

Comparative analysis of the physician at İnebolu Syphilis Hospital Dr. Milaslı İsmail Hakkı's "Essential Information on the Disease of Syphilis for Everyone (1899)" treatise with its contemporary Western Works

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Abstract

Despite the political and economic challenges faced by the Ottoman Empire in the 19th century that complicated efforts in healthcare, the responsibility of developing effective health policies to combat diseases that threatened public health was a priority for those in positions of authority. In this context, the state aimed to train scientifically competent physicians. Beginning in 1827, considered the onset of modern medical education in the Ottoman period, medical training shifted to a Western-centered model. This transformation emphasized teaching scientific advancements from the West and training physicians within this framework. One such physician was Dr. Milaslı İsmail Hakkı (1869), who graduated as a doctor from the civilian branch of the Imperial School of Medicine (Mekteb-i Tıbbiye-i Şahane) in 1888. Throughout his career, he conducted significant work in combating epidemic diseases. Additionally, leveraging his scientific knowledge, he authored written works to inform his contemporaries and the public. In 1899, while combating a syphilis outbreak in İnebolu, he was asked by the health authorities of the time to write the work titled Essential Information on Syphilis for Everyone to raise public awareness about the disease. He made a substantial contribution to the fight against syphilis with this work, written in simple language that the general public could easily understand. In this study, document analysis and content analysis methods were used. Its aim is to evaluate the information provided by Milaslı İsmail Hakkı on syphilis by comparing with its contemporary Western medical sources and assessing doctors' knowledge in light of his period's modern scientific medical knowledge.

Keywords: Dr. Milaslı İsmail Hakkı, syphilis, epidemic diseases, Ottoman history of medicine, European history of medicine

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Introduction

Syphilis epidemic significantly impacted public health in Europe at the end of the 15th century. It is believed that syphilis had been present in Europe in a milder form for centuries, and that this epidemic occurred due to the genetic transformation of the pathogen into a more virulent form [1]. Another theory is that it was spread to Europe by the crew of Christopher Columbus's ships returning from their voyages to the Americas [2]. Additionally, the Italians, French, Spanish, Portuguese, and Germans have blamed each other for causing the outbreak [3]. It is said that syphilis was unknown in India before the early 16th century, and from the mid-16th century onwards, treatments for syphilis are mentioned in contemporary books. It is suggested that the disease was brought to India by Portuguese sailors [4]. There are claims of much older evidence of syphilis found in chronicles written in India, certain Chinese books, Roman-era writings, and sacred texts [5]. It is estimated that after the arrival of syphilis in Europe, it spread from Spain to Morocco with Jewish women, and from there to Anatolia through maritime trade [6]. In addition, it is believed that syphilis is a disease of European origin [7].

Although it is suggested that Ottoman physicians had been aware of syphilis since the early 16th century, it only came to the attention of the Ottoman administration in the second half of the 19th century. Following the Crimean War and the Ottoman-Russian War, the disease turned into an epidemic and adversely affected public health in regions such as Western Black Sea, Central Black Sea, Eastern Black Sea, Central Anatolia, Eastern Anatolia, Western Anatolia, and the Balkans. Syphilis had its most significant impact on the Ottoman Empire during the reign of Sultan Abdulhamid II, becoming a population threat by causing stillbirths and child mortality [7,8]. In Ottoman, syphilis was recognized to be divided into two types: one transmitted innocently through shared items (non-venereal), and the other transmitted through prostitution [5].

In the 19th century Ottoman Empire, efforts towards modernization were evident across various fields, including medicine. Graduates from medical schools were sent to Europe to learn current scientific knowledge and to specialize in specific areas under renowned physicians. Particularly towards the end of the 19th century, there was an increase in the field of dermatology. The rising cases of syphilis necessitated the establishment of specialized clinics. These clinics aimed to improve public health also through specialists invited from Europe to establish dermatology clinics [9].

Dr. Dimitrios Zambako (1832-1913), after graduating from the Mekteb-i Tibbiye (School of Medicine) in Istanbul, went to Paris where he specialized in dermatology and venereal diseases at the Saint Louis Hospital. He returned to Istanbul in 1872. His achievements earned him recognition among the leading physicians, and he became the personal physician to Sultan Abdulhamid II [10]. Dr. Zambako was appointed as a member of the Istanbul Municipality's Sanitation Commission in 1893 [11].

As a result of the increase in syphilis cases following the Ottoman-Russian War (1876-1877), Dr. Michael and Dr. Agop Handanyan (1834-1899) prepared a report in 1879 suggesting that brothels in the Beyoğlu and Galata districts of Istanbul should be medically supervised to protect public health. Consequently, the "Regulation on Venereal Diseases" was issued on February 6, 1879, aiming to prevent the spread of syphilis by having prostitutes examined and appointing various physicians, officials, and municipal sergeants [12]. With this regulation, which is considered the first official step in combating syphilis, the Venereal Diseases Hospital was established named Sixth Municipal District Women's Hospital. In this hospital, prostitutes were placed under observation and treatment [6].

In the 1880s, the increase syphilis affected soldiers, and after it was understood this caused a loss of strength in the army, German General Baron Von der Goltz prepared a report and sought help from Germany. Upon the recommendation of Prof. Dr. Paul Gerson Unna, Dr. Ernst von

Düring was invited to Istanbul. After his arrival, he was granted the title of professor in the field of dermatology and venereal diseases at the Imperial School of Medicine. During his tenure, Dr. Düring formed a health commission and prepared reports on combating syphilis nationwide. As a result of syphilis control policies he enacted in Anatolia, Dr. Düring was rewarded by Sultan Abdulhamid II [6,10]. Dr. Menahem Hodara graduated from the Imperial School of Medicine in 1890. He was appointed as the assistant physician in dermatology and venereal diseases at the Naval Central Hospital. During his tenure, he served as an assistant to Dr. Düring. In 1893, he went to Hamburg to conduct research under Dr. Unna and upon his return, he was reassigned to his position [13]. Additionally, Dr. Celalettin Muhtar [Özden], who received education in dermatology and syphilis in France, published a brochure on syphilis in 1901 to educate and raise awareness in the community. After Dr. Düring left Türkiye in 1902, Dr. Celalettin Muhtar [Özden] was appointed as his successor [9].

