

mittee have no further suggestions to offer; but they would at the present moment, when the attention of Parliament is drawn to the subject of better legislation for the mercantile marine, respectfully call attention to the concluding passage of that Report, referring to "the fertile source of disease in our sea-port towns afforded by the sailors of the merchant service."

II. Referring to the declaration of Dr. MacLoughlin laid before the Admiralty, that the health of the men in the public service (soldiers and sailors) is habitually damaged by the use of mercury, which the writer alleges to be indiscriminately administered by surgeons in the public service, for the cure of a disease, which, in his opinion, has no existence, they affirm that, on the contrary, the evidence establishes that the practice generally adopted in the Navy and Army is in accordance with the methods most approved by the highest authorities in the profession, and that the medical officers of both services have shown themselves to be thoroughly impressed with the importance of a careful and judicious treatment of the disease. They also affirm that there is a syphilitic virus, and that syphilis is a disease as specific as smallpox.

III. As to the *origin of syphilis* several of the witnesses, and with them a portion of the committee concur in opinion, expressed their belief that syphilis, under favoring circumstances, may be generated spontaneously. That syphilis was first introduced into Europe at the latter end of the fifteenth century, is an opinion now entertained by the few.

IV. Of Venereal Sores they describe two species: the *syphilitic* and *simple*.

The *simple local sore*, the influence of which never extends beyond the inguinal glands, is eminently contagious, producing similar sores, but is incapable of infecting the constitution; like gonorrhoea, it is often the product of irritating and contagious secretions. This is the most common form of venereal sore, and prevails over all other varieties in a ratio of about four to one.

The syphilitic sore is seen under three forms: one characterized by induration throughout its entire course; one soft in its early stage and becoming subsequently indurated; and one soft throughout its whole course, but which, unlike the simple local sore, is followed by constitutional disease. All primary venereal sores are liable to involve the inguinal glands; the soft frequently, the hard almost invariably.

The evidence is conclusive as to the impossibility of pronouncing with certainty upon the character of a sore on its first appearance, i. e., as to whether it will or will not be followed by

constitutional symptoms; in other words, whether or not it be a syphilitic sore. As a rule, however, the exceptions to which are rare, a soft sore, whether followed by suppurating bubo or not, is only a local disease, and does not infect the constitution; and an indurated sore, more especially if accompanied by indurated inguinal glands, does infect the constitution.

V. The constitutional manifestations of syphilis follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average term being about six weeks.

Although the evidence tends to the belief in the occasional development of any of these forms of eruption and other disease, in a given case, the Committee have sufficient ground for expressing their opinion that the dry and painless forms of eruption, viz., psoriasis, lepra, and tubercles, but especially the two former varieties, constitute the predominant symptoms following the indurated sore, and that the remainder more commonly follow the varieties of the soft or moist sore.

VI. *Syphilis in its ultimate form* is capable of affecting every organ of the body. The changes which occur in the inveterate forms of the more advanced stages of syphilis, are due to the deposition of a fibro-plastic material in the various tissues of the body. This product appears to be identical with that which, in the so-called "secondary" stage, is exuded in the bones, in the glands, on the iris, and indeed in the indurated chancre itself; but is now liable to be poured out in any structure, where areolar tissue exists. In addition to these characteristic and peculiar effects of syphilis, there is a tendency in those who have long been its victims to suffer from degeneration of the tissues of the body; and thus a very frequent cause of the mortality in long-standing syphilis is a universal fatty or lardaceous decay of the organs.

VII. *Hereditary Syphilis* is the cause of a number of cases of still-births and abortious, and of well-known changes in the development of the infant. Thus, very often the whole body is puny, the forehead projects, the nose is flattened, the skin around the mouth is often puckered from old ulcerations; and lastly, and most important, a peculiar change takes place in the teeth, the incisors being dwarfed in size, narrowed, rounded, and notched.

VIII. As to the *Period of Incubation*. Upon the whole, the weight of evidence greatly preponderates in favor of the view that there is no definite period of incubation, either for the infecting or the non-infecting sore; assuming the term incubation to imply such an uniformity as exists in the period of incubation of other specific diseases, as measles, smallpox, &c.