

Syphilis : Its History, Symptoms and Homoeopathic Treatment.

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SYNONYM :—LUES, POX.

History of Syphilis :—It is an interesting reading but serves no useful purpose. Authorities have spent much time and labour in finding out the time and place of its first occurrence. It is one of the diseases which are acquired only by contagion with an individual already subject to the affection ; and this individual must be a human being since man is the only creature, known, susceptible to this disease. Extensive experiments to inoculate lower animals with the syphilis failed ; even monkeys notwithstanding their near resemblance (relationship) to man were found not susceptible to this specific disease. But later laboratory experiments were successful in inoculating Syphilis in female Chimpanzee and rabbit. It is the greatest curse of human family. The labour of medical historians in finding out the date and locality of its origin did not meet with much success. Certainly it was prevalent at the time of Moses as the description of a disease is found in the Fifth Book of Moses, which corresponds to the characteristics of syphilis. It is quite certain the malady was also known to the people several centuries before Christ. It was known to the original inhabitants of America before the Whites settled there.

In 1494 France invaded Italy and laid siege to the city of Naples. Among the troops engaged in the campaign a new disease broke out. From the descriptions of which it could be definitely affirmed that it was syphilis. With the dispersion of the army the disease rapidly broke out in other places. By the end of 1496 a large portion of the

European country was affected. Historians also assert with equal certainty that sailors of Columbus were responsible for disseminating the virus of this disease in Europe.

A contagious disease of the genital with serious constitutional disturbance was known to the ancient Greeks and Romans. In the beginning of Christian era, Celsus appears to have recognised hard and soft chancre and his description of the ailments clearly points to syphilis. The description of a disease given by Aretæus and Galen corresponds to the description of syphilis. Hippocrates' description of an epidemic disease is also that of syphilis.

Syphilis was existent *in China before the Christian era, so far back as 2637 B. C.* Professor Virchow, from the study of some skulls found on the Island of Nippa, was of opinion that syphilis was prevalent among these prehistoric people.

In the middle ages syphilis was extremely prevalent, so that at the end of fifteenth century the disease ravaged the population of Europe like the epidemic of Bubonic plague. A few isolated spots were free from the disease and it was introduced only within the last few decades.

The disease is more prevalent on the shores of East and North sea and in Jutland, and around the shores of Mediterranean than in the certain parts in the interior of European continent. It is very remarkable that hundreds of ships visit Iceland every year and many of them remain in the harbour during the entire summer and Iceland was free from the disease till very recently.

The disease is prevalent throughout Europe and especially in the capitals, in Southern Asia and in Australia. The disease is more common in cities and towns especially in harbours.

With the advent of the Dutch syphilis was found in India and was known as *Feringee Roge*.

Certain characteristics of the disease: Syphilis is espe-

cially virulent and deadly when it is introduced into a community for the first time. It is maintained by some that the course of the disease is milder in warm temperate climates than in cold climates. It is most severe among those people who are filthy, poor, ignorant and neglectful of sanitary laws. The unsettled conditions of society such as prevail in the time of war, revolution and political upheaval is marked by, in unusual extent, the severity of the disease.

The disease is spread by soldiers and sailors who move from one place to another and visit public women. Local people who go to such places get the disease and infect their wives. Individuals of all stations of life, ages and sexes are equally susceptible to it. The moral culture and the social laws of a people goes a great way to check the prevalence of the disease. The present civilization which tends to loosen all control over individuals both male and female and the high-pressure mode of living which is now fashionable throughout the world, greatly contribute to the dissemination of this disease in the society.

Definition :—Syphilis is a contagious disease with a tendency to become chronic, communicated from one person to another by direct contact, or by inheritance. There is a period of incubation after the poison has been absorbed in the system for the manifestation of the disease. The poison is gradually conveyed through the lymphatic circulation and blood to the entire body, and all the tissues, in time, become contaminated, and manifests itself both upon the surface and internally—affecting any and all tissues and organs.

Bacteriologists have isolated the organism *Spirochete Pallida* which is the cause of its contagious nature. That organisms are of a spiral form, long, delicate in nature. They can be found in the primary sore, in the secondary

lesions and in blood and tissues. They may be found singly or in groups. They should be differentiated from Spirochete refringens and other spirochete.

