

Memoir on the treatment of venereal diseases without mercury : employed at the military hospital of the Val-de-Grace / translated from the French of H.M.J. Desruelles ; to which is added Observations on the treatment of the venereal disease without mercury by G.J. Guthrie and various documents showing the results of this mode of treatment in Great Britain, France, Germany, and America.

Contributors

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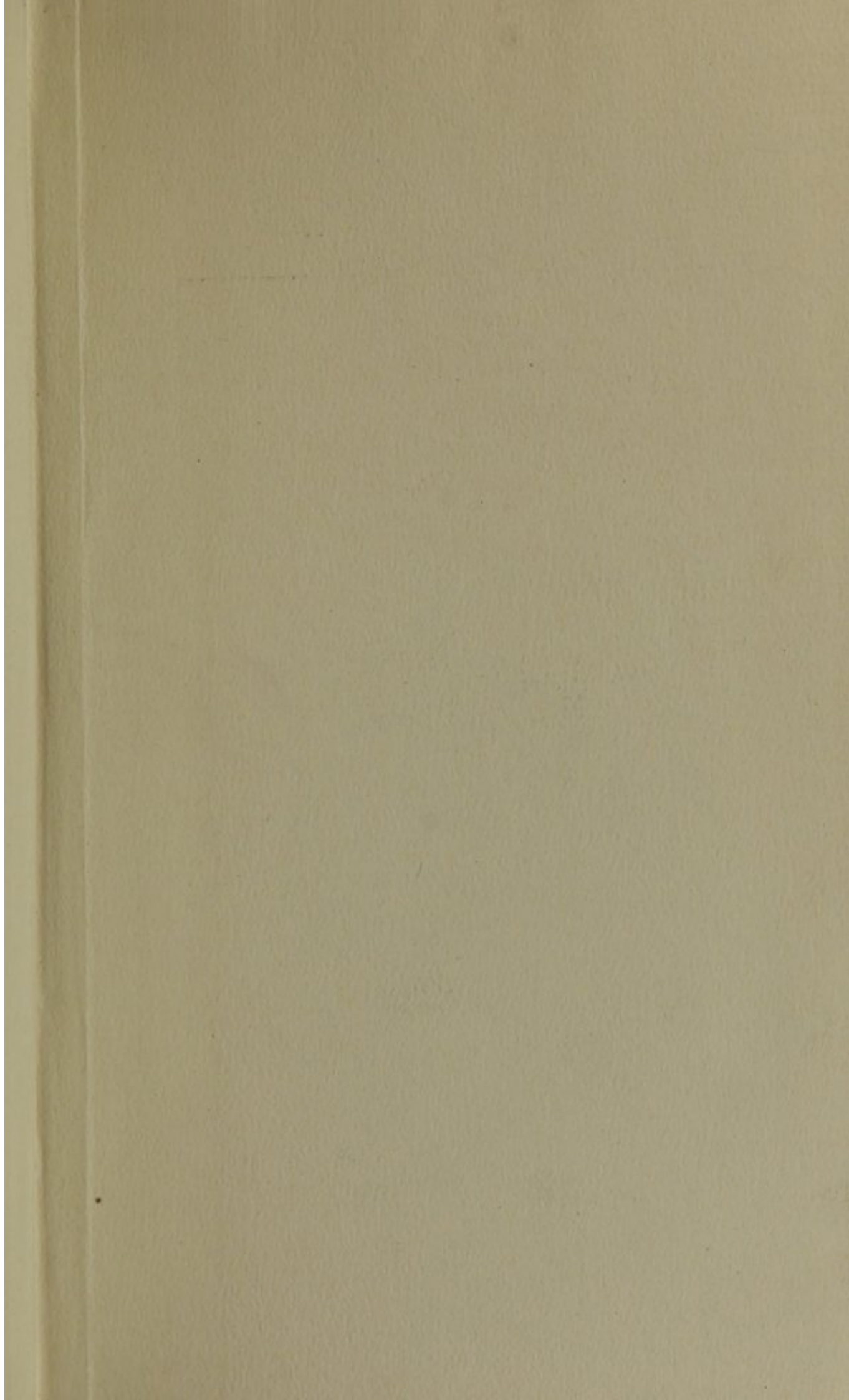
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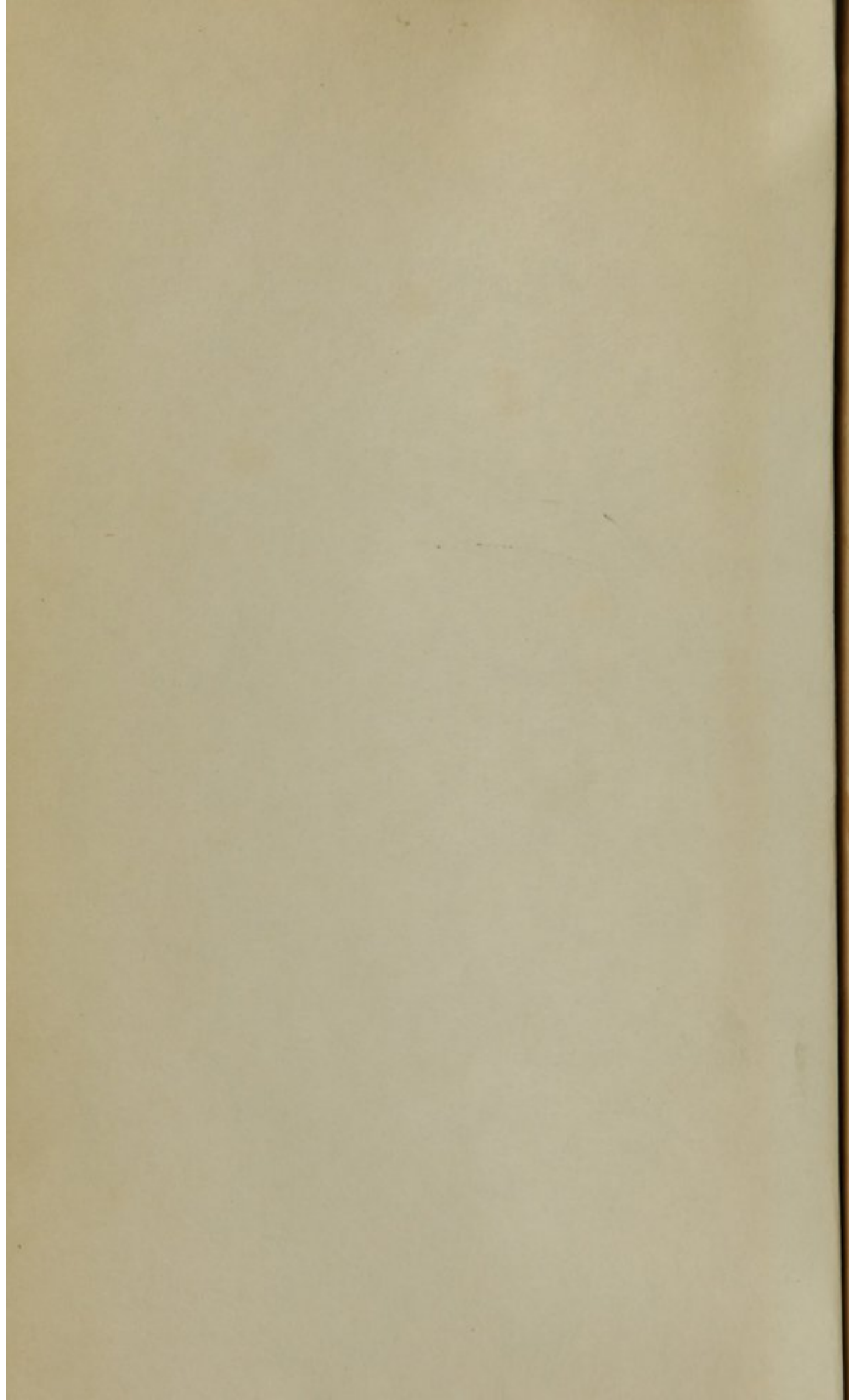
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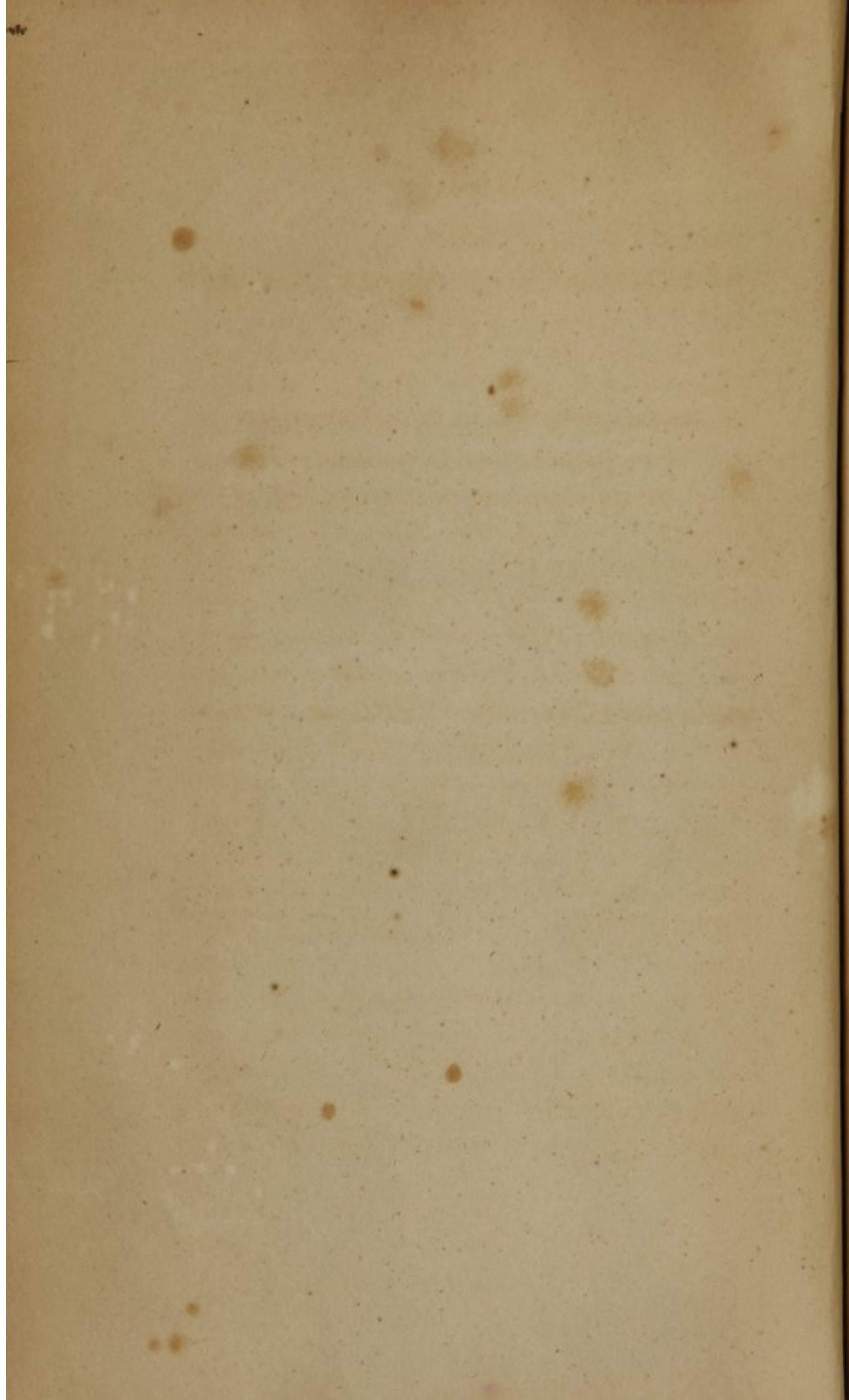
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MEMOIR
ON THE
TREATMENT OF VENEREAL DISEASES