The systematic implementation of syphilis control and comprehensive health policies covering all segments of society in the Ottoman Empire began with the arrival of Dr. Düring. With a team consisting of doctors, pharmacists, and medical students under his command, he conducted 14 surveys across Anatolia, provided training courses to healthcare workers and the public, and conducted research. He examined over 250,000 patients in Anatolia and recorded approximately 80,000 syphilis patients in his records. Furthermore, based on his findings, he determined that 70-80% of the population was affected by syphilis. Dr. Düring, guided by his observations and acquired knowledge, led the establishment of syphilis hospitals even in rural areas, reinforced existing hospitals, and endeavored to provide medical examinations and treatments to the public [12].

By the end of the 19th century, the disease had become an epidemic in Kastamonu, affecting a large portion of the population. It is believed that syphilis was introduced to the province during wartime by soldiers recruited from Kastamonu who were stationed in the Galata

district of Istanbul, where they contracted the disease through prostitution and subsequently spread it upon returning to their hometown [5]. Indeed, due to its geographical proximity to both Istanbul and Ankara, the fact that Kastamonu ranked first in terms of military losses reported to recruitment offices and recorded during the Turkish War of Independence (1920-1923), as well as in terms of the origins of these losses, provides a clue in this regard [12]. Another interpretation is that workers from Kastamonu who traveled to Istanbul and Russia for work contracted syphilis through sexual transmission and brought the infection back to their hometown [8]. Due to the widespread occurrence of the disease in Kastamonu, the "Syphilis Hospital and Leprosy Shelter" was established in 1886. In 1888, the capacity of this hospital was increased, and another hospital named "Syphilis and Indigent Hospital" was also established in Kastamonu. Policies regarding syphilis in other provinces of Anatolia were developed based on the example set by Kastamonu [5].

Kastamonu was the first province where the Syphilis Indigent Hospital was established. Due to the very high incidence of syphilis in the region in 1896, it was decided to focus the fight against syphilis primarily from this location. Consequently, the "Regulation on the Organization for the Fight Against Syphilis in Kastamonu Province and Bolu District (1897)" was published [6].

According to the Ottoman Archives, Kastamonu, the epicenter of the fight against syphilis, was deemed suitable for sending doctors and medicine, as well as constructing syphilis hospitals in 1879. By 1910, ten syphilis hospitals had been established in the region. The top three, in order of importance, are as follows: 1) Kastamonu Syphilis and Indigent Hospital, 2) İnebolu Syphilis and Indigent Hospital, 3) Bolu Syphilis/Indigent Hospital (14). According to the statistical records from 1905, among these hospitals, the most successful in terms of the number of treatments was İnebolu Syphilis and Indigent Hospital, followed by Kastamonu Syphilis and Indigent Hospital in second place, and Sinop Syphilis and Indigent Hospital in third place [15].

Dr. Milaşlı İsmail Hakkı was born in 1869 in Milas and served at the İnebolu Syphilis and Indigent Hospital as mentioned (Figure 1) [16]. He graduated from the Imperial School of Medicine in 1888 and started his first official position as a municipal physician. He worked as a lecturer of general diseases and French at the Damascus Medical School and later became its director. He served at the İnebolu Syphilis Hospital, as well as the Health Inspectorate in Beirut, Western Anatolia, and Çanakkale [17]. While serving in Kastamonu, which was essentially a pilot region for the Ottoman Empire’s efforts

against syphilis, he authored a work titled “Essential Information on the Disease of Syphilis for Everyone” providing essential information about the syphilis disease [14,17]. This work consists of 40 pages and was printed at the Asır Printing House in the year 1899 (Figure 2) [16].

Dr. Milaşlı İsmail Hakkı’s work “Essential Information on the Disease of Syphilis for Everyone” written in 1899, will be compared to contemporary Western sources for its inclusion of scientific knowledge similar to those found in Western literature on the topic of syphilis during that period (Figure 3). Thus, an attempt will be

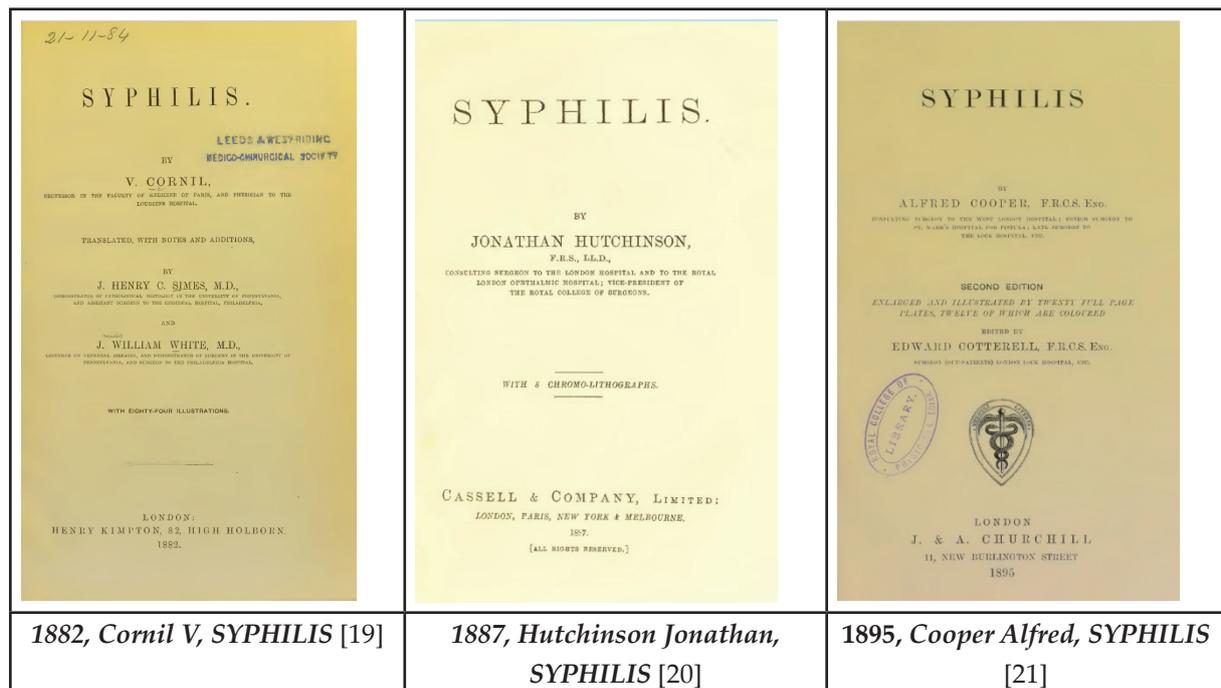


Figure 3. Western Sources used to compare

made to understand whether the efforts against syphilis in Türkiye, based on this work, aligned with the scientific realities of the time.