CLASSIFICATION AS TO THE MODE OF TRANSMISSION.

1. *Acquired* and 2. *Hereditary*. *Acquired syphilis* is the infection which an individual gets personally by coming in direct contact with an already affected person. The most common form of infection is an external genital and by sexual intercourse. The extra genital form is usually acquired by using the articles of an infected person, by a kiss to and from an infected person or by in any way coming in direct contact with such persons. The virus is transmitted through the mucous surface and abraded surfaces.

It is divided into three different stages. 1. First or Primary Stage: (2) Secondary stage. (3) Third or Tertiary Stage.

The First stage begins with infection. After the infection there is a period of incubation from 5 to 50 days. The ordinary period of incubation is from 2 to 6 weeks. The local manifestation after the period of incubation is in the form of nodule or vesicle raised on the surface with a hard indurated base. This is known as Hunterian Chancre. At first there is very little sensation at the point of infection but sooner or later irritation and itching is felt. Occasionally it passes away but generally it breaks down in the centre into a small sore called the Primary Sore. It is usually of a small size, not more than a quarter, or at most a half inch in diameter. The edges are indurated, the base is as hard as cartilage with scanty watery discharge and very little pain. The primary sore takes, at least, a month and sometimes two, three and four months to heal. It obstinately refuses to be healed and even after the skin has been formed the characteristic hardness of the part persists for sometime

more. A few days after the appearance of this sore the poison is carried through the lymphatic vessels into the glands. The glands lying next to the primary sore become enlarged and slightly tender, soon after the primary sore makes its appearance. If the chancre be located on the genitals—the common seat of infection, the glands in the groins are the first to become swollen and hard buboes; if the primary sore be on the lip or cheek or in the mouth, the glands at the angle of the jaw and at the side of the neck become enlarged; when it is on the nipple the glands under the arm become enlarged. These glands, although swollen, are not usually very tender and rarely suppurate and produce matter. In the course of few weeks all the glands tend to become indurated specially of the neck and remain so, long after the other active symptoms have disappeared.

The most common seat of infection is the mucous surface of prepuce. In women the primary sore is often located on the external genitals, where it can readily be detected by the eye, but in other cases it is situated in the vagina and sometimes at the mouth of the womb.

The extra genital infections such as in lips from kisses, from the nurse; in nipple from infant; in fingers of dressers and doctors from patients; in any other abraded surfaces or open ulcers from using clothes or coming in direct contact with infected person's body and of the new born baby during parturition, form only 10 percent of the whole case. Its contagiousness is highest at this stage.

The second Stage is the condition produced by passing the virus from the point of infection into the blood. This takes about two months from the first date of primary sore. The disturbance now is no longer local but constitutional and characterised by eruptions. This stage is also called syphilitic exanthemic or condylomatous stage. Owing to

the contamination of the blood the lesions that are produced in this stage are symmetrical. The skin, the bones, the membrane etc. of either side are equally affected at one and the same time.

The condition is more of an inflammatory character as in eruptive fever.

The spread of the syphilitic poison into the system is manifested by a series of symptoms culminating in the appearance of a rash upon the skin. This rash usually appears from six to eight weeks after the disease has been first contracted. The patient suffers from general indisposition, lassitude, wandering pains in the joints and in the head, fever, loss of appetite and of sleep and profuse perspiration a few days before the rash appears. In some cases these symptoms are so vague and indefinite that the patient may have no suspicion about the cause of it, and in some cases, however, he may have most agonising pain in some of the bones or most violent headache which makes him quite delirious.

Individuals predisposed to rheumatism, gout or tuberculosis with the advent of the constitutional symptoms develop rheumatism, gout or tuberculosis. Weakened constitutions and alcoholics develop constitutional symptoms of syphilis in a shorter time and rash becomes visible at the end of a month. Eruptive fevers as small-pox etc. becomes more serious than in an ordinary individual, in syphilitic subjects.

