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ON THE

TREATMENT OF SYPHILIS.

BY

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ON THE TREATMENT OF SYPHILIS.¹

PART I.

ON THE NECESSITY OF TREATING SYPHILIS, AND ON THE ACTION OF MERCURY.

THE peculiar opinions which have recently been put forth as to the treatment of syphilis have neither overturned nor even unsettled the results of the observation and labor of four centuries. The trifling opposition which has been raised against mercury, and in a more general manner against the methods of treating syphilis, has succeeded only in rallying a small number of converts, and has invoked only very feeble arguments to its aid, so that it will scarcely leave any traces of itself in the history of medicine. Mercury, to speak of it alone, has already encountered much more serious opposition, and much more powerful enemies. In the sixteenth century guaiac, was vaunted against it; but it failed finally to replace it, although for a time, in consequence of the powerful support of medical and non-medical writers, it did outrank it. In the present century the physiological school, which could not find enough invectives to apply to it, and which proclaimed its extinction, did succeed in banishing it from use for a few years, but it has survived, and will survive, in consequence of the experience and observation of its undeniable virtues; for, whatever may be said against it, it is a great and beneficial remedy, which cannot be injured by the prejudiced

¹ This article has recently appeared as a clinical lecture in the pages of the *Gazette Hebdomadaire de Médecine et de Chirurgie*. In its translation it has been found necessary, in consequence of its colloquial style in some places, to slightly alter the diction, and in others to leave out unimportant repetitions; but every care has been taken to present the full meaning of the author in a clear manner.

calumnies of the one, nor by the unjust but conscientious accusations of the others.

Previous to a sketch of the treatment applicable to syphilis, I will consider the question as to whether there is any necessity to treat syphilis, or whether it is well to abandon the disease to its natural course; and, before explaining the manner of using mercury, I will inquire whether there are any benefits to be derived from it, and whether its introduction into the economy is attended with danger.

From what has been recently said and written, it would appear that syphilis was one of the most mild and benign of diseases: According to the views of certain contemporary physicians, a person would suppose that the disease cured itself in consequence of an inherent tendency thereto, and that it was only necessary to aid Nature in its spontaneous elimination of the virus by hygienic influences, and that hygiene alone, aided or not by tonics, as the case might require, would be all-sufficient, and that any special treatment, or any specific remedy against the diathesis, was both visionary and superfluous.

This is not at all exaggerated, as will be found by reading the recent discussions upon the subject, in which statements like the following may be found, some of which, by-the-way, are contradictory: "Syphilis cures itself spontaneously—whatever may be done, it has an inevitable evolution and duration; the remedies usually prescribed for it tend neither to modify nor shorten its manifestations; it is even injurious to treat it, for that only disorders it, and retards its natural evolution, and hinders it from running itself out spontaneously; when left to its natural course, syphilis is mild, and it only occasionally results in serious lesions when an injurious treatment has been adopted for it; the tertiary manifestations need not be feared, for, on the one hand, they are very rare, if the physician has the good sense to allow the diathesis to run itself out spontaneously and naturally by its mild secondary manifestations, and because, on the other hand, we possess a certain specific for them; mercury, the so-called specific *par excellence* for syphilis, is not only inert, as it does not cure either the disease or its lesions, but it is even dangerous, because it acts as a poison upon a system already poisoned;

finally, the expectant treatment pure and simple, aided by suitable hygienic measures, and according to the case by tonics, is the most rational and surest method that we can adopt for primary and secondary syphilis, indeed, even (as one of my colleagues recently said to me) for tertiary syphilis. All these arguments resolve themselves practically into this: Is it or is it not necessary to treat a syphilitic patient? Is it or is it not beneficial that he should be treated?