Materials and Methods

Dr. Milaşlı İsmail Hakkı's work titled "Essential Information on the Disease of Syphilis for Everyone" was transliterated from Arabic to Latin script by researchers specialized in Turkish language and history, and analyzed using document analysis and content analysis methods. The findings were read in comparison with medical works on syphilis written in 1882, 1887, and 1895 (Figure 3) as part of the literature review in the research. The notable medical information in the treatise was also systematically analyzed using predetermined English keywords related to syphilis (chronic, smallpox, stigma, chancre, contagion, contagious lesions, heritage, glans, lips, kissing, secondary lesions, tertiary lesions, abortion, wet nurse, mercury, nonvenereal, marriage, treatment, recovery, etc.). The information consistent with the details provided in the treatise was recorded and organized into a table. In this study, document analysis and content analysis methods were used.

Results

According to Ottoman archives, Dr. Milaşlı İsmail Hakkı, who served as the physician at the İnebolu Syphilis Hospital, was requested on April 29, 1899, to write the treatise titled "Essential Information on the Disease of Syphilis for Everyone" for the general public and villagers. Since this treatise was deemed beneficial, the government decided to grant it a license [22].

The treatise states that its author is "Milaşlı İsmail Hakkı," the physician at the İnebolu Syphilis Hospital. The treatise mentions that it was written by decision of the General Health Council and distributed to the headmen and imams of all villages in the province.

Effective methods for treating syphilis and important considerations about the disease are explained simply. The author also emphasizes that the information he conveyed is present in the most recent reputable books written in Europe.

The treatise consists of five sections. The information conveyed within these sections has been analyzed (Table 1) and parts similar to three books written prior to this work have been identified and organized (Appendix 2).

Table 1. The information in the treatise that shows similarities with Western works according to sections.

1. Description of the Disease of Syphilis and Its Main Symptoms and Detriments	
1	Frengi illeti başlangıcı bir noktadan olduğu hâlde sonradan umûm-ı vücûda dağılır. Müzmin yani uzun sürer bir hastalıktır.
2	Bunun memâlik-i Osmaniyenin her tarafında ismine frengi illeti denilip Kastamonu vilayetince emraz ve perhiz namları dahi verilir. Bu vilayetin bazı mahallerinde ise çiçek ve kötü hastalık diye bilinir.
3	Bu hastalık insana ya diğer bir illetliden bulaşmakla geçer. Yahut valide veya pederinden miras olarak intikal eder. Herhangisi olursa olsun tedavi ve tehlikeleri birdir.
4	Hepimizin bildiğimiz veçhile bu hastalık çok kere kadın veya erkekten birisinin hastalıklı olduğu hâlde vuku bulan birleşmek neticesi olarak sirayet eder. Lakin hepsi böyle olmayıp başka türlü geçtiği de çoktur. Bir hastalıklının kullandığı havlu, su bardağı, diş fırçası, misvak, kaşık vesaire gibi şeyleri hastaliksiz bir âdemin de kullanması ve Avrupalılarla bizim Hristiyanlarda olduğu gibi akraba ve dostlar arasında dudak öpmek deti ve illetli bir âdemin ağzında, dudaklarında görünür görünmez, büyük küçük birtakım yara ve kabarcık varken çocuğunu veya karısını bulaştırıcı surette öpmesi vesaire ile olan sirayet gibi.

First Stage or Chancre

- 5 Şankr demek frenginin ilk zuhur eden çıbanı veya yarası demektir. Çünkü insanın bir yeri; frengiye tutulmuş bir âdemin dudak, dil vesair yerlerinde bulunan büyük küçük frengi çıbanı veya yarasından hasıl olan cerahate sürülürse sürülen yerde bir zaman sonra ufak bir çıban gibi bir çıkıntı peyda olur. Bu frengi cerahatinin vücudun bir yerine sürülmesiyle bu şankr denilen ilk çıbanın çıkması arasında geçen vakit herkeste bir değildir. Bazısında bir haftadan ibaret olursa da bazısında bir buçuk iki ay kadar geri kalır. Fakat çokları üç hafta sonra meydana çıkar.
- 6 Frengi cerahatinin sürüldüğü azanın derisi ne kadar nazik ve ter olursa bu illet o kadar kolay sirayet eder. Mesela kamış, dudak ve dil gibi azalarda kolayca peyda olur.
- 7 Bu sırada bu yaraların olduğu yerlerin civarlarındaki bezlerde ve hepsinden ziyade yara kamışında hasıl olduğu için kasıktaki bezeciklerde şişkinlik görülür
- 8 ...ilk frengi çıbanının çıktığından bu ikinci alametlerin görülmesine kadar geçen iki üç aylık zaman frenginin birinci devridir.

Second Stage and Symptoms

- 9 İlk frengi yarasının başlangıcından bir iki veya üç ay sonra vücudun her tarafında yahut bazı mahallerinde az çok ufak ufak bakırmı kırmızı lekeler peyda olur. Bunlara frengi çiçeği derler. Bunun peyda olmasından evvel ve sonra vücutta bir kırıklık; oynak yerlerinde, kollarda, bacaklarda yorgunluk ve yel cinsinden ağrılar vesaire bulunur.
- 10 Boğazda kızarıntılı ve ufak ufak çıkıntılar; yutarken azıcık bir zahmet ve çok defa bunlarla beraber bademciklerin büyümesi; dil üzerinde, dudakların iç tarafında ve bitiştikleri yerlerde kabarcık veya sızıntı cinsinden yara ve ağız ağrıları, derecesi bazen hafif ve bazen şiddetli ses kısıklığı; deri üzerinde kabarcıklı ve içerilerinde cerahat olmayan birtakım çıbana benzer çıkıntılar ve ayak parmakları arasında yaralar vesaire hasıl olur.
- 11 Bunlardan başka saçlar arasında ve enseye doğru ufak ufak birkaç kabuklu çıbanlar çıkması; saç, sakal, bıyık ve kaşların dökülmesi ve kasıklar ve boyunlardaki bezeciklerin şişmesi dahi ilk görünen alametlerdendir. Daha bunlar türlü hâllerde görünebilirler.
- 12 Bu ikinci devir ekseriya iki üç senelik bir zaman içinde az çok yapacağını yapıp biterse de beş altı sene sürmesi de olabilir.

Third Stage and Symptoms

- 13 Bazı âdemlerde üç ve bazıları da beş altı sene geçtikten sonra üçüncü devir gelmiş olur. Bu devre geldikten sonra hastalığın başkasına geçmek ve evlada miras olarak intikal etmek hassası yavaş yavaş kalmaz olur. Fakat bu devrin hastanın kendisine getirebileceği fenalıklar pek ağırdır. Frengi vücudun her azasına mazarrat getirebilir.