SKIN—The rash appears in the shape of delicate red spots, usually from a quarter to half an inch in diameter. The fever, headache and other initial symptoms subside with the appearance of the rash. This rash is called the syphilitic *roseola*. It is not an eruption proper but reddish or brownish-red discoloration of skin. Roseola is distinctly seen on the sides of the chest and on the neck. It is more

distinct when the skin is somewhat warm. The rash may escape the notice of careless observer. This is usually the first, but not the only skin-eruption which manifests itself in constitutional syphilis. There are about eight or ten varieties of these and can be more recognised by long experience and not so much from their description. Many of them have white scales like Psoriasis (dry letters), others are pimples like common acne; some appear as little blisters containing matter; others are watery blisters and the last is thick scabs on raw surface is called *rupia*. *Rupia* is the after condition of blisters and pustules which break out on the skin every now and then. Small blisters with a copper coloured areola and a hard indurated base containing purulent matter which dries up and forms into hard crusts. They are conical or pyramidal in shape. The course of this condition is very tedious and sometimes profuse pus is discharged. Digestion is greatly impaired, health is undermined and colliquative diarrhoea sets in and the life itself is threatened. The Serpiginous and Perforating tubercles are of this nature. Serpiginous tubercles are large hard and somewhat rounded. Perforating tubercles are spheroidal rings on the skin penetrating the subcutaneous tissues and can be felt with the fingers as hard tumors. They are very few in number. These very frequently appear on the face, the cheeks, on the nose, in front of the ear and on legs in scrofulous patients with delicate skin. Serpiginous tubercles appear most frequently on the face, the nape of the neck, the forehead, shoulders and trunk. In the beginning they have a bright, shining copper coloured appearance with no disquamation. Gradually they become inflamed, ulcerative and covered with a thick, hard, conical crust which firmly adheres to them. These are of brownish or yellowish-gray colour and warty in character.

The skin manifestations are due to hyperæmia and cell-

infiltration. Hyperæmic eruptions belong to the early stage and rarely seen later than two years after the infection. It is in the later stage of the disease that cell-infiltration becomes an active cause though sufficient cell-infiltration also occurs in the early stage of the disease.

GENERAL PECULIARITIES OF SYPHILITIC ERUPTIONS—
Symmetrical nature. The secondary manifestations at its early stage are distributed symmetrically on the body and involve only the superficial layer; the later manifestations are though less copious and are localised are still evenly distributed on both sides of the body. In the *Tertiary stage* the deeper structures are involved and localised in certain region and loses its symmetrical character.

The Colour of the Eruption :—The colour of eruption is of light pinkish red which soon fades into a brownish colour and takes on a decided coppery tint as the eruption subsides. In the early stage the colour disappears on pressure but when the pigmentation has taken place it does not disappear or fade on pressure. The *copper colour* or yellowish brown colouration due to the deposit of colouring matter of the blood at the seat of lesion is characteristic.

Locality of Eruption :—The general seats are margins of scalp, the forehead, the angles of the mouth, the wings of nose, the anus, the genitals, the umbilicus, the soles of the feet and the palms of the hands. The outer sides of arm and legs and dorsums of the hands and the feet are rarely attacked.

The Form or Shape :—In the latter stage they take ring like (circular) shape.

Polymorphism :—Several varieties of lesions occur simultaneously—or one disappears another appears and there is a tendency of relapse of one or of other condition.

Absence of irritation :—Syphilitic eruptions rarely cause any irritation or itching while the non-syphilitic eruptions

which may be mistaken for them such as Psoriasis, Prurigo, Eczema are accompanied by more or less intense itching. Ulcers are painless.

Scabs and Crusts :—The scales or scabs that form in the early stage are smaller, thinner, less glistening than those on non-syphilitic eruptions, later they are hard and raised in conical form.

Ulcers and Scars :—Ulcers are usually oval or round in shape and situated near the joins. The scars or cicatrices are smooth, oval and have minute perforations. The coppery red colour is changed into silvery white with a ring of brownish pigment.

(To be continued)

Remedies Against Sterility.

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IN THE homeopathic materia medica and pharmacology remedies against sterility and "difficult conception" are here and there recommended but without detailed mention of symptoms. I have never attached great value to this, as I have, whenever possible, chosen my remedies to exactly suit the symptom similarity.

Some of these remedies against sterility deserve, however, to be mentioned if not already discussed in previous pages, since they are actually, by their relations to certain diseased conditions of the female genital organs or to the constitution of sterile women, able to favor the commencement of a conception.

Borax.—Hahnemann, himself, referred to the favorable action towards conception of this remedy in the second volume of his "Chronic Diseases." He writes : "Conception was made possible in the case of five women by the use of