In order to answer a proposition thus stated, let us consider what risks such a patient runs, by stating his condition clearly. To what dangers, in fact, is he exposed? Let us set forth his pathological balance-sheet, if I may speak thus—a balance-sheet which, if not certain and inevitable, is at least probable and possible. What can such a patient have? What lesions is he liable to develop some day or other? And these lesions, are they of such a character that it will be urgent or advantageous that they should be treated? What he can have are at first lesions without any real gravity, but which are at least very disagreeable to some, particularly if they are visible; thus he may have cutaneous syphilides of various forms, very annoying syphilides of the mucous membranes, engorgements of the ganglia, alopecia, and onychia. In the second place, there are more serious lesions, from the fact that some of them are very painful; they are—angina, cephalalgia, various pains with nocturnal exacerbation, insomnia, myalgia, pain in the joints, inflammation of tendons, periostitis, etc. Would not the possible anticipation of such troubles justify the intervention of treatment? But we have really a third order of lesions which are much more serious, and which involve and compromise important organs. Only to cite the most common of this group, we will find—affections of the eye, such as iritis, choroiditis, and retinitis, which are capable of impairing or even extinguishing vision; sarcocele, which may induce disorganization and atrophy of one or both testicles, and thus produce impotence; gummy tumors, which often perforate and destroy the velum palati, and leave a double and revolting infirmity; paralyses of the eye and face; hemiplegia and paraplegia; inflammations of bone, caries, ozæna, flattening and loss of the nose, without speaking of the possibility of hereditary transmission, and of the introduc-

tion of syphilis into the family circle. But this is not all yet. If we consult a manual of pathological anatomy, we shall find there described fatal lesions attributable to syphilis alone. The causes of death in syphilis are many and varied; death by hepatic lesions, cirrhosis, and hepatitis gummosa; death by lesions of the meninges; by cerebral gummata, and syphilitic encephalitis; by lesions of the spinal cord, which are more common than is generally believed; by exostoses of the cranium or vertebræ; by lesions of the kidneys, of the larynx, and of the lungs, and more rarely by lesions of the œsophagus and rectum; death by consumption and progressive cachexia. These are, in short, the possible consequences of syphilis, and such is the perspective offered to a person who contracts this contagion. Dare we call a disease benign which can end thus? Can a disease be called benign which is fraught with such serious accidents, and whose pathological anatomy is so rich and varied? Dare we tell persons afflicted with this disease to leave it untreated, "to let things go," and to wait patiently the possible results of such an infection without warning them of it?

Now suppose for an instant, bearing in mind the tableau which I have carefully sketched, a patient recently contaminated, suppose him on his own account looking the interminable series of accidents of syphilis squarely in the face, and then ask him if there was any reason why he should not try by every means to prepare himself for such events, or whether he preferred to await results. What would be his answer? It would be that he would not under any circumstances think of such a thing as of standing the brunt of such a disease; that it would be foolhardiness not to endeavor to protect himself; and that he was firmly resolved to try every medicine and remedy, and every doctor, in order to be cured; in a word, that he wished *to be treated*, and he would be treated.

Now, we physicians, who are more enlightened than this patient, as to the nature and consequences of syphilis, would we reason otherwise than he did if we were victims of the disease? Certainly not. Simple common-sense, which is greater than all systems and all theories, says that, when a person has syphilis, he should get rid of it, and not allow it to remain in his system.

But here some of our adversaries would interpose by saying: "Undoubtedly you would be right in fearing and wishing to treat your patients, if syphilis invariably ran the course you speak of; but there are two forms of syphilis, the one severe (*forte*) and grave, the other mild (*faible*) and benign. You are right in treating the severer cases, but for the mild cases treatment is wholly unnecessary." But I will reply: Have you the means of pronouncing off-hand (*d'emblée*) upon the nature of a case of syphilis? Do you possess any faculty by which you can form a prognosis as to the future of a given case of syphilis? Can you assert, at the outset, that one patient will suffer severely by syphilis, and that another will be relatively spared? If you are able to make this intuitive (*prévisionnel*) diagnosis upon truly scientific principles, we would consent not to treat those of our patients for whom you pronounced a mild course of syphilis, for we do not treat them for pleasure but for their own benefit, and, before submitting them to the dangers of an expectant treatment, we would demand of you something more than flimsy and theoretical assertions; we would require, in order to be convinced, serious evidence, based upon scientific certainties, and supported by a number of observations, clearly and precisely drawn, otherwise we owe it to our patients and to ourselves to treat them.

