malignancy (?) of syphilis in Portugal." This latter statement is evidently a slip of the memory, excusable in so bulky a work.

These testimonies are, of course, not all of the same value. The greatest importance I should attach to that of Guthrie, because his observations were made at the same period as Fergusson's and extended over a considerable time. But even if we are so far over-critical as to "distrust all reports from travelling doctors," we cannot shut our eyes to the fact that not one of these witnesses reports attenuation.§ This, taken together with Fergusson's later

* Hirsch, Aug., "Handbuch der hist.-geogr. Pathologie," 2 Aufl., Stuttgart, 1883, p. 48.

† Wernich, A., in Eulenburg's "Realencyclopædie der gesammten Heilkunde," 2 Aufl., 1886, Bd. VIII., p. 347.

‡ Neumann, Isidor, "Syphilis," in Nothnagel's "Spec. Path. u. Therap.," Wien, 1896, pp. 156, 157, and 900, 901; also "Pathogenese der tertiären Syphilis," *Wien Klin. Rundschau*, 1896, X., p. 19.

§ A short time ago a patient of mine, a highly intelligent man, sailed for Lisbon. I asked him to collect evidence on this point. He has not returned yet, but he writes that there seems to be an impression amongst Portuguese medical men that syphilis has become milder *during the last thirty years*, and that this amelioration is due to a continuous progress in hygiene and treatment.

views on what he had observed in Portugal, will, I think, be ample justification to relegate the allegations with regard to self-extinction of syphilis in Portugal into the sphere of legendary histories.

I should pass over in silence Fergusson's extraordinary statements in reference to the same exhaustion of syphilis in Germany and certain districts of Russia, if they had not been so widely accepted as trustworthy, and had not been treated as historical documents even in some of the most recent treatises on syphilis. The facts upon which Fergusson's inferences are based are the following:—When Fergusson was doing duty in the home district on his promotion to be Deputy-Inspector of Hospitals, and when it became his business to examine the weekly returns of the regiments in England at the Medical Board Office, he was “utterly astonished on its being reported” that in the King's German Legion “some medical officers had pertinaciously, even officially, refused to prescribe mercury; asserting that it was not necessary for the cure,” in fact, that “these surgeons were infected with the same heresies as the non-mercurialists.” “Such alarming conduct, as being referable only to the most brutal ignorance, of course met with no quarter”;* they “promptly met the treatment of heretics. Instant retraction, or expulsion from service, was the alternative.”† All this may have been eminently correct from a military point of view, but it is not equally convincing from a medical one. “I have no doubt,” Fergusson continues, “from what I have seen here (viz., in Portugal), that in the districts of their own country where they were bred, the disease, from being allowed to run its course unresisted by mercury, probably for ages, had become as weak as the syphilis of Portugal, and their experience had never opened to them a more extensive field.”‡ The conclusion from “the brutal ignorance”—as it appeared to Fergusson—of army surgeons in treating a disease upon the theory of self-exhaustion of the disease in their native country, will not have the same cogency for every mind that it then had for Fergusson's; not to mention that non-mercurialism had its advocates amongst distinguished medical men, even at the time of the great epidemic at the end of the 15th

* Fergusson, W., “Observations,” etc., foot-note, p. 7.

† Fergusson, W., “Notes,” etc., p. 118.

‡ Fergusson, W., “Observations,” etc., foot-note, p. 7.

and beginning of the 16th century, before attenuation could have taken place. Furthermore, not many years after Fergusson's letter, many excellent British surgeons, amongst them Fergusson himself, professed opinions closely approaching that "most brutal ignorance."

Difficile est satiram non scribere !

Of a still more extraordinary character is the evidence with regard to Russia. During the year of the peace of Amiens, Fergusson visited Moscow, when a "contest was raging there between the pro- and anti-mercurialists of the faculty, for the appointment to a syphilitic hospital." "I need not say. . . . how much I wondered at what appeared to me the barbarous ignorance of the people where such a question could have been raised."* At the same time the "venereal disease in some districts of the Russian empire prevailed, to a shocking degree, amongst the peasantry, for which they use nostrums and remedies from the vegetable kingdom."† This "fact," which at the time Fergusson could not comprehend, and which he "set down as one of the strange things a passing traveller often hears of, but has neither time to investigate nor to understand" appeared to him after his stay in Portugal, to "corroborate this," viz., the self-exhaustion of syphilis. The train of thought underlying this argument I am at a loss to understand. To me the facts seem rather to teach that, where nostrums and vegetable remedies are used, syphilis may prevail to a shocking degree without exhausting itself (syphilis has never ceased to be, and is still endemic in Russia, and to an enormous extent)—therefore, conclusions upon the self-exhaustion of the disease are venturous.