WITHOUT MERCURY,

EMPLOYED AT THE
MILITARY HOSPITAL OF THE VAL-DE-GRACE.

TRANSLATED FROM THE FRENCH OF
H. M. J. DESRUELLES, M. D. &c. &c.

TO WHICH IS ADDED,
OBSERVATIONS

ON THE
TREATMENT OF THE VENEREAL DISEASE
WITHOUT MERCURY.

BY G. J. GUTHRIE, ESQ.
Deputy Inspector of Hospitals, Lecturer on Surgery, &c.

AND
VARIOUS DOCUMENTS SHOWING THE RESULTS OF THIS MODE OF TREATMENT
IN GREAT BRITAIN, FRANCE, GERMANY, AND AMERICA.

PHILADELPHIA:
CAREY & LEA.

1830.



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EASTERN DISTRICT OF PENNSYLVANIA, TO WIT:



BE IT REMEMBERED, That on the first day of July, in the fifty-fourth year of the independence of the United States of America, A. D. 1830, CAREY & LEA, of the said District, have deposited in this Office the Title of a Book, the right whereof they claim as Proprietors, in the words following, to wit.

“Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val-de-Grace. Translated from the French of H. M. J. Desruelles, M. D. &c. &c. To which is added, Observations on the Treatment of the Venereal Disease without Mercury. By G. J. Guthrie, Esq. Deputy Inspector of Hospitals, Lecturer on Surgery, &c. and Various Documents showing the Results of this Mode of Treatment in Great Britain, France, Germany, and America.”

In conformity to the act of the Congress of the United States, entitled “An act for the encouragement of learning, by securing the copies of maps, charts, and books, to the authors and proprietors of such copies, during the times therein mentioned.”—And also to the act, entitled, “An act supplementary to an act, entitled, ‘An act for the encouragement of learning, by securing the copies of maps, charts, and books, to the authors and proprietors of such copies during the times therein mentioned,’ and extending the benefits thereof to the Arts of designing, engraving, and etching historical and other prints.”

D. CALDWELL,
Clerk of the Eastern District of Pennsylvania.

SKERRETT—NINTH STREET,
PHILADELPHIA.

EDITOR'S PREFACE.

THE following Translation of the Memoir of M. Desruelles, on the Treatment of Venereal Diseases without Mercury, having been placed in my hands for revision, I have appended to it some valuable observations on the same subject by Mr. Guthrie, and various documents exhibiting the results of the different methods of treating syphilis in Great Britain, France, Germany, and America.

When it was announced by Mr. Fergusson that the venereal disease was cured in Portugal without mercury, the assertion was immediately hazarded that it must be owing to the complaint existing in that country in a milder form than in other parts of the world. The falsity of this assertion, however, was soon made manifest, by the successful treatment of many cases of the disease in Great Britain and France, without the use of a particle of the vaunted sole specific. It was then said that the cases thus cured were not genuine syphilis; and various writers, among whom Mr.

Abernethy and Mr. Carmichael stand conspicuous, attempted to distinguish several affections produced by impure coition, and to designate those which might be cured without mercury, and that which could be cured only by recourse to this remedy. The ulcer so well described by Mr. Hunter as possessing specific qualities, and certain secondary symptoms supposed to result solely from this sore, were believed to be incurable without mercury; whilst the various other sores and secondary affections were admitted to be curable by other measures. But the characters of this peculiar ulcer, imagined to be the infallible diagnostic sign of genuine syphilis, has been since indisputably shown to result from the tissue in which it is seated, and not from any peculiarity in the nature of the cause by which it is produced. It has, moreover, been equally shown that the Hunterian chancre may be cured without resorting to the use of mercury; and this last fact is now so well established, that those who believe in a specific venereal virus, and that mercury is its antidote, have been compelled to resort to the assumption that the disease has worn itself out, and now only exists in a spurious or very mild and easily curable form. Mr.

Abernethy, in his "Lectures on the Theory and Practice of Surgery," just published, remarks, "As this disease (syphilis) has almost become extinct, or is so modified as to be unlike that which Mr. Hunter has described, and which I had an opportunity of observing in the earlier part of my life, I do not think myself warranted in laying before the public what I have been in the habit of saying to students on this subject in my surgical lectures."

It would be an interesting subject of investigation, but one in which we cannot indulge in this place, to inquire whether the disease be really milder than formerly, and if so, whether it be not owing to the abandonment of the mercurial, stimulating, and other irrational modes of treatment. It is sufficient for our purpose at present, that it should be admitted that the disease can be cured without mercury; and if any one is hardy enough to deny this proposition, we refer him to the appendix, in which he will find the returns of upwards of eleven thousand patients thus cured, including a very large number of cases of true Hunterian chancre, and every form of the disease that has been hitherto described.

The *possibility* of the cure being thus established, its *eligibility* remains to be considered.

To determine this point it is necessary to ascertain, 1st, by which mode of treatment the disease is most readily cured; 2d, which mode of cure is most permanent; and 3d, and lastly, which mode of treatment is the pleasantest, and does least injury to the constitution of the patient.

21
1st. *Duration of Treatment.*—In the official report of Sir James M'Grigor and Mr. W. Franklin, (see Appendix,) it is stated that the average period required for the cure of primary symptoms without mercury where buboes did not exist was twenty-one days, and with mercury thirty-three days.

That the average period for the cure of primary symptoms with buboe was forty-five days when treated without mercury, and fifty days when treated with mercury.

That the average period of cure of secondary symptoms without mercury was from twenty-eight to forty-five days, and with mercury fifty days.

When it is recollected that these results are derived from the observation of nearly five thou-

sand cases, they must be admitted to afford very fair means of comparison and to possess a high degree of value.

M. Desruelles, from an experience in one thousand three hundred and twelve cases, states that the mean duration of treatment of primitive and secondary symptoms, without mercury, was thirty-two days, and with mercury, fifty days.

It appears from the report of M. Richond, who observed nearly three thousand patients, that of those treated without mercury for primitive symptoms, ninety-two per cent. were cured in thirty days, whilst of those treated with mercury, only twenty-eight per cent. were cured in that period: and that of those treated for buboes without mercury, sixty per cent. were cured in thirty days, whilst of those treated with mercury, only twenty-seven per cent. were well in that time.

Dr. Fricke states, that in his hospital, the average period of cure for primary and secondary affections, treated without mercury, was fifty days, whilst it was double that time in those treated with mercury.

It thus appears from the most authentic documents, founded on experience in a sufficient number of cases, and in different countries, that the

cure is effected in a shorter period of time by the non-mercurial than by the mercurial practice.

2. *Permanency of the Cure.*—In those treated *without mercury* by the surgeons of the British army, it is stated by Sir James M'Grigor, that secondary symptoms occurred in not quite five per cent.—Richond states them to have occurred in two and a half per cent.—Fricke had no case of secondary affection;—in Sweden secondary symptoms occurred in seven and a half and seven per cent.—in America they occurred in two per cent.—making an average of four per cent.