Now, do we possess, in the present state of our knowledge, any absolute, or even probable, criterion which enables us to foretell as to the future of syphilis, and which authorizes us in saying positively, such a case will be mild, and such another severe? This is the key-note of the question. Some physicians are led to form a prognosis of syphilis by certain characters of the initial lesion, and of the first eruptions which follow it, and they think they are authorized in drawing the following conclusions: A mild syphilis is one which follows the category of secondary lesions, which begins with a superficial erosion only slightly indurated; and the secondary period of which is ushered in by a mild crop of eruptions, followed by other mild crops, with a long interval between each. On the contrary, a severe syphilis is to be looked for when it has derived its contagion from an initial lesion, which has ulcerated, or is markedly indurated, when the first crop of eruptions is of an ulcerative and suppurative character, and which is followed

by other crops of a similar character at short intervals. None of these statements have any real value. None of them warrant the physician in prophesying as to the ultimate evolution of a given case of syphilis, as to whether it will be mild or severe. Under these circumstances would we be warranted in saying to one patient, "It is necessary that you should be treated, as you are in danger;" and to another, "It is not necessary to treat you, as you need fear nothing." To say this would be to prophesy as to the future, and to promise a patient a mild course of syphilis, and to give him a dangerous consolation, and a security of which he would sorely repent some day; and to refrain from treating him, and to leave him to the chances of an unknown future, would be to expose him to serious dangers upon the strength of uncertain statements and visionary assurances. In short, then, we do not possess the elements of certainty, or even of probability, in formulating *ab ovo* a prognosis in a given case of syphilis; and, as such is the case, prudence dictates to us to urge in every case a proper treatment, in order to shorten, if possible, the effects of the diathesis for the present and for the future. This is dictated by common-sense, and is confirmed by observation and experience, in spite of all theories.

The necessity of treatment being thus admitted, its application remains. To what treatment shall we resort? What remedies shall we employ? And especially upon what form of medication shall we place our patients?

According to past and present experience, mercury is the most valuable remedy for syphilis, and therefore claims our attention first. There are, however, two questions to be answered before we prescribe it;

1. Is it deleterious to the patient, and can it in any way become injurious to him?

2. Can it be of benefit to him?

First Question.—Is it deleterious? Is it liable, in any way, to aggravate the condition of the patient, and to add another danger to that of syphilis? This is a very important and very practical question upon which you will be asked daily by your patients, and to which it is necessary to give at once an exact, scientific, and peremptory answer, for mercury has a bad reputation, and is mistrusted by the public. It is a remedy whose

name is a terror, and for which all classes of society, the highest and the lowest, entertain an inherent horror. When you prescribe it for a patient, the following stereotyped questions will immediately arise, as they are in everybody's mouth: "But, doctor, you are prescribing mercury for me! So good-by to my teeth and hair, and will you warrant that my bones don't decay? How will you get this mercury out of my system?" I will not, again, endeavor to disprove all the calumnies charged against mercury. It will be remembered that it is said to produce loss of the teeth, alopecia, necrosis, nodes, nervous symptoms of various kinds, anæmia, cachexia, and almost all the lesions due to syphilis, particularly the tertiary lesions. Certain authors have almost come to the conclusion that syphilis does not produce any bad results, but that mercury does. These, however, are only exaggerations and absurdities, to which it is unnecessary to reply, as they have been refuted hundreds of times, and I mention them only to stigmatize them as ridiculous. It is almost unnecessary to say that mercury, administered in a therapeutic dose, as we prudent physicians do nowadays, never produces the results of which it is accused. It is undoubtedly true that even in these doses mercury is liable to produce certain disturbances which are necessary to be understood. We will study these disturbances, and endeavor to determine whether they are of sufficient gravity to contraindicate the use of mercury, or to cause it to be discarded in the treatment of syphilis.

There are three classes of phenomena which are to be feared while administering mercury to syphilitic subjects; they are—

1. Ptyalism (stomatitis and salivation).
2. Gastric and intestinal disturbances.
3. Impairment of the nutrition of the body.