Evils That Everyone and the Villagers Don't Know

- 14 Ayağını yahut dilini vesair azasını tutmaz eder ve delilik ve daha birtakım karaciğer, akciğer, böbrek, beyin ve murdar ilik gibi gayet mühim olan dahili azaların hastalıklarıdır. Bunlar gayet ağır fenalıklar olduğundan bunlara vakt u zamanla yetişilip frengi ilacı yapılmazsa insanı süründürürler ve eceline sebep olabilirler.
- 15 Frengiye tutulmuş bir âdem veya kadın lazım olduğu kadar ilaç etmeden evvel evlenir, kadıncağız çocuğa kalır. Birkaç aylar geçer geçmez çocuk düşer. Tekrar hamile kalır, yine düşer yahut yedi sekiz aylık iken vaktinden evvel doğurur ve çocuk biraz yaşar ölüverir.

2. Factors Leading to the Progression of Syphilis and Precautions to Avoid the Disease

- 16 Mesela avret yerinde şankr yahut ikinci devre mahsus sultanı bir çıban veya yara olan bir adam sağlam bir kadın ile cima etse o illeti o kadına geçirir. Şayet erkek sağlam olsa da bu şeyler kadının avret yerinde olsa o vakit kadından erkeğe bulaşır.
-

- 17 İşte mendil, peşkir, havlu gibi şeylerle illet böyle geçtiği gibi dudağında, dilinde dediğimiz yaraları olan birisinin içmekte olduğu sigara veya nargileyi bir iki de ben çekeyim diye elinden alıp çekmek; su içtiği bardağı, kadehi yıkamaksızın diğer sağlam birisi su içmek, kaşığıyla yemek yemek, bir sahandan çorba vesaire yemek içmek yine böyle dudağında ve dilinde ufak tefek görülen ikinci devre mahsus yaralı bir adamın bir kadını veya çocuğunu öpmesi gibi şeyler sirayetin başlıca sebepleridir.
- 18 Hele kocasından kadıncağıza, kadından kocasına, kardeşten kardeşe, evlattan babaya anaya, anadan babadan evlada geçtiği pek çok görülmekte olduğu gibi çocuklar birbirine daha çok bulaştırıyorlar.

Precautions

- 19 İnsan çocuğunu emdirteceği süt nineyi frengi illetini iyi bilen bir hekime güzelce muayene ettirmedikçe kabul etmemeli ve çocuk emzik ile besleniyorsa başka çocukların kullandığı emzikten süt içirmemeli ve çocukları sağlam olduğunu bilmediği insanlara öptürmemeli ve emzirtmemeli
- 20 Süt nine olacak kadın dahi süt vereceği çocuğun hastalıklı olmadığını iyice anlayıp öğrenmedikçe meme vermemeli.
- 21 İnsandan alınmış çiçek aşısıyla asla aşılınmamalı.

3. Marriage of Syphilitics and Children Born to Syphilitic

- 22 Frengililer en aşağı üç sene muntazam surette ilaç edilmedikçe evlenmeleri caiz değildir ve bu üç sene güzelce tedavi edildikten sonra dahi evleneceği vakit kendisini tedavi eden tabip ile konuşup izin almadıkça evlenmemelidir. Çünkü her ne kadar bu üç sene iyice tedaviden sonra hastalık haremine ve çocuklarına geçmezse de bazen ikinci devrin yani hastalığın başkasına sirayet ve evladına miras geçmesi hâlinin beş sene kadar sürdüğü dahi olduğundan o vakit hastalığın evlenmek zamanı gelip gelmediğini ancak hekim anlayacağı cihetle böyle en az üç sene bittikten sonra dahi yine hekimden izin almaya lüzum vardır
- 23 Bir frengili, daha sırası gelmeden evlenecek olursa hastalığı karısına ve çocuklarına sirayet ve naklettireceğinden zavallı kadın, hastalığın herkeslere yaptığı mazarratlardan başka her hamile kaldıkça çocuğunu karnında beş altı ay yahut daha ziyade veya daha az taşıyıp çocuğa kalmanın vereceği o kadar zahmetlerini çektikten sonra bir de çocuğu düşüyor ki bu çocuk düşürmenin ne kadar güç ve ne kadar büyük tehlikeleri olduğunu hepimiz biliriz yahut bin zahmet ile dünyaya getirdikten sonra ciğer pare evladını biçimsiz, kambur, topal, sıska ve daha başka özürler içinde görür ki bir ana ve babanın evladında böyle özürleri gördüğü vakit ne kadar canı sıkılacağını uzatmaya hacet yoktur.

4. Can Syphilis be Treated and Cured?

- 24 Eğer böyle uzun müddet, daha açığı ara sıra ara verip mesela bir ay ilaç içilirse bir ay yahut hâline göre daha az veya daha ziyade ilaçları terk etmek suretiyle üç sene kadar tedavi edersek o vakit hem hastanın kendisine gelecek mazarratların hem evladına ve haremine verebileceği fenalıkların önünü almış oluruz
- 25 En büyük tecrübekâr muallim ve doktorların tuttıkları hesaplardan anlaşılmuştur ki iyice ve yetecek kadar tedavi edilmiş frengililerin yüzde doksanı iyileşip şifa buluyor.
- 26 Bir hasta cıva ile edilen tedavinin ömrünün sonuna kadar birtakım mazarratlarını göreceğini, cıvanın dişleri bütün döküp berbat edeceğini ve daha bunlara benzer benzemez birçok mazarratları olacağını zannediyorlar. Hatta bu zan ve itikatlar Avrupa memleketlerinde bile vardır. Bunlara sebep gerek halis cıva ve gerek bundan yapılan sair ilaçların nasıl ve ne kadar kullanılacağı iyice bilinmezden evvel vuku bulmuş fenalıklardır. Çünkü cıva ve bundan yapılan sair tertipler, kararında ve yoluyla verilmezse hakikaten mazarratı olur. Fakat iyi bir tabip ve dikkatli bir hasta eliyle kullanılan bu ilaçtan hiçbir mazarrat gelmedikten başka vücudun kuvvetlenmesine, kanın güzelleşip çoğalmasına faydası vardır. Bu faydaları hiç inkâr edilemeyecek kadar doğrudur. Şimdiki hâlde biz hastanelerde her vakit kullanıyoruz.