In those treated *with mercury*, it appears from the report of Sir James M'Grigor, that secondary symptoms occurred in nearly two per cent.—in those treated by M. Richond they occurred in five and a half per cent.—of those cured in the Swedish hospitals, secondary symptoms occurred in fourteen and twenty-two per cent.—and in those treated by Dr. Harris, they occurred in upwards of ten per cent.; averaging nearly eleven per cent. If it be said that the cases treated by fumigations with cinnabar should not be taken into this account, the number of secondary cases would even then be eight per cent. or double of those occurring after the treatment without mercury.

Thus secondary symptoms are shown to occur more frequently after the cure of primary symptoms *with mercury*, than when cured by antiphlogistics.

3. It only remains for us to inquire which mode of treatment is the pleasantest, and does least injury to the constitution of the patient. That the antiphlogistic treatment is most agreeable to the patient, we believe has never been questioned, and that it never produces any injurious effects on the constitution, must be admitted. Of nearly two thousand cases reported by Sir James M'Grigor, as cured without mercury, every man was fit for immediate duty on dismissal from the hospital; whilst of those treated *with mercury*, one man was discharged the service on account of the injury his constitution sustained from the remedy, and another, after treatment for secondary symptoms by mercury, in consequence of that complaint. But the terrible consequences sometimes resulting from a mercurial course, are too well known to require a description; the subjecting of a patient to this treatment has always been admitted to be an evil, and the only apology ever offered, is its being a necessary one. This apology having been shown to be no longer admissible, those who persist in the mercurial

treatment, in opposition to as large and authentic a body of evidence as has ever been collected to determine any point of practice, must offer in extenuation something more positive than their own vague notions, idle fears, or a blind devotion to dogmas founded on prejudice and miscalled experience.

For ourselves, in ten years practice, we have never put a patient through a mercurial course for any form of venereal affection, and for the last six years we have not used a particle of mercury in the treatment of this disease, and have never had reason to believe that our patients were less speedily or effectually cured than those treated with mercury. Of those treated by us for primitive symptoms, in the Philadelphia and Southern Dispensaries, and in private practice, we know of but two cases of secondary symptoms, one of them after gonorrhœa, and this was cured in four days.

The importance of the subject, and the deep interest attached to it, will we trust be considered a sufficient excuse for offering these observations to the public.

ISAAC HAYS, M. D.

Philadelphia, June 29th, 1830.

MEMOIR
ON THE
TREATMENT OF VENEREAL DISEASES
WITHOUT MERCURY,
EMPLOYED AT THE
VAL-DE-GRACE.

IN my treatise on hooping-cough, published in April, 1827, I announced my being then occupied in arranging the observations I had made on venereal diseases since the 16th of April, 1825, at which period the venereal department in the Military Hospital of the Val-de-Grace was placed under my immediate direction. I likewise announced my intention of publishing the motives which had induced me to abandon the use of mercurial preparations. This work was to have been placed after my remarks on the new method I employ at the Val-de-Grace, for the treatment of venereal affections, and which were inserted by

the council of health of the armies of the king, in the *Recueil des Mémoires de Médecine, de Chirurgie, et de Pharmacie Militaires*, (22d volume, page 303,) but not being prepared in time for the 23d volume of that work, they will appear in the succeeding volume.

Were I to consult only my private interest, the work should be published immediately, but for reasons unnecessary now to mention, it becomes my duty to let it first appear in the *Recueil des Mémoires de Médecine, de Chirurgie, et de Pharmacie Militaires*. Nevertheless, as the period at which that publication will appear is still distant, it may happen that physicians, whose intentions would be otherwise laudable, may appropriate to themselves my opinions in publishing what they conceive to be their own. This motive, and my desire to add many facts which will undoubtedly be useful to practitioners, induces me to offer, in anticipation, some practical remarks made during the performance of my duties, and to present in a few words the theoretical ideas by which I am guided in the application of the simple method I have adopted. I can also, without doubt, give an idea of the principles on which my work is written, and say that it is founded on nearly fif-

teen hundred cases, the histories of which were taken by myself in person with the utmost exactness and care, daily, carefully compared with the book of visits, the reports of the attending surgeons, and the sheet of observations taken every morning by myself at the bed-side of the patients.

The work is a compend of all my observations made at Val-de-Grace, between the 16th April, 1825, and the 31st July, 1827. I still continue them with equal assiduity, and the whole of my observations from the latter date, with the particular results form the materials of a second volume, which will be prepared on the same plan, and published at some future period.

Previously to the present time, those physicians who wrote on venereal diseases, published only the general results of their practice, and have not made known the proportion of cures and failures in the treatment which they had adopted. When they established theories, or laid down therapeutic principles, their only bases were approximate estimates or calculations, the accuracy of which is at least doubtful. To diffuse more light on this important branch of science, it appears to me that it would have been more proper to compare collectively

and individually the symptoms and the results of the various therapeutic methods—to exhibit numerically the different results—to describe with the most scrupulous exactness every symptom—to examine the influence of the treatment upon their appearance, termination, and time of cure—to investigate all the causes, both internal and external, which in any way have had effect—to take into consideration idiosyncracies, the state of the atmosphere, and situation of individuals—to descend to the most minute details, in order to attain general facts, and particularly to relate honestly the cures and failures which ought justly to be attributed to each of the methods employed. Most advantageously situated to pursue this untrodden and truly experimental path, I have profited to the utmost of my ability by the advantages offered me. I have endeavoured to ascertain comparatively the proportional duration of the treatment of venereal diseases, with and without mercury; in the latter case, whether I submitted the patients to a vegetable and light regimen, or permitted the use of copious substantial and stimulant nutriment, or in short, whether the local treatment were complicated or stimulating, null, or antiphlogistic. In these researches

I examined all the symptoms collectively, and each one separately, whether simple or complicated; I likewise made similar comparative estimates of the progress and termination of syphilitic diseases, taking into consideration the symptoms developed during the treatment, and their probable causes. The relative frequency of certain symptoms, and the causes of that frequency, I have determined by the most exact calculations. The indication of the measures employed by me, displays their influence by the more or less prompt cure of the venereal affections. I have also noted the protraction of the cure in such patients as have deviated from the regimen during the simple treatment. In short, I have done all I could to collect every document necessary to answer a number of queries of which I cannot now make mention, but which will be hereafter considered, in order to determine with mathematical accuracy, problems, the solution of which, until the present day, has been attempted only from simple probabilities. My work comprehends both primitive and secondary symptoms observed in those who have left our wards perfectly cured; these symptoms I have compared together every time it has been in my power to do so.

Should any one imagine that I have abandoned the use of mercury entirely from prejudice, he entirely deceives himself. I have done so in consequence of the observations I have made, and the numerous facts I have collected; these have taught me to appreciate justly mercurial treatment, and made me resolve to abandon it. Very far from considering mercury as ineffectual, I had in it the most implicit confidence; it was only after having made comparative essays, with and without mercury, after having witnessed frequent lamentable consequences from its use, and reiterated relapses after the mercurial treatment, that I gradually divested myself of the erroneous opinions and prejudices I had imbibed from the perusal of the writings of other physicians.

I soon perceived that simple dressings, and in most cases, attention to cleanliness might advantageously be substituted for unguents, powders, and irritating lotions—that the cautious use of antiphlogistics accelerated the cure of the venereal symptoms.*

* I had already made this remark, and had learned to appreciate the beneficial effects of a mild and light diet, at the Hospital of the Royal Guard, when in 1819, Baron

As soon as circumstances would permit me, I substituted, in place of the animal and stimulating diet, a vegetable and light one, and was promptly convinced that however opposed might be the opinions of medical men on the nature of venereal diseases, diet is to be regarded as the true basis of the treatment, whether in this mercury be employed or not.*

Diet

Visit all the hospitals where the old method is employed, and it will very frequently be observed that the most distressing consequences ensue where the animal and stimulating diet is prescribed at the same time with mercury; and these consequences will be but seldom met with in the hospitals where patients who take mercury are submitted to a vegetable and light diet. Does not this simple remark point out to us that

Larrey confided to me the care of a portion of the venereal patients in the absence of Dr. Laroche.

* When I entered into the exercise of my duties at Val-de-Grace, there were one hundred and six syphilitic patients—eighty-two afflicted with the primitive, and twenty-four with consecutive symptoms and mercurial affections. With the exception of a few who had entered but a few days previously, all the above patients were under mercurial treatment, and their nourishment was materially stimulant.

the dreadful affections which have been considered effects of mercury, are for the most part caused by the copious and stimulant regimen? It certainly cannot be denied that mercury, administered in excess, often augments the intenseness of venereal symptoms, the system being in a constant state of irritation excited by the remedy, but these very symptoms become frightfully dangerous, when by stimulants we increase the fatal activity of the mercury. Such consequences are seldom if ever seen with the opposite treatment. Who would believe that the vegetable and light diet, whose soothing effects cannot be doubted, has excited in the breasts of some both envy and ill will against the simple treatment of Val-de-Grace. These persons have pitied, and with a zeal rather too complaisant, the patients entrusted to our care. This studied and affected pity was no doubt only a plausible pretext for concealing from the world the unhappy results of the contrary method. The note published in the *Journal Militaire* must have removed the doubts of those pretended friends to humanity, who always feign to experience the most tender solicitude for some, that by the pretext they may the more deeply injure others.