1. *Ptyalism*.—Mercurial stomatitis is a well-known condition, sometimes even produced by inunctions or by the internal administration of mercury, but it is a danger which can be easily avoided. It is only necessary to urge watchfulness as to the action of the remedy, and to give it in such doses and in such forms as not to irritate the teeth, and especially to suspend its use as soon as the mouth becomes slightly sore,

for mercurial stomatitis does not burst out on the patient like a thunder-clap; *it announces itself*, and has a premonitory period of irritation of the gums, in which the physician can take measures to prevent the inflammation. Always suspend the use of mercury as soon as the mouth becomes tender, and administer chlorate of potassa in time, and you will almost to a certainty save the patient from serious consequences. You may judge of this by observation of my service. We always have here more than sixty syphilitic women under a mercurial treatment, and, if mercurial stomatitis were an inevitable result of mercury, it would occur daily in our wards; but it is almost unknown. Undoubtedly you may find, on occasions, some of our patients presenting a slight irritation of the gums; but we interfere in time, and you will *never* see here an example of that frightful stomatitis which ulcerates the gums, causes an incessant flow of saliva, and even threatens to disorganize the maxillæ. In a word, then, with prudence and *watchfulness* (this is the whole secret), we can readily avoid any ptyalizing effects of mercury. Stomatitis is a visionary danger, if we make it our duty to watch our patients carefully; consequently it does not constitute a contraindication to the use of mercury.

2. *Gastric and Intestinal Disturbances.*—It is certain that, in some cases, mercury is badly borne by the stomach and by the intestines. This is to be noticed more frequently in women than in men, especially in women who have a fair skin and who are delicate, lymphatic, and dyspeptic; but this intolerance is very rare, and can be prevented, ameliorated, and even successfully overcome. In order to do this, it is necessary to suit the dose to the degree of tolerance of the stomach, or to combine some modifying agent, such as opium, quinine, or bitter tonic, with the mercurial, or even in some cases to change the form of mercurial. Should it be impossible to administer mercury by the mouth, there remain other methods, such as inunction and subcutaneous injection, by which irritation of the digestive organs is avoided.

The possibility, then, of digestive disturbances is far from being a sufficient reason to contraindicate the use of mercury in syphilis.

3. *Impairment of the Nutrition of the Body.*—It has been said that mercury induces serious nutritive disturbances; that it causes by its poisonous action a chloro-anæmia, and that it defibrinizes the blood. There is a degree of truth in this, as some patients do experience this debilitating (*anémiante*) effect of mercury; but this is especially (I might almost add *only*) when we misuse the remedy, when we give it in excessive doses, or when we use it for too long a time. This, however, is not a danger which suddenly overtakes a patient, for we see its development, and it is easy to avoid it, either in suspending the use of the drug, or by substituting some preparation of iodine, or by combining with it tonic remedies and hygienic measures. Moreover, is not this debilitating influence of mercury exaggerated? We treat here five hundred cases every year with mercurials, and out of this number we certainly do not observe more than an average of five per cent. in whom these disturbances are produced. Nearly all the women in our wards bear mercury admirably; this is the case with the youngest, and even children. Almost all of them take the remedy several weeks continuously, sometimes even for months (with necessary precaution, and short interruptions), without experiencing the least ill effect upon their health; some even grow fat, and present a very enviable appearance. Do we not see that our private patients, who enjoy a better *régime* and hygiene, undergo a mercurial treatment without experiencing the least ill effects, without even *knowing that they take it* (*s'en apercevoir*), as they say, so that they are astonished and have some doubts as to the efficacy of a treatment so mild? According to some observers, mercury possesses tonic properties, and it has been said to cause rabbits to fatten; I cannot vouch for this fact, as I have not seen it; but I can affirm, by experience, that in every case in which it is administered in suitable doses, methodically and watchfully, it is a remedy which is admirably well borne by the economy in the vast majority of cases.

Then this third danger of the disturbances of nutrition by mercury is more theoretical than clinical. This influence shows itself only very rarely, or in cases of careless administration. Again, we find that this is not an argument to op-

pose to a mercurial treatment, seeing that it really possesses advantages which we will consider farther on.

These, then, are the drawbacks in the use of mercury, and it is only attended with these three inconveniences (for I will not call them dangers), which are generally easy to avoid, to treat, and to shorten. No other accident, I reiterate, results from its administration prudently instituted, accurately measured, and watched with care. Ought we, then, as some of our *confrères* do, to endeavor to exclude mercury from our therapeutics? If that were the case, it would be necessary to give up prescribing almost every remedy, for, when improperly used, it can do mischief. In unskilled or ignorant hands, opium, quinine, arsenic, nitrate of silver, and digitalis, are liable to produce bad results. The same is true of less powerful agents, which, when badly used, are apt to become dangerous. Take, for example, the mild Vichy waters, which, when taken in excess and foolishly, become poisonous. Every year, we hear of persons having died at Vichy, in consequence of drinking the waters without limit and direction.