Fergusson has often been represented as the originator of the non-mercurial treatment in this country. This is altogether incorrect. In Ireland, the merit of first having restricted mercurial treatment, within reasonable limits, belongs to Carmichael.‡ Guthrie's statement, as quoted by Carmichael, is contrary to fact. When Thomson§ inaugurated the non-mercurial treatment in Scotland, in March, 1816, he was not aware of Rose's experiments (although begun in

* Fergusson, W. "Notes," etc., p. 117.

† Fergusson, W., "Observations." Foot-note p. 7.

‡ Carmichael, Rich., "An Essay on Venereal Diseases," 2nd. Edit., Lond., 1825, p. 299.

§ Thomson, John, "Observations on the treatment of Syphilis without Mercury." *The Edin. Med. and Chir. Journ.*, 1818, Vol. XIV., p. 88.

June, 1815), nor did he know of them until February, 1817. It was by his own practical experience, by the communications of Beddoes, Abernethy, and Pearson, that he was induced to doubt and test the "justness of the opinion generally received." Fergusson's name is not even mentioned. Rose quotes Fergusson, but so far from adopting his views he altogether rejects them. It is also difficult to conceive how Fergusson's first communication, dictated by a fanatic belief in excessive mercurialism, and intended to confirm the devout, to strengthen the hesitating, to annihilate the heretic, could have produced a result so utterly antagonistic to his intentions. Moreover, we have his own testimony that it was Rose who first opened his eyes to the "feasibility, propriety, and safety" of a mode of treatment different from the unrelenting mercurialism formerly enforced by him. Perhaps the grossest mistatement with regard to this point is to be found in Aitken's* work on medicine. "The credit of this improvement is mainly due to Mr. Fergusson, who practised it (viz., non-mercurial treatment) during the Peninsular war, to Mr. Rose, of the Coldstream Guards at the same time, but independently of Mr. Fergusson to Dr. John Thomson. . . ." Rose did not practice mercurial treatment during the war; but he, as well as Thomson, returned to the use of mercury† after a few years of its abandonment.

In 1863, Mr. Henry Lee‡ resuscitated from oblivion all Fergusson's speculations on the theory of self-exhaustion of syphilis in Portugal, Germany, and Russia, and evidently without acquaintance with Fergusson's later views, adduced it in support of the same theory. He even tried to explain Rose's observations in the same way. I have already stated what Rose himself thought of this mode of interpretation: He would rather suspect that the "descriptions of syphilis have been totally erroneous . . . than that any such change had taken place." Mr. Lee, on the contrary, concluded that syphilis existed in a "modified form" even in England, with the restriction that it was to be found only in "some of the lower classes of the community," viz., those from which the rank and file of the army

* Aitken, W., "The Science and Practice of Medicine," 2nd Edit., 1863, Vol. I., p. 719.

† Hill, Berkeley, "Syphilis," 2nd Edit., London, 1881, p. 399.

‡ Lee, Henry, "Lectures on Syphilitic and Vaccino-syphilitic Inoculations." London, 1863, pp. 215-217.

recruits itself. "As soon as Mr. Rose tried his plan of treating syphilis without mercury amongst the officers of the regiment in which his experiments had been made the plan was found to be unsuccessful."* Rose's therapeutic experiments†—for such they were according to his own admission—extended altogether over two years‡ and over 120 cases§ coming from "a battalion of the Coldstream which consisted of upwards of a thousand men."|| Unless venereal disease was infinitely more frequent in officers than in men—if we may go by proportion—the number of venereal cases amongst

* Lee, Henry, "Lectures," etc., p. 218.

† Virchow somewhat severely called Rose's observations "an interesting contribution to the history of fallacies" (*Virchow's Archiv.*, Bd. XV., 1858, p. 280 Anm.) He, however, was judging not by the original paper, but by a one-sided and by no means just report on it (W. Henry Porter, *The Dublin Quarterly Journal of Med. Science*, 1857, Vol. XXIV., p. 289), which abruptly declares that "nothing was gained by the practical operation of a principle so hastily adopted and so illogically sustained." This is a most unfair and unjust criticism. "Not only has much been gained by them in knowledge as well as treatment" (Spencer Wells, *Med. Times and Gazette*, 1868, Vol. I., p. 199) but they have been undertaken and carried out in a most cautious and rational manner, and bear ample testimony to Rose's "clear head and sound judgment" (Benjamin Brodie, Works edited by Charles Hawkins, London, Vol. I., p. 26). Rose's hesitation in attributing the constitutional symptoms to syphilis is certainly surprising, but he never denied their specific origin. Several of his observations are particularly interesting considering the time at which they were made, as, for instance, one of achillodynia as a secondary symptom—recently re-discovered by Renvers—and one showing the checking influence which an acute infectious disease (measles) may have upon a syphilitic skin-eruption.