The most authentic facts prove that there is no difficulty in pursuing our plan. Physicians who will prescribe it, will perceive how efficacious it is, although they may have been partial to the mercurial method. However, to adopt the vegetable and emollient regimen with due attention to simplicity in dressings, to apply antiphlogistics to counteract external venereal symptoms, and to continue at the same time the internal administration of mercury, would be, we think, employing two opposite methods. Would not the effect of such treatment be to produce at the same time asthenia by the regimen and simple dressings, and to stimulate the organism by the specific remedies? Such is the plan of treatment we pursued in the very commencement of our career, and surely its effect should induce all medical men to abandon the use of mercury—it was at all events one of the principal causes of my doing so.

In 1825 I conceived that it was necessary to prepare patients for the administration of mercurials, by submitting them to a vegetable and demulcent regimen, using antiphlogistics at the same time; but whilst they were undergoing this pretended preparation, (if we can so term it,) it

frequently happened that many symptoms entirely disappeared, such as balanites,* simple ulcers, irritations, and slight vegetations about the anus and penis, pustulæ, and orchitis.† I then had to choose the alternative of letting the patients leave the hospital without giving them mercury, or forcibly retaining them in order to administer it. Some of course left me without having taken any of this medicine, and others again, who had taken too small quantities of it for me to consider their cure complete.

In order to obviate this inconvenience, I determined to administer mercury to the patients, as soon as from the influence of the simple treatment, the symptoms began to wear a favourable aspect; but I found the cure not only retarded, but more difficult to accomplish, as there was always some new symptom appearing to impede it. On account of these new observations, I resolved to make comparative experiments on every symptom individually. I devoted the year 1826 to these experiments, and finally being convinced that mercury was unnecessary, when the simple

* Inflammation of the glans penis, from *βαλανος*, the glans penis.

† Inflammation of the testicle, from *ορχις*, a testicle.

and antiphlogistic treatment had been rigidly pursued, I abandoned its use altogether, and since the first of January, 1827, up to the present day, I have not administered one single atom of mercury, whether my patients were labouring under the primitive or secondary symptoms of syphilis.

For more than a year we have sought, without prejudice, for a single case where mercury should be substituted for antiphlogistics, but no one has presented itself. Whenever the cure is retarded, or we find new symptoms appearing, the cause can always be traced to the patient's having deviated from the proper regimen.

Before I had acquired the habit of distinguishing by the aspect of the symptoms, whether my patients had deviated from the prescribed regimen, I thought that those ulcers styled Hunterian, required the application of mercurials, but a considerable number of facts have convinced me that I was wrong, and that the Hunterian ulcers, will as readily yield to antiphlogistics as the simple and phagedenic.

Perhaps, until now, the influence of the general and local treatment upon the progress and termination of venereal symptoms, has not been sufficiently considered. The symptoms have been

described without any notice being taken of that influence, and yet accurate observation for a few months, will convince any one that the different aspects of the symptoms are always caused by the mode of treatment adopted. I thought that things should now be differently described, and that it would be useful to compare the difference of appearance between syphilitic symptoms when mercury is employed, and when it is not; when the animal and stimulating regimen, and when the vegetable and emollient one is adopted; when, in short, we use unguents and complicated apparatus for dressings, or reject all kinds of medicines and confine ourselves solely to emollient lotions, or simple attention to cleanliness. By doing this, as we are about to do with all venereal symptoms, simple or complicated, the importance and truth of the assertion we have just made, will become manifest. We also think, that by this means we will make known the best treatment that can be pursued for the cure of all venereal diseases.

By observing the influences of which we have just spoken, we will certainly curtail the number of classes of ulcers so uselessly multiplied by many authors.

From the observations we have made, it is our opinion, that in certain individuals, we can make

the ulcers successively assume different appearances, and even produce artificially in the same ulcer, the different forms which constitute all the various classes that have been described; if, for instance, an ulcer be powerfully irritated, its basis will become hard, its edges callous, the bottom will appear excavated and grayish: this is a Hunterian ulcer, (chancre.) This will be the more easily effected, when the internal organs are irritated by stimulating medicines or pretended specifics. But treat the same ulcer with lotions and emollient applications, or by the application of leeches to its surface; administer no medicine whatever; submit the patient to a vegetable and light regimen; proceed finally in such a way that the state of the system generally shall be in unison with the local modification you wish to bring about, and you will soon see a change in the aspect of the ulcer; its base will become soft, its edges will sink, the bottom will become clean, and the grayish crust will disappear. If the ulcer be of small extent, the cicatrix will advance from the edges to the centre; if on the contrary, it be extensive, the cicatrix will at the same time manifest itself in different points of the surface in isolated nuclei, which will proceed towards the circumference to

meet the cicatrix already formed on the edges. Even should the bottom of the ulcer not be completely purified, the cicatrix will still, when emollients are employed, advance from the edges towards the centre.

When several ulcerations, or even inflamed surfaces remain in contact, irritation is kept up in the part; almost all phagedenic ulcers are produced in this manner. Suffer one ulcer to be in contact with another, particularly if one part of it corresponds to the head of the glans and the other to the portion of the prepuce bordering on the glans, and you will soon have one of those ulcers styled phagedenic, because it increases at the same time in depth and breadth and seems to erode the parts in which it is situated. The bottom will appear as if figured, and be of a blackish or greenish gray colour; a brownish matter will cover the bottom of the ulcer, which will have a carcinomatous appearance. Submit this ulcer to the simple treatment; completely impede the contact of the parts by interposing a piece of rag soaked in some emollient decoction, or in chloride of sodium, and that which was supposed to be a phagedenic ulcer, will soon become a simple one. In general the species of ulcer of

which we have just been speaking, is situated behind the crown of the glans, one part on the glans itself, the other on the corresponding prepuce. Struck with the frequent situation of these ulcers in the place above-mentioned, I sought for the cause of this circumstance, and think I have discovered it to be owing more to the contact of certain portions of the ulcers, than to the effect of irritating applications.

This remark may be justly extended to all such tissues as are continually in contact, and are in a state of irritation. In balanitis accompanied by natural phymosis, the immediate contact with the glans of the internal coat of the prepuce keeps up the irritation of the parts, and the cure is thereby retarded; it even sometimes happens that if cleanliness be not observed for a few days, false membranes of considerable thickness form, in the meshes of which the capillary network of the prepuce and glans vegetate. In such cases I have sometimes observed that certain fibres in these false membranes become organized, and form, as it were, fleshy cords adhering at one end to the glans, and at the other to the internal surface of the prepuce. In one case I saw one of these cords of the thickness of a

crow-quill, and I was obliged to divide it after having performed the operation of phymosis. A considerable quantity of blood issued from the vessels when cut; the patient has assured me that no such cord existed before he contracted the venereal disease. It generally occurs that adhesion takes place between the crown of the glans and the internal corresponding surface of the prepuce, so that the whole or part of the circumference of the base of the glans is even with the prepuce when this is forcibly drawn backwards.

The symptoms to which we have just referred are never present, without being accompanied by more or less violent inflammation of the membranes of the prepuce. This inflammation I intend to call posthitis* in order to distinguish it from balanitis.

If the contact of the inflamed prepuce and glans continue long, and the opening of the prepuce be sufficiently large to permit the pus to flow freely, and carry with it the remains of the false membranes, there is another and a very remarkable consequence; which is, that either the

* From $\pi\omicron\sigma\theta\eta$, prepuce.

add dict

prepuce or the glans, or perhaps both at once become exceedingly hard, as if there had been developed in them a firm cartilaginous substance—hard, solid, and gritting under the bistoury; when cut, having the appearance of a fibrous and lardaceous tissue.

In the case where the contact of the prepuce and glans in a state of inflammation, is accompanied with ulcers at the base of the glans, these ulcers will become phagedenic, or gangrenous, and sphacelus may destroy a great part, if not, the whole of the prepuce. The local application of leeches might produce the most dreadful consequences, by considerably increasing the inflammatory swelling, and inducing gangrene of the parts. The inflammation must be reduced by general measures, such as diet, and general bleeding—when this is effected, the operation of phymosis must be performed, in order to prevent the contact of irritated or ulcerated surfaces—the parts entirely separated, and cleanliness particularly attended to—the symptoms will indicate such other measures as must be employed. We sometimes perceive on the middle and superior portion of the penis, a hard, round cord, not adhering to the penis, but following the course of

the dorsal vessels of that organ. This is a genuine phlebitis. This phenomenon is similar to that observed when the lymphatic ganglions of the axilla and groin become tumefied and painful, in consequence of irritation of the extremities. In the cases of which we were speaking, abscesses are formed on the dorsum of the penis and towards the pubis. They sometimes, but rarely indeed, appear over the course of the urethra; when they do, it is a matter of little importance.

From all that we have said, it is easy to perceive, how needlessly ulcers have been divided into a great variety of classes, which in reality do not exist. The various forms assumed by ulcers, do not depend on a different nature possessed by each of them, but on the predisposition of individuals previous to coition; on the visceral irritations occurring after that act; on the moral influence determined by the disease; on the attention paid by the patient to the first symptoms; on the local and internal remedies employed; on the regimen followed; on the time elapsed since the contagion; on the season; temperature of the weather; seat of the ulcers, and tissues these have affected.