Let us, then, reason more intelligently than our adversaries, and let us come to this conclusion; If mercury can become dangerous, it is because it is active, and, if it is active, let us know how to profit by its activity, in such a way as to render it useful; for it would be foolish to condemn it from the simple fact that it possesses virtues which we can abuse, or that, when it is badly administered, it is capable of doing harm.

The question of the possible injurious effects of mercury being answered in the negative, let us consider the second point, which is more delicate and more difficult. The question is, Can mercury be useful in syphilis? Every possible and imaginable answer has been made to this question. Some resolutely refuse to accord to mercury the least curative power over syphilis, and say that it aggravates rather than cures it; others go to the other extreme, and cannot indulge sufficiently in praise and in enthusiastic panegyrics upon mercury, which they claim is a specific. They would make you believe that mercury was an antidote created against syphilis. Their confidence in it is unlimited. According to them, it would seem

that a pound of this metal, and a quantity of mercurial pills, were sufficient to annihilate syphilis, and forever rid us of this formidable enemy. Let us not be deceived, for these fanatics do more harm to and with mercury than its most violent enemies do; they play the part of the "dangerous friend" of the novelist, who does more harm than a "wise enemy." In order to arrive at the truth of these contradictory opinions, let us endeavor to answer the following questions:

1. Has mercury a real and evident action upon the visible lesions of syphilis?

2. Has mercury an immediate and a remote action upon syphilis? Does it shorten its course, and does it lessen the severity of, or prevent, its later lesions?

First Point.—Let us consider the first question: Suppose we have before us a patient presenting various syphilitic lesions, and that we prescribe mercury for him. Does this remedy exert any manifest influence over these accidents; does it shorten their course, and cause them to disappear sooner than they would if we gave an inert remedy, or no remedy at all? To this, observation replies emphatically in the affirmative, that mercury does exercise an evident influence upon these lesions, renders them milder, and causes them to disappear sooner than they would if left alone, and finally cures them in such a manner as to leave no doubt of its action. The adversaries of mercury say this is a delusion, and that we attribute to the influence of mercury what is really the result of time, and of the natural tendency of the disease. They say that syphilitic lesions are not of long duration, and that they disappear *sponte sua* after a certain time without the least medication, but upon one person they remain a longer time than upon another; that this is the peculiarity of these lesions, and that we do not know why. But they are certain that mercury has no influence, and that with it or without it they run their natural course. To this it is easy to reply that the syphilitic lesions, particularly the secondary, disappear spontaneously under the influence of time, and the natural course of the disease. We know this from the fact that, in time past, there have been patients who were negligent or unconscious of their disease, and who

have not been treated, and upon whom various syphilitic lesions have disappeared spontaneously. But let us establish a comparison. What time is required, on the one hand, for the lesions of a given case of syphilis to disappear spontaneously? And, on the other hand, what is the duration of these lesions when they are treated by mercury? If they will give us their average, we will give them ours.

Now, this comparison has been made seriously, and the result is, as we should expect it to be, in accordance with the experience of our fathers, and with the observation of four centuries. It would be useless to present the full details of the case, so we will take a single illustration: Suppose, by way of comparison of the expectant and mercurial treatments, a well-marked case of lenticular papular syphilide. In what time would it disappear, if left to an expectant treatment? Our opponents would say several months, five to six on the average.