Incenses and Pills Made by Apothecaries

- 27 Hasıl-ı kelam frengiye ilaç olan cıva ve mürekkebatının vücuda hiç zararı olmayıp daha faydası varsa da erbabı eliyle kullanılmak lazım geleceği şimdiye kadar söylediklerimizden anlaşılmıştır.
- 28 Bu iyot potasyum dediğimiz ilaç, hani hastanelerde eski frengililere verdiğimiz su olup buna bazı mahallerde sünger tozu derler. Bunun vücuda zayıflık verdiği hakkındaki zan ve itikat şimdiki hâlde kabul olunmuyor. Belki de ekseriya vücudun kuvvetine faydası olduğu anlaşılmış ve meydana çıkmıştır

5. What Should Syphilitics Avoid and How Should They Eat and Drink?

- 29 Frengililer herkes gibi her şey yiyebilirler. Hiç farkları yoktur. Şu kadar ki frengili olmayanlara zararlı olan şeyler frengililerde daha ziyade mazarrat verir. Mesela rakı herkese zarar verirse de frengililere verdiği zararın daha büyük olduğundan şüphe yoktur.
- 30 İşretin herhangi nevi olursa olsun frenginin şiddetlenmesine hem de en fena olarak ziyade korkunç ve birtakım iyi olmaz fenalıkların hasıl olmasına sebebiyet verir. Tabir-i âcizane işret frengi ateşinin körüğüdür. Buna devam edildikçe illetin şiddeti alevlenir. Tütünün de mazarrat verdiği zamanlar vardır.

Discussion

The Ottoman Empire began modern medical education in 1827. The physicians who graduated were trained in accordance with the healthcare needs of the time. Additionally, graduates were sent to Europe, particularly to France or Germany, for a few years of postgraduate education. In this way, medical education and healthcare services were standardized in light of modern medical knowledge [23,24].

Ottoman physicians were aware of syphilis from the 16th century onwards. However, since they had not encountered cases, they lacked knowledge about prevention and treatment [25].

In the second half of the 19th century, the syphilis epidemic that emerged as a result of the prolonged wars and struggles waged by the Ottoman Empire, as well as the changes in social behaviors, deeply affected society. The syphilis epidemic, along with the country's political situation, put the nation in a very difficult position both militarily and in terms of public health. Consequently, it is not surprising that the fight against the syphilis epidemic began in the Kastamonu region in North Anatolia, where syphilis was most prevalent [26-29].

As syphilis became an epidemic in Europe, affecting public health, physicians deepened their research and practices related to the disease [30]. Paracelsus (1493-1541) was the first to begin

treating syphilis with mercury. Until the 19th century, Western physicians developed treatment methods using drugs such as potassium and iodine. The disease necessitated a struggle not only against its effects on the human body but also against its social impacts, such as fear and stigmatization [31]. It is evident from both the treatise and the examined Western works that the medical fight against syphilis was not conducted in the same manner as in the time of Paracelsus; rather, it had been further developed.

Syphilis holds a special place in human history due to its health, social, and economic impacts. This epidemic, led to numerous human deaths, the birth of stillborn or affected infants, the affliction of children, economic problems resulting from the disease, and the implementation of various governance measures in Western and Balkan countries, including regulations concerning marriage and prostitution [32-36]. In the scope of the research, the health and social impacts of syphilis along with the methods of combating it are clearly observed. It is also evident that Dr. İsmail Hakkı addressed this struggle primarily based on the region where he worked and subsequently on the social characteristics of Anatolia in a scientific manner in his treatise.

Dr. İsmail Hakkı's work was written at a time when syphilis had been affecting societies since its onset, recognized as a chronic disease both by healthcare practitioners and the public. This

information has come from the West to Anatolia, and Milaslı's work also highlights this issue. Additionally, it is reported that in some districts of the mentioned province, syphilis was also referred to as "smallpox" and "bad disease". In the compared Western sources, syphilis is classified among diseases like smallpox due to its contagious nature and the inability to vaccinate against it. Similarly, the examined Western sources emphasize that syphilis, once it occurs in an individual, does not recur, and due to the immunity developed afterward, it shows similarities with diseases like smallpox, measles, scarlet fever, and typhus. Based on this, as conveyed by Milaslı İsmail Hakkı, the designation of syphilis as "smallpox" aligns with the knowledge of the time.

According to Milaslı, the disease is transmitted from one person to another who is already infected. Additionally, there is mention of the disease being transmitted congenitally from parents to children. Based on this information, the examined Western sources indicate children born afflicted with syphilis transmitted from mother to child.

In Milaslı İsmail Hakkı's work, more detailed information is provided about the transmission methods of the disease. Syphilis is emphasized to spread through sexual contact from one person to another. Additionally, it is noted in Milaslı's work that the disease can also be transmitted through direct contact with infected individuals or their personal items such as towels, cups, toothbrushes, and so forth. Milaslı particularly points out that contact, such as kissing, with the disease sores in the mouth of an infected person can transmit the disease to others.

The information conveyed aligns with findings from Western sources, which also indicate that contact with the sores of an infected person, such as through kissing, can transmit the disease. In the source written in 1895, it is stated that syphilis can be transmitted through contact with mucous membranes, and it is also mentioned that syphilis can be transmitted to babies through breastfeeding from an infected individual.

Milaslı İsmail Hakkı defines the initial sore or ulcer of syphilis, which plays a significant role

in transmission, as "chancre." He mentions that this small sore can appear at different times (at least one week and up to two months). Milaslı emphasizes that it is probable for the chancre to appear mostly after three weeks in patients. Similarly, in Western sources, the initial lesion is defined as "chancre," and it is noted that this appearance does not occur within the same timeframe for everyone. According to information stated in a source from 1882, it is reported that on average, it takes about two to four weeks, or approximately twenty-five days, for the initial lesion to appear. This is nearly the same in Milaslı's work.

According to Milaslı İsmail Hakkı, the more delicate and moist the area of contact with the syphilis infection, the easier transmission occurs. For example, transmission through contact with areas like the lips and tongue is easier for this reason. This information aligns similarly in Western sources as well:

"6/1882 p. 44, The chancres which may best be studied, and those most usually observed, are generally seated upon the skin or near muco-cutaneous junctions on the vulva, glans, prepuce, lips, tongue, etc. that is upon a membrane analogous to the skin, covered with thick layers of pavement epithelium, and possessing a papillary chorion. **6/1887 p. 2** The thinner and more delicate the tissues exposed to its contagion, the more easy is the implantation of the virus. **6/1895 p. 55** If this contain the debris of syphilitic sores on the lips, tongue, or any part of the mouth or throat, it may convey syphilis to a healthy person."