When we compare venereal ulcers of the geni-

tals with those proceeding from other causes than syphilis, it is impossible to distinguish the former from the latter, by any remarkable appearance, especially when they have existed some time. I have seen ulcerations produced by burning tinder, cantharides, caustics, and even by a piece of lint left for some time between the glans and the prepuce, present at the expiration of eight or ten days every appearance of venereal ulcers. The similarity was so close, that several Parisian physicians to whom I showed them, took them for venereal ulcers, and we never should have been undeceived, had not the patients themselves confessed the deception they had practised on us.

It is then impossible to admit the existence of a variety of ulcers, each proceeding from a peculiar kind of irritation; it appears to us evident, that all the different varieties proceed from the circumstances and causes enumerated above.

All that we have heretofore said, applies of course only to primitive ulcers, without allusion to such as succeed cases of badly treated inguinal *adenitis*,* or to serpiginous ulcers, so frequently

* “The word *bubo* has been heretofore employed to designate a tumour in the groin after venereal infection, de-

the result of mercurial stimulation, to aphthæ which arise from the same cause, or to those ulcerations of the palate, amygdalæ, pharynx, and anus, which appear after one or two courses of mercury. If we find however in these ulcers any peculiar characteristics, can we not with propriety refer them to their source, and to the difference of the tissues affected.

According to the observations I have made, ulcers of the penis immediately succeed urethritis in the order of frequency of primitive symptoms. With respect to their seat, the following is the order of frequency. 1st. Behind the corona of the glans. 2d. On the internal surface of the prepuce. 3d. On the frænum. 4th. At the meatus urinarius. 5th. On the penis. I make no mention of those which appear on the periphery of the prepuce, as their frequency depends on the form and extent of the opening of that duplicature of the skin of the penis.

terminated by irritation of the lymphatic ganglions, and of the surrounding cellular tissue; but the term is improper when employed to designate similar tumours about the axilla, thigh, or base of the jaw. We therefore propose to distinguish this symptom by the name of *adenitis*, from *αδην*, a gland, denoting its seat by the epithets *inguinal*, *axillary*, or *submaxillary*."

Posterior to the corona glandis they are hollow, round, and frequently numerous; upon the glans they are generally of less extent and depth, and few in number; on the frænum they are for the most part found on its thickest part, which they perpendicularly divide into two portions—one corresponding to the glans, the other completely isolated; the latter either breaks of itself, or requires to be cut. On the internal surface of the prepuce they are pretty extensive, but only superficial, unless they become phagedenic. On its external surface they are large, round, and almost even with the rest of the skin when not irritated. At the aperture of the prepuce they are small, numerous, deep, and round, or else they form very deep fissures. They become pustulous when moistened by the matter of urethritis. These various characters are evidently owing to the seat of the ulcer, and not to any peculiar species of irritation which has produced them.

With respect to the cure of ulcers we are enabled to establish a progressive decrease in the time necessary for the process of cicatrization, by commencing with those requiring the longest treatment. From all that we have said on the subject, we can class ulcers thus:—1. Ulcers of

the frænum. 2. Of the urinary meatus. 3. Those around the aperture of the prepuce, (particularly fissures.) 4. Those posterior to the corona glandis, involving part of the prepuce and glans. 5. Those on the internal surface of the prepuce immediately posterior to the corona glandis. 6. Those on the internal surface of the prepuce when the opening of the latter will admit their being discovered. 7. Those on the external prepuce, and those of the penis itself, not including the superficial ulcerations, which at each dressing become covered with a thin pellicle.

Ulcers are more frequent in the spring and summer, than in autumn or winter; with adenitis the case is precisely contrary. I have not been able to perceive any regular conformity of adenitis with ulcerations of the penis on the same side.

It has been thought that by the free use of antiphlogistics, it was easy to effect the resolution of inguinal adenitis. This is a serious mistake, and it is our duty to point out its source, which is want of attention in the study of adenitis. This disease is divided into super and sub-aponeurotic. The former is seated in the superficial lymphatic ganglions found in the lamellated tissue formed

by the superficial inguinal fascia; the latter in the lymphatic ganglions, which being underneath the aponeurotic lamina inserted into the crural arch, is situated in the crural canal itself, or in the external and internal parts of this canal. Sub-aponeurotic adenitis can be subdivided into super and sub-crural. These various divisions frequently occur at one time in the same patient.

In sub-aponeurotic adenitis it is almost impossible to prevent suppuration, particularly when some days have passed over since the infection. The purulent collection, (*foyer,*) is most rapidly formed, although the skin about the groin may not have changed its colour in the least. The deep-seated ganglions become the seat of irritation, and the surrounding cellular tissue becomes involved. The apex of the tumour is painful on pressure, and the pain increases, notwithstanding the reiterated application of leeches; it is caused by the tension of the parts which form the cyst of the collection, and those immediately around it. The tumour becomes round, and the skin corresponding to it is almost always of a darkish red hue. By pressure with the finger on the spot which was originally the seat of pain, we may perceive a deep, dull, and very obscure fluctuation, which

will become more evident by repeated trials. If this collection, which is situated under the inguinal fascias, be not laid open as soon as discovered, the cyst becomes larger and perforates the aponeurosis; pus exudes through the openings and passages of the nerves and small vessels, until it reaches the skin, under which it diffuses itself—the superficial and deep-seated ganglions, with all the surrounding cellular tissue become highly inflamed. The aponeurosis is entirely destroyed, the primitive collection, which was of little extent, now increases to a great extent both in breadth and depth. The skin is denuded, it acquires a livid hue, becomes very thin, grows white in the centre, and wears through—is perforated in its turn, and the pus flows out; but the inflamed skin grows soft, and is soon destroyed by the progress of inflammation, and a vast ulcer is thus the consequence of sub-aponeurotic adenitis abandoned to itself, or the suppuration of which has been too long aided by emollient poultices. Proper dressings may reduce the size of the ulcer, but still the ganglions remain obstructed, fistulæ are formed, suppuration is inexhaustible, and the cure distressingly protracted, particularly if unguents, and the remedies called discutient, be

successively employed, with the hope of quickly reducing the irritation of the ganglions. The same consequences ensue when these adenites are opened with a cutting instrument. If the incision be made in the direction of the flexure of the groin, the two lips of the wound will be continually in contact, friction will cause them to inflame, they will be inverted, and finally become carcinomatous.

These disagreeable consequences may be avoided by opening with caustic potash such aponeurotic adenites as have formed a large sub-dermoid abscess through carelessness of the patients or ill-advised local treatment, but care must be taken to apply the potash transversely, contrary to the direction of the bend of the groin, and in such a manner as to make the opening large. By so doing, the abscess is exposed, and most of the ganglions, so that leeches may be applied on the ganglions themselves within the cyst. This method, which we follow at Val-de-Grace, renders the cure much shorter. We have frequently seen adenites of this kind, of which the abscess was very deep, the ganglions large and numerous, and the edges far removed from each other, cured in a very short time by the mere use of com-

presses soaked in some emollient decoction, and the application every second or third day of leeches to the internal part, and under the sinuses formed by the separation of the edges. We never use either unguents or lint.

When we have applied leeches a few times, and the apex of the adenitis is still painful, we have the assurance that the disease lies beneath the aponeurosis, and we must abstain from local bleedings, for we know that they are not only useless, but that they frequently increase pain, instead of causing it to subside. As soon as we perceive the fluctuation, we puncture with the lancet, carefully penetrating until the pus begins to flow. The quantity which exudes from the opening is really astonishing; we could never suspect it to be so great, for the adenitis is frequently of but small size. When the adenitis is both super and sub-aponeurotic, the fluctuation is very early perceptible. The sub-dermoid abscess being laid open, but little pus exudes; the pain continues, the wound made by the lancet becomes larger, and finally ulcerates; a deep-seated fluctuation is felt by pressure with the finger near the lips of the wound, and we become assured that the affection is both super and sub-

aponeurotic. The lancet is then to be introduced into the bottom of the wound, and at a very little depth we find the second abscess, the external wall of which is only the aponeurosis. If this operation be not immediately performed, the aponeurosis will of itself become perforated, and the pus be slowly discharged through the opening. In this case, the cure of the adenitis is very tardy; and consequences may ensue, which can only be avoided by causing all the pus to exude as soon as we ascertain the existence of a second abscess.

The super-aponeurotic adenitis is rounder and less voluminous than that of which we have just spoken, the skin above it is red, tense, painful, and much heated. The resolution of it is easily effected by local bleedings, emollient fomentations, and warm bathing. Its resolution is not even to be despaired of, when an abscess already exists. The best way is to puncture it with the lancet as soon as it is discovered; but if this be not done, it sometimes occurs that all inflammation ceases; the skin resumes its natural appearance; the pus which had accumulated, seems gradually to be re-absorbed, for the skin above it becomes wrinkled, appears flabby, and daily less tense; at length the abscess itself disap-

pears, a point of adherence continues to exist, which, however, disappears at the expiration of eight or ten days.

If pus escape through the puncture made by a leech, it exudes of course but slowly, and little at a time. Sometimes instead of pus, we find an aqueous, yellowish fluid discharged, somewhat resembling the serosity which in simple hydrorchitis is diffused in the tunica vaginalis.