‡ "Report of the Committee," etc., p. 386.

§ Of these 120 cases, "one out of every three was followed by some form or other of constitutional affection. Fournier ("Ricord, Leçons sur le chancre," second edition, Paris, 1860, p. 319, footnote), who, relying upon Virchow (l.c.) gives the proportion in Rose's cases as 3:1 instead of 2:1, thinks it remarkably like that found by him (2:1 in 841 cases between "hard or infecting" and "simple or non-infecting" sores), and by Puche (4:1 in 10,000 cases between "hard" and "simple" sores). But these numbers are not strictly comparable, because with Rose "hard" and "infecting" or "simple" and "non-infecting" are not identical terms. He relates nine cases of hard chancres not followed by constitutional symptoms. Out of about forty cases followed by secondaries he gives the more or less complete narrative of thirty-five. In four of these the nature of the primary lesion is not described. I want to add that Mr. Hutchinson's surprising statement that "whatever are the characters of any primary sore . . . the chances are two to one that the sequel will prove that it contained the germs of true syphilis" (*"Syphilis,"* 1893, p. 7) is not identical with that of Rose, as at first sight one might be inclined to think.

|| Rose, Thomas, "Observations," etc., pp. 359, 422.

the former which Rose saw during these two years must have been very limited, anyhow much too small to allow of any estimate about relative virulence. "We have the authority of Sir Benjamin Brodie, who witnessed these experiments, for stating that in private Mr. Rose treated syphilis with mercury like other medical practitioners, and that in cases where he did not administer it, he was continually becoming involved in difficulties."* For the reason that these experiments were hardly ever made in private practice, one would be inclined to infer that their number would probably have been no more satisfactory than in the case of the officers. Besides, it is possible, and even probable, that the "common sloughing and the phagadænic ulcer," *i.e.*, those in which mercury is at least superfluous, are more common amongst the lower classes in consequence of the unfavourable hygienic conditions under which they live. That "syphilis is equally prevalent in all classes" was Mr. Hutchinson's opinion in 1868.† There is, however, one unimpeachable witness against attenuation of venereal diseases in the British army, and that is the British Army Report. In the statistics regarding the spread of venereal disease in European armies, Great Britain has long taken the lead. From 1860-1869 Great Britain had 23·6 per cent., compared to 10·6 per cent. in France, from 1870-1879, 12·4 per cent., compared to 8·5 in France.‡ The state of things preceding the introduction of the Contagious Diseases Act did not point to attenuation, neither does the report which the College of Physicians received last year from the Committee "appointed to consider the advisability of approaching Government on the subject of the increase of venereal disease in India."§

With regard to this report from Netley Hospital, it may be remembered that not only had "the amount of syphilis among the European troops serving in India enormously increased," but that the disease had assumed a most virulent and malignant form. If the first may

* Lee, Henry, "Lectures," etc. p. 218.

† "Report of the Committee," etc., p. 284.

‡ "British Army Report" for the year 1870, XXI., 11. Of course these numbers in no way represent the frequency of venereal diseases amongst the population of the respective countries. Even in States with general conscription no such inference can be drawn, much less in those who have mercenary armies. How very different circumstances concur to produce the final result may be seen from the influence which the stoppage of pay had on the spread of venereal disease.

§ *Brit. Med. Journ.* April 3, 1897, Vol. I., p. 862.

be explainable by the abolition of the Contagious Diseases Act, the latter *cannot* be accounted for by that circumstance *alone*. "Almost every variety of constitutional syphilitic disease was represented, those of a virulent form being very numerous, and the results of the disease were in many cases deplorable, while the appearance of the sufferers was most pitiable." "Recovery is hopeless, and what to do with them has become a question of serious difficulty. It is impossible to send them to their homes; their friends refuse to receive them. Death alone can solve the difficulty, and release them from their suffering."