Milaslı İsmail Hakkı reports that there is swelling in the glands around the mentioned n d and in the lymph nodes in the groin area, providing further information about the course of this lesion, which is considered the initial lesion of syphilis. As in Milaslı's work, Western sources also classify the first two to three months after the appearance of the initial n d, during which these swellings are observed, as the initial stage of syphilis.

According to Milaslı İsmail Hakkı, the first stage of syphilis corresponds approximately to a period of two to three weeks. This period

typically describes the time from the appearance of the initial n d to the onset of swelling around this n d. Similar classifications are observed in the sources examined, albeit with some variations in timing, suggesting a comparable understanding in approach despite relative differences in timing.

Milaslı explains how the wound that appeared in the first stage progresses in the second stage. According to him, after the initial n d appears and two to three months pass, “coppery red spots” start to appear all over the body or in certain places. He reports that these n deven called “syphilitic pox”. In the work, it is explained that before and after the appearance of syphilitic flowers, fatigue and pains are observed in the body, followed by the description of changes occurring in the body during the second stage of syphilis. Milaslı indicates that this stage typically lasts two to three years but could also extend to five or six years, as described in Western works:

“9/1882, p. 28, Period of secondary symptoms (syphilides of the skin and mucous membranes, mucous patches, roseola, papules, pustules, etc.). This period may be very long, and last two, three, five, or more years. 9/1882, p. 35, Secondary lesions of syphilis remain a long time. In the hospitals, female patients return during two, three, n deven five years with mucous patches on the vulva ; it is the same with raucous patches of the tongue, mouth, etc., with men. 9/1887 p. 14, At the end of about six weeks from the date of contagion, the patient would begin to experience slight malaise and feverishness, and his temperature would rise a little every evening. During the next fortnight, if the skin of his chest and abdomen were carefully inspected, it would be found to be mottled by evanescent patchy congestion, not unlike measles, but more dusky and not so conspicuous. To this term **syphilitic roseola** is appropriate. 9/1895 p. 24, The most common and the mildest form of eruption is a **roseolar rash**, which usually shows itself about eight weeks after infection.”

When examining the tables in the “Results” section, it is observed that the information provided by Dr. Milaslı İsmail Hakkı shows significant similarities with the Western sources

that were reviewed and compared. This suggests that Dr. Milaslı İsmail Hakkı informed the society and provided health services regarding syphilis based on the scientific knowledge available in his era.

Literature review reveals that the information conveyed in the Western sources such as “Syphilis And Public Health” by Edward B. Vedder from 1918 and “Social Diseases” by J. Hericourt and Bernard Miall from 1920, regarding the medical and social impacts of the epidemic, as well as diagnosis, treatment, and prevention methods, shows remarkable parallels with the pamphlet written by Milaslı İsmail Hakkı within the past 40 years in Western sources [36].

Conclusion

Driven by the broader processes of modernization, the 19th century marked a period of significant medical advancement worldwide, led by prominent physicians of the time. The Ottoman Empire, influenced by these developments, actively sought to incorporate contemporary medical innovations into its healthcare system. Towards the end of the 19th century, the political, social, and economic conditions within the Ottoman Empire led to the emergence of certain epidemic diseases. Syphilis epidemic is one of those diseases. The epidemic was most prevalent in the Kastamonu province and had adverse effects across many regions of Anatolia. To mitigate the health and social impacts of this syphilis epidemic, the Ottoman government initiated a comprehensive and resolute campaign, including international cooperation efforts. Qualified physicians with modern medical education played significant roles in this campaign. Their responsibilities included developing policies, making regulations, and implementing measures in the affected regions to mitigate the adverse effects of the epidemic.

19th century, in the fight against the syphilis epidemic, while serving at the İnebolu Syphilis Hospital established in the Kastamonu region, Dr. Milaslı İsmail Hakkı was commissioned by the administrative authority of the time to write a treatise in Ottoman Turkish titled “Essential Information on the Disease of Syphilis for

Everyone" to inform and educate the public. This treatise was translated into Latin script and analyzed. The writings of the author regarding the diagnosis, treatment, prevention methods, and measures related to syphilis were compared with contemporary Western works on the same subject.

As a physician educated in modern medicine, Dr. Milaşlı İsmail Hakkı's work has been found to align with the contemporary medical knowledge of his time, based on the analysis conducted. It should be acknowledged that not all information conveyed about syphilis can be considered accurate according to modern medical knowledge. However, it has been concluded that Dr. Milaşlı İsmail Hakkı closely followed medical developments related to the syphilis epidemic.

The scientific efforts to combat the medical, social, and economic consequences of the syphilis epidemic continued through scientific studies, as understood from contemporary Western sources alongside Dr. Milaşlı İsmail Hakkı's work. Furthermore, the similarity between the information on syphilis conveyed in Milaşlı's 1899 pamphlet and Western works from 1918 and 1920 suggests that he exhibited a scientifically advanced approach ahead of his time. Finally, it is important that historical medical texts become the focus of more scholarly research through studies of this kind.

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Conflict of interest

None.

Data availability statement

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request. All data used in this study have been anonymized to ensure participant confidentiality and comply with institutional ethical guidelines.

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Appendix. Similar sections found in Western sources compared in the Treatise

Cornil V, Syphilis, 1882.	Hutchinson Jonathan, Syphilis, 1887.	Cooper Alfred, Syphilis, 1895.
1 p. 2. Syphilis is an infectious, contagious, and inoculable disease, of slow evolution; it first manifests itself by an indurated or infecting chancre, afterwards by eruptions of the skin and mucous membranes, later by chronic inflammations of the cellulo-vascular tissue and bones...		p. 20. Syphilis is a chronic contagious disease, due to the action of a specific virüs...
2 p. 28. ...Therefore it may be placed alongside of the other infectious and contagious diseases, such as smallpox, glanders, farcy, malignant pustule, vaccine, etc.		p. 332. In this respect syphilis resembles smallpox, scarlatina, measles, and typhus fever.
3 p. 201. Children born prematurely or at full term, with pemphigus either fully developed at the moment of birth or appearing a few days afterwards, and who commonly die with syphilitic cachexia, the sad heritage derived from their maternal parents.		
4 p. 33. Syphilis most frequently has its origin in sexual connection, yet it quite often occurs from the contact of the buccal mucous membrane of a nursing child with the nipple of its nurse, or vice versa, or by the common use of the same drinking glasses, etc.		p. 57. Thus the secretions from the mouth of a person affected with syphilitic lesions of that part may adhere to drinking utensils, tobacco-pipes, and other articles used by several persons in common, and may thus convey the disease
5 p. 33. When a person is exposed to impure connection, the lesions do not immediately supervene; there occurs a period of from two to four weeks, an average of twenty five days, before any symptoms appear, and frequently a longer time elapses - six weeks or two months.		
6 p. 44. The chancres which may best be studied, and those most usually observed, are generally seated upon the skin or near muco-cutaneous junctions on the vulva, glans, prepuce, lips, tongue, etc.	p. 2. The thinner and more delicate the tissues exposed to its contagion, the more easy is the implantation of the virus.	p. 55. If this contain the debris of syphilitic sores on the lips, tongue, or any part of the mouth or throat, it may convey syphilis to a healthy person.
7 p. 65. When either the labium or the skin on the back of the penis is carefully felt, there are found hard sinuous cords, which may be followed as far as the inguinal glands.		p. 35-36. He further observed that the soft sore was frequently accompanied by inflammation and suppuration of the nearest lymphatic glands, whereas the hard sore caused the glands in the neighbourhood to become swollen and hard, but very rarely to suppurate.