Now, with mercury, this eruption will disappear in from five to six weeks, in two months at the most; and, more than this, it is wonderful to observe that after a fortnight of treatment the influence of the mercury is evident, for the syphilide begins to become paler and to grow smaller. There is another argument in favor of this evident action of mercury, which certainly carries conviction. It sometimes happens that syphilitic lesions have not been diagnosticated as syphilitic, as, for instance, when a scaling syphilide (*syphilide psoriasiforme*) is mistaken for a case of darts or arthritic psoriasis, or it happens that a neuralgia due to syphilis is regarded as an ordinary neuralgia. Now, what happens in consequence of such an error? The so-regarded psoriasis is treated for months by arsenic and alkalies, and is not cured; the neuralgia is treated for a long time by opium, quinine, and the bromides, but still it persists. Why is it, then, that this psoriasis is not cured, and that the neuralgia persists, since it is natural, as our opponents say, for every syphilitic manifestation to disappear spontaneously? But this is not all, for, during this time, the physician, having been enlightened by the want of success of his treatment, suspects syphilis as the origin of the troubles, and he prescribes mercury as a touch-stone, when the psoriasis

disappears in a few weeks, and the neuralgia is ameliorated in a few days.

What is the secret of this sudden and remarkable cure, of which every physician has seen instances? Time and Nature cannot here be alleged as the cause, for they have had every opportunity before the institution of a mercurial course. Is it simply chance or a coincidence? No one can believe that this chance or coincidence could reproduce itself always under similar conditions. Is it, then, possible to ignore the therapeutic effect, or to deny the manifest curative action of mercury? To deny this would be to place ourselves in defiance of logic and common-sense, and to challenge beforehand and with foregone conclusion the therapeutic action of mercury, than which nothing is more manifest and convincing. The action of mercury, then, upon syphilitic manifestations is an acknowledged scientific fact which has been observed by physicians of all countries and of all ages.

Second Point.—Does mercury exert an *immediate* action upon syphilis? Does it act upon the diathesis in such a manner as to modify it, or to lessen its morbid element, to dilute it, as we say of poisons, so that it mitigates or prevents the later manifestations? Let us put the question practically. A syphilitic patient is troubled with various manifestations, and is treated by mercurials. Now, mercury, we know, will act well upon the visible manifestations, but will it do any thing else? Will it affect the source of the lesions, that is to say, the *disease*? Will it modify the element of the disease, and does it have the power of controlling the diathesis in its evolution, of preventing other lesions, of rendering less severe those which in spite of it will appear; in a word, of *protecting the future after having relieved the present*?

Now, this present and future action of mercury upon syphilis is a point which is most frequently and most warmly contested. A large number of physicians, while they accept the fact of the undoubted action of this remedy upon the lesions of syphilis, refuse to acknowledge its power in modifying the diathesis. "Yes," they say, "mercury does shorten and cure the manifestations of syphilis, but it acts only on the manifestations and does not act upon the disease. It clears

off the skin (*il blanchit*), and that is all. The proof," they add, "is, that the manifestations, for which mercury has been given, disappear and are followed by others." In a word, it does not cure, it is simply a palliative of existing lesions, it is not an antidote or a counter-poison of syphilis.

I believe, on the contrary, that the action of mercury is not limited to the lesions, but that it affects the disease. I believe that it, on the one hand, cures the lesions of syphilis, and, on the other, when administered in a manner which I will describe, it exerts upon the whole disease an influence general, prophylactic, and curative. And my opinion on this, so essential and important a point, is not a mere impression or conjecture; it is based upon sound clinical arguments, which I will bring forward.

A priori, I can scarcely conceive how it is possible that mercury, which exercises an undoubted action upon all the lesions and symptoms of every tissue, could possess this action, if it had no influence upon their cause, which is the disease. I can well understand how opium relieves a pain without touching its cause, and how digitalis alleviates affections of the heart without influencing the lesions of the valves; but my mind absolutely fails to understand how a remedy can modify all the results of a poison, and can follow this poison in all the tissues in which it lurks, how it can cure the varied and successive manifestations of a diathesis, without affecting in any degree the poison which is the real cause of all the morbid processes. This, however, may be beyond my comprehension, so I will seek elsewhere for elements of conviction. Now, in clinical observation, we can place side by side cases of syphilis *treated* and cases of syphilis *not treated*. In order, then, to determine the action of mercury, nothing can be more convincing than this comparison, so let us institute it.

In the first place, what do we daily observe upon syphilitic patients who are treated carefully, strictly, and perseveringly? What lesions do they present? How does syphilis show itself upon them?

Syphilis with them is a very slight affair, and I certainly do not exaggerate in stating, after a careful perusal of my notes, that, in ninety-five times out of a hundred *at the least*,

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