The production of adenitis is favoured by lymphatic idiosyncrasy; it occurs more frequently with those whose cellular tissue is covered with fat than others. We have already stated that adenitis does not always appear on the same side, with ulcerations of the penis; we must add that it is oftener on the left side than on the right, and attains an immense volume in those subjects whose pelvis is wide and deep.

They often make their appearance when there are ulcers; not so frequently after simple balanitis; they are seldom caused by urethritis. They generally show themselves a few days after the above symptoms; seldom at the same time, and still more rarely without them. They are most common in damp chilly weather. Many medi-

cal men are of opinion that the cicatrices of adenites and serpiginous ulcers are uneven and tuberculous, and retain a long time the dark or reddish hue; they even think that this form of cicatrix is characteristic of syphilis; this is a mistake. The cicatrices alluded to never present such an appearance when mercury has not been employed, and emollients only been used in the dressings—they are then smooth and whitish, and even with the rest of the skin.

Acute urethritis, of all the symptoms, is that most generally met with. It is justly supposed that the inflammation begins in the fossa navicularis; but I think that when the urethritis is very acute, or has lasted a length of time, the mucous membrane corresponding to the bulb, becomes likewise inflamed. This inflammation may extend as high up as the neck of the bladder, and affect the prostate gland. I have frequently seen patients experience all the symptoms indicative of inflammation, with suppuration of that organ; the pus making its way through the canal of the urethra, and being evacuated with the urine, which is then purulent. Acute pain at the anus, root of the penis, and in the hypogastric region, a tumour felt through the rectum, with a peculiar

alteration of the features, with fever and sleeplessness, assure us of this termination.

It may happen that the inflammation of the bulbous portion of the urethra extends to the membranous portion, and occasions urinary fistulæ when the fissure of the urethra is situated at its inferior portion, or cause abscesses on the pubis when the fissure is situated on the lateral parts of the membranous portion of the urethra.

The following are the remarks made on opening the body of a patient who died six days after entering the Hospital of Val-de-Grace.* The whole of the mucous membrane of the stomach was of a pallid colour; towards the *bas fond* it was entirely destroyed, and in certain places the muscular coat had so much participated in the destruction, as to leave only the peritoneum entire. This disorganization was similar to that distinguished by Mr. Cruveilhier by the name of gelatinous softening, (*ramolissement gelatiniforme.*) The small intestines presented

* This post mortem examination was made in my presence, by M. Philippe, Assistant Surgeon in the Military Hospital of Instruction in Val-de-Grace. The wax model, made by M. Dalaistre, is now in the anatomical museum of the institution.

to the view numerous large figured scales of an oval form. The large intestines were healthy.

In the pubic region, to the left of the arch, and above it, was seen a narrow opening, through which issued a purulent fetid pus. The abscess whence it proceeded, extended to the linea alba, three fingers breadth from the umbilicus; its walls were thick, and of a dark gray colour; it penetrated to the contraction of the pelvis, mostly on the left side, on the sides of the bladder, and posterior to the sub-pubic foramen, also embracing the entire membranous portion of the urethra. It communicated with it through an elliptic opening, on the left side, an inch and a half from the neck of the bladder. There was no contraction of the canal of the urethra. The fossa navicularis was of a reddish violet colour, the redness extending an inch beyond it; from thence to the bulb the mucous membrane was in a natural condition; beyond the bulb, the redness was again perceptible, though not so intense, and the abscess alluded to, commenced at this part. The remainder of the mucous membrane up to the bladder was pallid; the veru montanum was swollen, but the prostate gland was in its natural state.

Is it not probable that this urethritis originated in the fossa navicularis, and bulb of the urethra, that the perforation of the membranous portion was the consequence of inflammation, that the urine was effused in the cellular tissue, and that filtrating into the pelvis with most facility, it caused an inflammation, the effect of which was an abscess, from which abscess, the pus exuded above the pubis on the left side? The abscess existed when the patient entered the hospital of Val-de-Grace; all the pubic region was tense, heated and painful, and the throbbing was very perceptible. Symptoms of gastro-enteritis induced the Chief Surgeon of the Hospital of Picpus, (which he had entered on account of an acute urethritis,) to send him to the Val-de-Grace. At the very time that the gastro-enteritis seemed to yield to the measures employed for its removal, cerebral symptoms, preceded by painful tumefaction of the left arm, occasioned the fatal termination of this serious malady. The running from the urethra did not cease during the latter symptoms, neither was there any tumour or pain about the perinæum.

We seldom are able to observe the state of the mucous membrane, during the course of an acute

urethritis. The case just mentioned, gave us an opportunity of satisfying ourselves, respecting the correctness of the opinions we had formed of urethritis. We believe that in every case, inflammation of the mucous membrane of the urethra commences about the fossa navicularis, this being undoubtedly the first part to receive infection. But when the urethritis is accompanied by violent pain, and frequent erections, we think it must be seated at the same time, both in the bulb and fossa navicularis. Under certain circumstances, the inflammation may be more extensive, and assume another situation; it seldom happens, however, that the mucous membrane is inflamed at the same time, in its whole extent. It is probable, that in chronic urethritis, the bulbous portion of the urethra is the principal point of irritation; this is our opinion, and we found it on the following reasoning. When chronic urethritis passes to the acute state, a great degree of pain is experienced at the perinæum—strictures are very frequent at the bulb of the urethra, and in its immediate vicinity—and frequent local bleedings at the perinæum, as if the urethritis were acute; a light regimen and the use of diluent

drinks, almost always succeed in removing inflammation, and stopping the running.

From the attentive observation of a great many cases of strictures of the urethra, it appears to us that strictures are more frequently the consequence of the long continuation, or frequent repetition of urethritis, than of the use of tonic and astringent injections. Nevertheless, we do not doubt but that they are frequently caused by the latter, when these are employed before the entire disappearance of inflammation.

Orchitis more frequently takes place on the right side, than on the left; rarely on both at the same time. We frequently meet with orchitis and hydrocele united, and this union of the two diseases, we purpose calling hydrorchitis. When orchitis is intense, and the skin of the scrotum is red, tense, and very painful, the tunica vaginalis is likewise involved in the inflammation. In this case, adherence takes place in various parts, and we can perceive in the tunica vaginalis, certain isolated collections, which become more visible when we extend the skin of the scrotum, as it were, for the purpose of collecting below all the effused matter. In some places, the scrotum

New list

then seems corrugated and gathered up. This remark may diffuse some light among medical men respecting the development of hydrocele. Mr. Gama very justly observes, that hydrocele is, in his mind, in general, the consequence of inflammation of the testicle.

Vegetations about the anus and penis, a secondary affection so often occurring after mercurial treatment, vary in texture and form according to their situation. About the anus they are flat and mucous, seldom red and granulated. About the penis their appearance is quite different; at the base of the glans they are red, tender, and bleed excessively when cut; they are sometimes large; always deeply fissured, and are composed of a number of red vascular granulations covered with a very thin cuticle. Behind the glans, on the internal surface of the prepuce, they are less granulated, more pallid, and have a large base. These vegetations are produced by an extension of the blood-vessels; they are a species of erectile tissue always appearing in those parts where numerous vessels circulate underneath a thin vascular membrane. They generally succeed balanitis and superficial ulcerations. I have often seen behind the glans penis, in

cases of balanitis of long standing, a sort of membranous folds of a light reddish colour, in which, when viewed with a microscope, I could perceive small tubercles formed by vessels, and covered with a very thin cuticle, through the tissue of which some extremely delicate vessels could be discerned.

Vegetations known by the name of warts, differ from the preceding only in being covered by a hard, and sometimes horny skin.

I do not think that we should class under the head of venereal symptoms all those known by the name of secondary, for their appearance is certainly in a great measure caused by the use of mercury. It has been observed that the number and intensesness of these symptoms have amazingly diminished since mercury has been used more cautiously. All the patients I have had under my care with secondary symptoms, had passed through one or more courses of mercury, and the intensesness of the symptoms was always more or less in proportion to the quantity of mercury they had used in various forms. Those afflicted with caries of the bones, exostosis, periostitis, and pains, had consumed a great quantity of mercury by friction. Those suffering with tetter, ulcers

of the mouth, velum palati, tonsils or pharynx, with serpiginous ulcerations, suppurating pustules, and pains, had used to excess both the oxymuriate of mercury, and mercurial frictions. With most of the patients the symptoms would become greatly aggravated at each change made in the mercurial treatment. I make no allusion whatever to chronic pneumonitis and carditis, gastritis and enteritis, so generally the result of such treatment; nor do I speak of alopecia, mania, and the very remarkable alteration of the features.

There is surely no longer any doubt but that diseases produced by the abuse of mercury, and even by the methodic use of that metal, have been confounded with the secondary symptoms of syphilis. Should the new method of treatment be generally adopted, before long a considerable diminution will take place in the number of those symptoms called secondary, and which have been so unhesitatingly ranked among syphilitic affections.

We instituted some experiments on dogs with different mercurial preparations, to ascertain the various modifications produced by mercury. Some received the mercurial influence by friction,

and others by administering to them the corrosive sublimate in solution. All were abundantly fed with soup, meat, and bread, and submitted to the usual treatment employed in the hospitals where the ancient method is still retained.

