

SYPHILIS AND ITS LOOKALIKES

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The term 'syphilis' did not come into use until about 1530. Until then the most popular name for the epidemical disease that had been raging across Western Europe was *Morbus Gallicus*. It had begun in the mid 1490s, when it was characterised in most cases, first, with genital ulcers and then with a generalised rash. In many individuals - particularly children, the old, virgins, and others denying sexual exposure - it began with peri-oral or oral lesions, sometimes with destruction of the palate or nasal septum. In these early years pains in the shin bones, especially at night, were commonly reported.¹ In the eighteenth century Astruc collected and collated all the clinical descriptions so far available.² Describing the first hundred and fifteen years of the new disease he commented that it had changed through five stages to match the descriptions of syphilis of his own day. In 1680 Thomas Sydenham similarly observed that the disease had changed from "a disease of contagion, to my time, when it has become a venereal disease".³ Sydenham also described cases of yaws, the tropical disease from the West Indies and Guinea, and was the first to liken the symptoms to the early descriptions of *Morbus Gallicus*.

Even before Sydenham wrote, the Scots were experiencing another new disease which they said was introduced and spread by Cromwell's soldiers. This disease was variously called Cromwell's Curse, the Scotch Pox, and the 'sibbens'. It was described as occurring in families in country districts and frequently spread rapidly through a village.⁴ Kissing, and sharing eating and drinking utensils, were identified as the means of spread. The disease was noted as having a predilection for the mouth, sometimes with destruction of the uvula and ulceration of the tonsils, nasal bones and hard palate. It was common in children. Babies we are told "perished from hunger, not being able to suck or swallow". When the usual generalised rash developed it was bluish-red with crusts that were spongy and "much like a rasp or strawberry".⁵ (*Suibheans* is the Gaelic word for raspberries, hence the term 'sibbens'.) In 1793 Benjamin Bell in Edinburgh described sibbens as "one disease with syphilis", yet distinct from it.⁶ Syphilis he noted to be a disease of city people, and one occurring commonly with gonorrhoea. Sibbens disappeared spontaneously, the last reported case occurring in Banff in 1851.

During the seventeenth, eighteenth and nineteenth centuries countries on the periphery of the European continent, one by one reported their experience with a disease similar to sibbens and like it disappearing spontaneously to leave behind syphilis. All these syphilis lookalikes have had parallels elsewhere in the world. In South America, one such disease was called '*pinta*'. In parts of sub-Saharan Africa and in other sub-tropical dry desert areas, such as southern Yemen and areas adjoining the Tigris and Euphrates rivers, a form considered a non-venereal syphilis and called '*bejel*' has long been recognised.⁷ Its lesions are generally few, small, dry and crusted, rendering it no doubt less infectious than the more luxuriant lesions of tropical lookalikes. Three of the latter have been described as occurring in East African countries. The last of the three to be described was first noted only in 1951.⁸

The commonest of all syphilis lookalikes and the most persistent is called yaws. In the period immediately after World War II many millions of cases, 75% of them in children of fourteen years and under, existed in the hot and humid countries between the Tropics of Capricorn and Cancer around the world. Yaws eradication campaigns by WHO in the early 1950s were highly successful. Nevertheless, recrudescences have occurred, the earliest in West African countries in the late 1970s.⁹ West Indian immigrants arriving in the United Kingdom in the late 1950s and throughout the 1960s were frequently found to exhibit the scars of childhood yaws and evidence of old inactive yaws in their bones. (The occasional immigrant from Aden showed similar evidences of childhood *bejel*.)

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None of the syphilis lookalikes has ever been associated with congenital infection or with the late chronic, crippling and killing cardiovascular and neurological complications formerly so common in true syphilis. All these diseases, syphilis and its lookalikes, are believed to be caused by an organism known as a 'treponeme'. Under the microscope this organism is identical in appearance, irrespective of the clinical form from which it is drawn. Moreover, these organisms prompt each patient they invade to develop identical antibodies, readily detectable in blood samples. We have therefore a diagnostic problem. Are we dealing with a single disease called treponematosi, or are we dealing with several treponematoses? Those who favour the first view - the 'Unitarians' - see the single disease as one variously altered in clinical symptoms by climate, customs, clothing, and degrees of cleanliness. They fall, however, to explain satisfactorily why syphilis alone is associated with congenital and late complications. An alternative view holds that no treponemal disease existed in Europe until Columbus's sailors introduced syphilis from America. The 'Columbians' argue that the disease was especially virulent (as the *Morbus Gallicus*) precisely because it was new to Europeans. What is difficult to believe is that, starting from a few infected sailors, so many people throughout Europe could have been infected within a short period of years.¹⁰

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There have been several modifications of these two main theories. My own view is that *Morbus Gallicus* was in fact two treponemal diseases.¹¹ Certainly one was syphilis from the New World. But the other, I believe, had already affected Europe, having been introduced during the second half of the fifteenth century, into the Iberian peninsula, by Portuguese and Spanish sailors and traders returning from expeditions down the West Africa coast. Some of the Africans they brought back on these voyages and who then lived in Portugal and Spain were (it may be presumed) infected with yaws, as were possibly even some of the European voyagers themselves. Thus two treponeme diseases came to overlap. And this view of the *Morbus Gallicus* would seem to best accord with the whole long history of syphilis and its lookalikes.

NOTES

1. Karl Suddoff and Charles Singer, *The earliest printed literature on syphilis, being ten tractates from the years 1495-98*, Florence, 1925
2. Jean Astruc, *A Treatise on Venereal Diseases in Nine Books*. Translated from Latin, ed. Barrowby, London, 1754, Book IV, pp. 1-55 [original edition 1736]
3. Thomas Sydenham, *Epistolae responsariae duae, prima de morbis epidemicis ab 1675-1680*, ad R. Brody M.D., *secunda de luis venereae historia et curatione*, ad H. Paman M.D., 1680.
4. J. Pattison, in *Contributions to Physical and Medical Knowledge*. Collects by T. Beddoes, ?, 1779, pp. 403-9
5. E. Guchrist, 'Essays and Observations, Physical and Literary', *J Edinburgh Philosophical Society*, 3, 1771, p. 154
6. Benjamin Bell, *Treatise on the Lues Venerea*, Edinburgh, 1793
7. E.H. Hudson, *Non-venereal syphilis*, Edinburgh, 1958
8. R. R. Willcox, 'Njovera: an endemic syphilis of Southern Rhodesia', *Lancet* (1958). 1, pp. 558-9
9. "Yaws again" (editorial), *British Medical J.*, (1980), pp. 281, 1090-1
10. [See, however, the following paper. Editors.]
11. R .S. Morton, 'A clinical look at the Morbus Gallicus', *European J. Sexual Transmitted Diseases*, 2, 1985, pp. 133-140