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- 8
- p. 13.** The chancre and the bubo make up together the primary, or local, group of syphilitic symptoms. We shall be very near the mark if we say that definite induration in the chancre is rarely present till five weeks have elapsed from the date of contagion, and that secondary phenomena seldom follow till from two to four weeks later still.
- p. 92-93.** When the infection takes place from a primary sore, the period of incubation is probably shorter, though in three well authenticated cases it was found to be eighteen, twenty three, and twenty eight days respectively.
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- 9
- p. 28.** Period of secondary symptoms (syphilides of the skin and mucous membranes, mucous patches, roseola, papules, pustules, etc.). This period may be very long, and last two, three, five, or more years.
- p. 14.** At the end of about six weeks from the date of contagion, the patient would begin to experience slight malaise and feverishness, and his temperature would rise a little every evening. During the next fortnight, if the skin of his chest and abdomen were carefully inspected, it would be found to be mottled by evanescent patchy congestion, not unlike measles, but more dusky and not so conspicuous.
- p. 24.** The most common and the mildest form of eruption is a roseolar rash, which usually shows itself about eight weeks after infection.
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- 10
- p. 23.** The period of secondary incubation, or that between the appearance of the sore, and the outbreak of constitutional symptoms, on an average six weeks, represents the slow passage of these diseased cells through the lymphatic channels and glands in which by their multiplication they cause enlargement and induration, thus giving rise to the glandular swellings invariably found in syphilis, and most easily observable in the inguinal, epitrochlear, and post-cervical regions, and in the tonsils, which are essentially lymphatics, their involvement explaining the early syphilitic sore throat.
- p. 14.** Simultaneously with it, a little later or a little sooner, symmetrical superficial ulcerations in the tonsils occur, and these, too, may be very transitory, and cause so little annoyance that the patient may be scarcely aware that his throat is sore. As the roseola fades, or it may be before it fades, other types of eruption will follow; and a rash composed of little smooth-topped or slightly scaly papules is the most common.
- p. 286.** Primary sores are not infrequently seen on the external ear, the virus having been communicated from the tongue or lips of a person suffering from primary or secondary lesions of these parts.
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11	<p>p. 31. Loss of hair, a general thinning over the whole scalp, sometimes with a tendency to fall in patches, is a very frequent symptom of the secondary stage. It is sometimes attended by affections of the nails.</p>			
12	<p>p. 15-16. No instances of contagion from a tertiary lesion, or from one produced more than five years after the primary disease are, as far as my knowledge extends, on record. Perhaps I might shorten the period to three years.</p>			
13	<table border="0"> <tr> <td data-bbox="264 851 691 1003"> <p>p. 28. Period of tertiary symptoms (tuberculo-ulcerous syphilides, periostitis, osteitis, gummata, etc.). The duration of this period is unlimited.</p> </td> <td data-bbox="707 851 1015 1193"> <p>p. 40-41. In the primary stage the local lesion is alone capable of conveying the contagion to another person; in the secondary stage the blood and all fluid tissue elements contain the virus, whilst in the tertiary stage contagion is probably not possible.</p> </td> <td data-bbox="1031 851 1410 1003"> <p>p. 182. Tertiary Lesions are much more frequent in the larynx than papules, and they often lead to serious destruction of tissue.</p> </td> </tr> </table>	<p>p. 28. Period of tertiary symptoms (tuberculo-ulcerous syphilides, periostitis, osteitis, gummata, etc.). The duration of this period is unlimited.</p>	<p>p. 40-41. In the primary stage the local lesion is alone capable of conveying the contagion to another person; in the secondary stage the blood and all fluid tissue elements contain the virus, whilst in the tertiary stage contagion is probably not possible.</p>	<p>p. 182. Tertiary Lesions are much more frequent in the larynx than papules, and they often lead to serious destruction of tissue.</p>
<p>p. 28. Period of tertiary symptoms (tuberculo-ulcerous syphilides, periostitis, osteitis, gummata, etc.). The duration of this period is unlimited.</p>	<p>p. 40-41. In the primary stage the local lesion is alone capable of conveying the contagion to another person; in the secondary stage the blood and all fluid tissue elements contain the virus, whilst in the tertiary stage contagion is probably not possible.</p>	<p>p. 182. Tertiary Lesions are much more frequent in the larynx than papules, and they often lead to serious destruction of tissue.</p>		
14	<table border="0"> <tr> <td data-bbox="707 1209 1015 1650"> <p>p. 43. Gummata in viscera, liver, testis, lung, etc., slow in progress, as just noted in the case of muscles. Gummata in fibrous structures, and in cellular tissues. The meninges of the brain and spinal cord, the capsules of joints, and the subcutaneous cellular tissue generally, are the parts most likely to be affected.</p> </td> <td data-bbox="1031 1209 1410 1650"> <p>p. 413. Syphilis may cause mental disease in various ways. There may be loss or destruction of nerve-tissue by tertiary lesions, which may produce organic dementia. It may cause sensory troubles, culminating later on in mental disorder; or the function and nutrition of some part of the brain may be so modified as to produce insanity or epilepsy.</p> </td> </tr> </table>	<p>p. 43. Gummata in viscera, liver, testis, lung, etc., slow in progress, as just noted in the case of muscles. Gummata in fibrous structures, and in cellular tissues. The meninges of the brain and spinal cord, the capsules of joints, and the subcutaneous cellular tissue generally, are the parts most likely to be affected.</p>	<p>p. 413. Syphilis may cause mental disease in various ways. There may be loss or destruction of nerve-tissue by tertiary lesions, which may produce organic dementia. It may cause sensory troubles, culminating later on in mental disorder; or the function and nutrition of some part of the brain may be so modified as to produce insanity or epilepsy.</p>	
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- 15 **p. 438.** When syphilis has shown itself a little before conception, or at the same time, or within the first two or three months of pregnancy, these women generally abort if the disease be permitted to take its natural course;
- p. 78.** Although it is true that for the most part the taint does not appear to affect the infant until some time after it has commenced its independent existence, yet there are numerous instances in which it causes intra-uterine death. Thus, abortions and miscarriages at various periods of pregnancy are common in syphilitic mothers.
- p. 339.** In the case of women, a history of several abortions should always arouse a suspicion of syphilis.
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- 16 **p. 33.** Syphilis most frequently has its origin in sexual connection.