A robust, healthy, active, and lively dog, was rubbed daily with the strongest mercurial ointment. Salivation commenced at the seventh friction, was profuse at the twelfth, but still the mercurial friction was persevered in. The animal thinned gradually, became dejected, the salivation diminished, and he died the day after the thirtieth friction, in a state of extreme emaciation. The body was opened in the presence of the students by Mr. Cornuau, *Chef de Travaux Anatomiques* of the Val-de-Grace Hospital, and the following alterations were found:—The teeth were almost entirely bared and loose, especially the inferior incisors; the gums in a state of ulceration; the internal surface of the mouth, and the velum palati, were covered with extensive aphthæ; the pharynx was red; the œsophagus in its natural state; but about the *bas fond* of the stomach there appeared scales of a dark-red hue; these were likewise seen on the mucous membrane of the small intestines; the salivary glands and pan-

creas were reddish, and covered with numerous vessels; the bones did not appear to have suffered any change; the marrow was quite liquid, and of a reddish colour; the heart was flaccid; the lungs in their natural state; and the brain gorged with blood.

All these organs have been given to Professor Serullas, Chief Pharmaceutist of Val-de-Grace; he has promised to analyze them, to discover if they contain mercury. When experiments enough shall have been made to draw conclusions from them, we will impart them to the public.

The primary and secondary symptoms of syphilis certainly possess a peculiar character, but if we can establish this proposition in a general way, it no longer holds good when we come to consider individual cases. It has been believed, and is so still, that it is important to describe minutely the great variety of forms assumed by venereal symptoms, and to assign to each of them a peculiar character, so that all may be exactly described. But has the difficulty of going through with such an undertaking been sufficiently considered? And besides, of what advantage would it be were it done, and the causes of the

different modifications of the same symptom not assigned? It is as difficult a task to describe all the varieties of some syphilitic symptoms, assigning at the same time to each variety its respective cause, as it would be to describe all the gradations and shades of cutaneous eruptions in children; nevertheless, for the good of science, it is well to make every endeavour to diffuse more light on this obscure subject; but in this labyrinth the wary practitioner will never involve himself. It is not by entering deeply into the examination of secondary affections, that we can succeed in determining exactly the character of the various syphilitic symptoms; for who can assure us that the forms of this affection do not depend in a great degree on the measures employed to remove the primary symptoms. All that has thus far come under our observation corroborates our opinion; the comparison of the secondary symptoms, after the treatment with and without mercury, will one day class among positive truths the proposition we now only hesitatingly advance, as we have not yet met with a sufficient number of cases to assert it positively.

Although all venereal affections have a peculiar character, their nature is always the same; they

are a consequence of irritation. This phenomenon acts upon the contaminated organs in four different ways:—1st. The irritation is limited to the surface of a membrane or organ, (urethritis, balanitis, posthitis.) 2d. It destroys more or less deeply several of the tissues, (ulcerations.) 3d. It occasions tumours, (adenites, abscesses of the penis, of the labia and pubis, pustules.) 4th. It excites vegetation of the organic tissues, (excrescences about the penis and anus, tetter.) The first three forms of irritation are generally primary symptoms—the fourth is generally a secondary affection. They do not differ from the results of common irritation, and the whole four forms above mentioned may be produced by causes not syphilitic.

With respect to the appearances assumed by venereal diseases, there is no special characteristic. There is nothing peculiar in their progress or termination, nor is the treatment necessary for their cure, either peculiar or specific.

The nature of venereal diseases is one of the most important questions lately discussed; the solution of the question will diffuse the greatest light on the cause of those diseases, and enable

us to decide upon the measures to be employed for their removal. It is this alone that can render transparent the veil of mystery by which they are enveloped, prove the non-existence of the fancied venereal virus, which has so long exercised the most unhappy influence on prejudiced minds, and dispossess mercury of the specific virtue which has so freely been attributed to it. But it will perhaps be said, since the venereal disease is contagious, since it reappears in different shapes after an apparent cure, the irritation which has caused them must necessarily have a peculiar character? Undoubtedly, venereal affections are contagious, and apt to reappear, but syphilitic contagion is subject to certain organic conditions which are not met with in irritations not venereal; the orgasm of the parts which have been exposed to the contagion, the mode of vitality of those parts, the character which the excreted matters assume by their standing, are so many causes powerfully favouring contagion. Is it then necessary to admit the existence of a virus to account for syphilitic contagion? The small-pox, measles, and scarlatina, are contagious diseases, but as yet has any one believed in

the existence of a variolous or morbillous virus? Why allow to syphilis alone the fatal privilege of possessing a peculiar virus? Because physicians not being able by simple interpretation of the phenomena to account for the disappearance and reappearance of syphilitic symptoms, were obliged to have recourse to a first cause, to a virus, the only proof of whose existence is the pretended operation attributed to it. If the belief in a venereal virus has been prevalent for ages, it is only on account of our ignorance of the true nature of syphilitic symptoms.

In all countries into which syphilis has not been imported, there is no doubt but it has spontaneously appeared, its development being owing to causes it would be interesting to discover. We daily see uncleanness, the use of certain fermented drinks, and the too frequent repetition of coition, produce balanitis, urethritis, and ulcers about the genital parts. If these symptoms be irritated in consequence of want of cleanliness, by the collection of a matter rendered acrid by heat, and the usual secretions of the organs, by a stimulating regimen, and unusual excitement of the system, their intensity augments, and they soon become contagious. This is certainly the way

that syphilitic symptoms first appeared, and then were spread. It would be useful to discover if the emigration of people has not contributed to engender syphilitic affections. I am almost induced to believe that men coming from northern latitudes have contracted the venereal, by connection with women in hot climates, although the latter may have been entirely free from disease.

The sudden transition of Europeans to America, when the New World was discovered, the excesses committed by them with the women of the places where they landed, the change in their mode of living, and uncleanness, are causes of the development of a disease which was unknown before in those places. The like effect can be produced upon such men as abandon themselves too freely to the pleasures of love in countries where they are not yet acclimated. It can also be produced by too great excitement of the genital organs, by the influence of an inveterate cutaneous disease, and by disproportion between the sexual organs. I could cite a number of authors who are of the same opinion.

Certain physicians as commendable for their profound erudition as for their extensive researches, have endeavoured to discover the cause

of the epidemic of Naples, and have fully proved that those authors who have by turns accused the Americans, the companions of Columbus, the Neapolitans, and the French, have advanced an opinion as absurd as false; but it seems to me that we might come nearer to ascertaining the real cause of that dreadful epidemic by examining all the sources to which it has been ascribed, by inquiring particularly and carefully into the composition of the armies which were at the siege of Naples; what the food of the soldiers; what the health of the country at that period; whether there had been any epidemic previous to that now alluded to, and especially, what local influence and other circumstances operated on that assemblage of men.

The mind of every one is now taken up with a question not less important than the last: it is, whether, considering venereal diseases as the result of irritation, a theory can be established satisfactorily, explaining how those diseases are cured by opposite measures? This question appears at first not only incapable of solution, but seems to carry with it the overthrow of the new method of treating syphilis, as it would appear that the partizans of this method would not be

able to establish a theory which could compare and explain in the same way, facts and results apparently so precisely contrary to each other. We are, however, going to attempt it, or at least will make known the reasons which induce us to adopt the method without mercury, for the cure of venereal diseases, both recent and inveterate, and likewise mercurial affections. We will be under the necessity of entering into certain details which may appear foreign to our subject; but the reader will soon perceive the necessity of entering into them, as they refer directly to the theory we wish to offer.

The spontaneous development, without previous contagion of syphilitic symptoms, by the influence of certain exciting causes, the manner of contagion of venereal diseases, their characteristic symptoms, their termination and cure accomplished by antiphlogistics, plainly show that these diseases are the result of irritation; to deny this proposition, would be to object to the most palpable evidence, and to disavow the most positive facts. Let us even consider this irritation as special, a point impossible to prove, let us imagine it in the lymphatic system, or in the capillary blood-vessels, and it is not the less true, that the irritation

is the fundamental characteristic of all venereal symptoms. Then, since these are the result of irritation, the theory of these diseases should in no way differ from the general theory of inflammatory affections. Thence it follows, that in order to form a correct idea of the contagion, of the appearance, progress, termination, and mode of curing these diseases, we must observe what occurs in the system, previous to, and during the inflammation of an organ; we must follow the progress of said inflammation, and become acquainted with all the circumstances favourable or opposed to the cure.

By so doing, we will naturally be led to the conviction, 1st, that contagion of syphilitic affections occurs only when a predisposition to irritation exists in the individuals who expose themselves to it; 2d, that the degree of intensesness, and not unfrequently the form of the symptoms are in conformity to that predisposition; 3d, that syphilitic symptoms are not limited to affecting only the parts on which they appear, but that they impress upon the whole system a certain modification which induces between the system generally, and the parts affected, a certain sympathy—an analogous degree of stimulation; 4th,

that this organic modification being determined, the primary form of irritation may appear in any part where an active stimulus is excited; 5th, that to this modification must be referred the re-appearance of primary symptoms after their removal, and the production of the symptoms called secondary; 6th, finally, that the treatment of venereal diseases, both recent and inveterate, must consist in removing the modification experienced by the whole system, and producing the like effect in the diseased parts.

This doctrine does not solely apply to the treatment of venereal diseases; it can also guide the practitioner in the curative indications presented by all chronic irritations. It might be necessary to discuss it more at length than we do in this memoir, but the sketch we are now about to present, will clearly show upon what true and solid grounds it is founded.