The official report* gives a more detailed description of this "scandalous state of affairs." The affected were "all young men, not much more than lads." The average age of the 263 patients lying in the hospital in January, 1897, being "less than 25 years"—who upon entering the service had not "shown any symptoms of constitutional taint." "During their short term of military service a great part (in some cases more than half) of their time has been spent in hospital, either in India or at home. Before reaching the age of 25 years these young men have come home presenting a most shocking appearance; some lay there having obviously but a short time to live; others were unrecognisable from disfigurement by reason of the destruction of their features, or had lost their palates, their eyesight, or their sense of hearing; others, again, were in a state of extreme emaciation, their joints distorted and diseased. Not a few are time-expired, but cannot be discharged in their present condition, incapacitated as they are to earn their livelihood, and in a condition so repulsive that they could not mix with their fellow-men. Their friends and relatives refuse to receive them, and it is inexpedient to discharge them only to seek the asylum of the poor-house."

Surgeon-Major H. R. Whitehead† writes: "No one can imagine a sadder sight than the reception here of a batch of poor fellows suffering from this disease, from one of the troopships, utterly broken down in health, hardly able to crawl, covered with scabs and sores, with the foul odour of the disease about them, objects of disgust and

* "Report of a Departmental Committee on the Prevalence of Venereal Disease among the British Troops in India," London, 1897, p. 10.

† *Ibid.*, p. 30.

loathing to themselves and all around them, their condition is indeed pitiable and shocking.

"Many of the cases under treatment lately in this Division have been of the most revolting character, accompanied by horrible disfigurement and destruction of tissues.

"In some cases patients have been in this hospital for two or three years, unfit to mix even with their fellows, and if they have ultimately left this hospital alive, have done so completely crippled, and so permanently disfigured, as to render their lives a misery to themselves and their chance of earning a livelihood quite hopeless."

This is surely a most extraordinary picture in a disease which is generally considered one of the "most controllable" and "best curable." The resemblance this description bears to Fergusson's narration is striking. The calamity during the Peninsular war was, as we have seen, chiefly due to the treatment adopted. The question, therefore, put by a leading medical journal,* "*Is Syphilis efficiently treated in the Army?*" seems eminently justified.† Preventive measures may be able, to a certain extent, to restrain the spread of the disease in general, and to thereby reduce the number of malignant cases. This malignancy—"to be witnessed nowhere on the Continent"—‡—cannot be explained solely by the lack of prevention, as it appears in a large proportion of those affected, and not in isolated cases. Some other causes, therefore, of a general character must be co-operating to produce such a result. For general reasons, as well as for the lesson which Fergusson's observations teach, one is inclined to think first and foremost of the method of treatment. The term treatment must of course be taken in its widest sense, not merely as a question of an under or an overdose of mercury, but as comprising all the means employed to effect a cure, especially the hygienic measures and conditions. Little weight ought to be attached to all suggestions of particular modes of

* *Brit. Med. Journ.*, April 9, 1898, Vol. I., p. 965.

† A Committee appointed to inquire into a similar subject in 1868 found that no uniform plan of treatment existed at that time in the forces: different ships, different modes of treatment. There were many medical officers who never used mercury at all, while others gave it in all cases ("Report of a Committee," etc., p. 127).

‡ *Vide* "Report of a Departmental Committee," etc., p. 10.

administering mercury, such as injections, etc., which in preference to all others are supposed by some to solve this deeply-rooted difficulty. Nor is it *a priori* certain that this supposed inefficiency, if existing, consists in the insufficient use of mercury. Perhaps, now as before, "the error lay in the abuse, not in the use of the mineral." To obtain the answer to the above question, an exhaustive inquiry into the details of the whole treatment and the hygienic conditions is necessary. This is sure to bear fruit, if carried through in the spirit of unselfish veracity which made Fergusson lay aside all convenient theories of self-exhaustion of the disease in Portugal, and lay the calamities occurring among the English soldiers at his own door.

SOCIETY INTELLIGENCE.

DERMATOLOGICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, June 8th, Mr. MALCOLM MORRIS in the chair.

The following cases and specimens were demonstrated :—

Mr. ALBERT CARLESS showed *microscopic sections* of the *melanotic Tumour* of the face of the patient shown to the Society last December (*vide* p. 7 of this volume of the Journal). The tumour was a mixed cell *Sarcoma*, having oval and spindle-shaped cells. The amount of surrounding pigmentation in the lower layers cells of the rete Malpighii was very excessive, and contrasted in a very marked manner with slight amount of pigment observed in the tumour itself. Mr. Carless reported that the patient was in good health, and without any sign of recurrence.

Dr. COLCOTT FOX presented (1) a young woman, a housemaid, with a *Syphilitic chancre of the right tonsil*, a mass of indurated glands in relation with it under the upper part of the right sterno-mastoid muscle, a general adenitis, the faint remains of a macular syphilide of the abdomen, a few typical papules distributed on the forehead, trunk and limbs, and numerous mucous patches on the vulva. The