- p. 1.** It is obvious that the venereal act affords peculiar facilities for the transference of a virus of this kind, needing direct implantation upon delicate tissues.
- p. 431.** Syphilis is propagated principally have sexual intercourse.
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- 17
- p. 55.** If this contain the debris of syphilitic sores on the lips, tongue, or any part of the mouth or throat, it may convey syphilis to a healthy person.
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- 18 **p. 96.** This error should be guarded against, but is not so serious in its results as the failure to recognize the peculiar lesion when it is situated at the point of the tongue, the possibility of its communication to innocent people being, in such cases, an element of unusual importance.
- p. 71.** Making, however, all allowance for this, we may still believe with confidence that a child has much less chance of escape if the mother be diseased than if the disease be confined to the father.
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- 19 **p. 35.** Syphilis transmitted by a syphilitic nursing infant, suffering with mucous patches of the lips, is seen as a chancre upon the nipple of the nurse, provided the latter has never had syphilis. Again, syphilitic papules of the nipple of a syphilitic nurse occasion a chancre upon the lip of a healthy infant.
- p. 72.** The child born of such a mother, if suckled by a wet nurse who has recently had syphilis, will not cause any fresh disease in her, but if by a woman free from taint, the risk is great that a nipple chancre will result.
- p. 57.** Frequent instances of direct infection are seen in the cases of nurses infected by suckling syphilitic children, and in cases of children by their being suckled by women with syphilitic lesions of the nipples.
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- 20 **p. 36.** For example, that an apparently healthy mother, being delivered of a child which has derived syphilis from paternal influence, is able to suckle that child with impunity, although a healthy wet-nurse contracts syphilis from it, has never been controverted, and has always seemed more or less mysterious.
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- 21 **p. 20.** Theory, ov rather for the assumption, of a similarity in nature between syphilis and variola, scarlet fever, etc., distinctly claims this peculiarity of certain contagious diseases (i. e., protection against re-infection), as proof of the correctness of his views.
- p. 23.** Although a syphilitic eruption looking closely like small-pox is very rare, yet the knowledge of its possible occurrence is of extreme importance.
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- 22 **p. 35.** In marrying, after contracting syphilis, there is danger of communicating the disease to the wife and of having syphilitic children.
- p. 16.** No instances of contagion from a tertiary lesion, or from one produced more than five years after the primary disease are, as far as my knowledge extends, on record. Perhaps I might shorten the period to three years.
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- 23 **p. 274.** The most characteristic lesions of infantile syphilis affecting the bones are those of the bones of the cranium, described by Parrot.
- p. 65.** Facts in abundance prove that at whatever period of pregnancy a woman acquires syphilis, if only time be allowed for her development of the disease, there is great probability that it will pass from her to the foetus.
- p. 363.** When a woman, the subject of recent syphilis, becomes impregnated, abortions are very apt to occur. In other cases, several children are born showing evidences of hereditary syphilis, but in the course of time the woman may give birth to a child apparently in perfect health.
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- 24 **p. 455.** The treatment should be persevered with for at least eighteen months or two years, and if possible the patient should be kept under observation for three years, and longer than that if it can be arranged.
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- 25 **p. 102.** The treatment of indurated chancre is very simple; it tends naturally to recovery, as a local lesion.
- p. 15.** As a general rule, only a small proportion of those affected come under treatment in the various hospitals; some considt private practitioners, while a large number neglect the disease altogether or have recourse to the advice of charlatans
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- 26 **p. 21.** Mr. Hutchinson says that "mercury is the true vital and physiological antidote of the syphilitic virus.
- p. 47.** In the early stages of syphilis the iodide of potassium is comparatively powerless, and mercury should be used. Thus, the induration of a primary sore will resist the influence of the former, but melts away at once when mercury is given.
- p. 103.** Mercury is the main agent to be relied upon in treating an indurated sore; and its use should be commenced as soon as the diagnosis is made.
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- 27 **p. 246.** Patients may recover if they are soon enough submitted to treatment with iodide of potassium and mercury, the lesions even disappearing without leaving any trace;
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- 28 **p. 25.** The necessity for the use of iodide of potassium in the later stages, with or without mercury, also becomes apparent when it is remembered, that iodine is the most powerful diffusible stimulant of the function of absorption with which we are acquainted, and that it also has a certain and well-established value in hastening tissue change, especially in unhealthy formations.
- p. 46.** In former times, before the introduction of the iodide of potassium, and when we know less as regards the best methods of using mercury, many cases of tertiary disease ended fatally.
- p. 443.** The Medicines to be relied upon in the treatment of syphilis are mainly two viz. mercury, in some one or other of its preparations, and iodine, which is generally given in the form of iodide of potassium.
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- p. 52.** If a patient be kept in bed, and on rather low diet, he will yield much more quickly to mercurial influence, and ptyalism may be induced, under such conditions, with half the doses required in one who is about in the fresh air.
- p. 466.** In addition to the strictly medicinal treatment of syphilis, there are other therapeutic measures which demand a brief description, and which constitute more or less valuable auxiliaries. The importance of suitable diet, fresh air, a moderate temperature, a due amount of exercise, and the careful avoidance of all injurious influences, cannot be too strongly insisted upon.
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- 30 **p. 389.** The patient should carefully avoid catching cold, and should also avoid the use of tobacco and alcoholic liquors.
- p. 43.** Diseases of the tongue of a gummatous or simply inflammatory form; in either case leading to sclerosis. These affections are so much influenced by the habit of smoking that it is often quite impossible to say how much is due to the one and how much to the other cause.
- p. 446.** It is advisable that the patient, if a smoker, should renounce tobacco while taking mercury.
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