The inflammation of one or more viscera is always preceded by what might be called the period of incubation, known among pathologists by the name of predisposition. Before the application of the exciting or morbid causes, we observe that the organic tissues exist under the influence of a stimulus bordering on inflammation; that

they are not only liable to become inflamed, but prone to do so. This state of the organism is still compatible with health; but should there occur any extraordinary unpleasant feeling, some transient functional disorder, or unusual obstruction, we foresee that such a state cannot last, and that the sudden development of inflammation must necessarily be the consequence; and it never fails to appear as soon as congestions and inflammatory foci (*foyers*) are produced by the influence of causes acting upon, and increasing this unnatural stimulation. These foci, once established, receive, as it were, continual fuel from the morbid predisposition which has rendered it possible for the irritation to become local. Thus disposed, the organs undergo various phenomena, the development and intensity of which are always in proportion to the degree of abnormal irritation which constituted the morbid predisposition, the first cause and generator of the inflammation, whilst in its turn the diseased part exercises its influence on the organism. The irritated organs, and all the tissues of the system are involved in an equal excitement, which continues to advance until, from the effect of therapeutic measures, the organism ceases to yield to the ex-

citement of the diseased parts; then the irritation of these parts, being abandoned to itself, will gradually diminish, and finally completely disappear.

The rendering diseases local is a necessary effect of the vital actions, which, in all physiological functions, every moment produce revulsions from one organ to another, and very manifest intermissions. These are observed in the physiological state; they are likewise seen when an active stimulation of the tissues tends to destroy the equilibrium of all the functions; but those vital actions are interrupted or stopped as soon as inflammation attacks a viscus, or there appears externally a violent inflammation. The derangement which then takes place, plainly shows that a foreign influence has given to the vital phenomena another direction. The actions are at first irregular and abrupt, the whole system seems to be disturbed, and every part of it participates in the affection of the diseased organ; but from this disorder arises another class of phenomena, for as soon as all the tissues have acquired an equal morbid relation with the diseased part, the functions continue to be performed, and the whole organism exists under the influence of the new modification it has experienced.

The intensity of the local irritation, its more or less rapid progress towards a cure, and the disorder it occasions throughout the system, are always in proportion to the duration of the morbid predisposition, as well as its degree and extent before the inflammation became local. Nay, more, the termination of the irritation likewise mostly depends on those circumstances, even when the treatment is adapted to the nature of the disease. It must not be believed that the predisposition is destroyed when the inflammation becomes local; for it, on the contrary, augments, and though first brought into action by the local inflammation, it in its turn adds fuel to the latter. It is undoubtedly to this sole cause, which is as yet not sufficiently attended to, that we must attribute the difference in the progress and termination of the same disease, in different patients; it is likewise the exact knowledge of this cause that accounts for the great obstinacy, and sometimes a kind of harmlessness of the disease which we observe in cases to all appearance perfectly similar.

It is easy to perceive that the abnormal stimulation of the system, styled morbid predisposition, for the very reason that it produces con-

gestions and local inflammations, is favourable to venereal contagion. It is in fact, what actually takes place, for the nature of syphilis is inflammatory. If the predisposition be very manifest, the infection after impure venery will be prompt and intense, and the venereal symptoms which will appear, will almost always be accompanied by visceral irritations, particularly if the syphilitic symptoms be very acutely painful, or have made a deep impression on the imagination of the individuals affected. From the observations we have made, we infer that abnormal stimulation of the stomach, favours the production of urethritis, ulcerations, pustules, tetter, and pains, whilst that of the large intestines induces inguinal adenites, irritations, vegetations about the anus, and ulcerations of the throat.* During the existence of the

* We have frequently seen both primary and secondary symptoms present themselves at the same time in individuals who had been cured of primitive affections by mercurial treatment. Impure venery, effected during the existence of the above-mentioned predisposition, had occasioned at the same time the development of the two classes of symptoms. We are of opinion that secondary symptoms, without any primary ones, are often produced by impure venery in men, but recently cured of urethritis, balanitis, ulcerations, and adenitis.

symptoms, the relation is still the same. Gastritis is very unfavourable to ulcers, and colitis has a peculiar influence on inguinal adenitis.

It is said that irritation can extend from one viscus to another, and a number of facts unite to prove that this morbid phenomenon seizes occasionally upon all analogous tissues in the body. I believe that this remark, which is certainly true, has not been properly accounted for. This migration of inflammation proceeds from the morbid predisposition of which we have been speaking. It occurs in those who have been in the habit of over-stimulation, or who are affected with chronic organic inflammation, but most frequently with such as are submitted to mercurial treatment for the removal of syphilis, or such others as deviate from the proper regimen, and use stimulants. In these cases it frequently happens that inflammation first seizes the opening of the mucous membranes, and then attacks the viscera, which in their turn, acting upon the skin, occasion pustules, tetter, &c. &c.

When this predisposition exists, acute urethritis is not unusually accompanied by gastritis, gastro-enteritis, and cystitis. Balanitis by phimosis, phlebitis of the penis, and abscesses on the

pubis—adenitis by colitis, diarrhœa and constipation—guttural ulcers by cerebral congestion, and cephalalgia. Similar complications do not occur when the system is not in this morbid condition.

By admitting the existence of a morbid predisposition, we can satisfactorily explain, how under similar circumstances, and under the influence of the same treatment, slight irritations appear, which yield easily to the measures employed, whilst others more violent and rapid, resist all the efforts of the physician. We must here remark, that these differences are not to be imputed to the cause which has rendered the irritation local; but to the state in which the organism is now, and was before the appearance of the disease. Nothing then will have been done towards the cure, until we have succeeded in modifying this state. The convalescence will be long, difficult and dangerous: new localizations, if we may so term them, will manifest themselves, because we have not entirely destroyed that morbid modification which is the result of the predisposition, and the influence of the existing irritation.

The same is observed in venereal affections,

when the treatment employed is contrary to the nature of the morbid predisposition and to the external irritation, whose production it has favoured. New symptoms successively appear to protract the cure; continual perturbations are observed; thence proceed crises which are localizations and spontaneous congestions; and also phenomena of irritation, as abscesses, adenitis, ulcers of the mouth, salivations, irritations at the anus, diarrhœa, profuse sweats, pustular, lichenoid and sporadic eruptions; but what effect have these crises with regard to the cure of the disease? Their efficacy does not depend on their evacuating superfluous humours, but on their reducing the system, and giving a new modification to the altered order of its functions.

This is the way that stimulants act in the treatment of inflammatory diseases; they produce partial, sudden irritations, though of short duration; they frequently cause irritations to become localizations, which terminate in destroying the very cause which produced them. Similar phenomena are not observed when we oppose antiphlogistics to venereal and other inflammations, for the very reason that, at the same time that they act upon the local affection, they reduce the irritability of

the whole system: we modify in the same manner the seat of the local irritation, and the system which had been over-stimulated.

But in acute inflammation, the physician entirely taken up with the danger threatening the affected viscus, generally loses sight of the state of the system before the irritation becomes local. This oversight, however, has a less serious effect in the treatment of these affections, than in that of chronic diseases, because in the former, the measures employed against the local irritation, are likewise efficacious in altering the general state of the system which has produced it.

The same modification occurs at the same time in the affected part, and in the whole system; which is not the case in chronic affections, whose progress is slow, and development far from prompt.

It appears that in every case where a visceral irritation comes on slowly, and when a sore with purulent secretion lasts a long time, the animal economy adapts itself to these affections, and the tissues become prone to the same kind of irritation, which exists in the chronic state. A cause of irritation, applied to any particular part, generally, if not always, determines there an affec-

tion, presenting the same form as the primitive disease, or one analogous to it. But when an organ is violently irritated, all foreign agents act upon it, and not upon the parts to which they may be applied. The system has habituated itself to these morbid influences; there is a certain harmony between the affected part and the rest of the animal economy. The latter has placed itself in concordance with the former, and every thing which tends to destroy this unison of action, produces a manifest disturbance in the diseased part.

It is difficult to understand how individuals can exist with an almost complete disorganization of a viscus, or with a sore of great extent, whose surface exhales an abundance of purulent fetid pus, and of which, there are frequent instances in the hospitals. Life, in such cases, only continues because these disorganizations, or these sores, have been slowly formed, and the system has gradually accustomed itself to the performance of its functions under their influence—they would surely have been fatal had they occurred suddenly.

In the treatment of a disease whose progress is naturally slow, if the physician should lose sight of the relation existing between the vital

actions of the system, and those of the affected part, he would fulfil only a second indication; and neglecting the first, his endeavours would be useless or superfluous. It sometimes occurs that the morbid modification is so ancient and deeply rooted, that it would be dangerous to alter it; indeed, all efforts so to do, would be fruitless. Such cases are not unnoticed by physicians of penetration, who properly recommend the rejection of all powerful remedies, the bad effects of which they have observed to be as fatal as numerous. There are cases where the whole art of the physician consists only in observing the progress of the disease, and removing such causes as might aggravate it, without using any other measures, not even those which the nature of the affection may seem to demand. This is frequently the case with inveterate mercurial affections, and such venereal diseases as have been said to be constitutional; the only efficacious remedies in these somewhat desperate cases, are a mild regimen, much care, great patience, and time; this is the only plan that will remove them.

The same remark is applicable to those chronic venereal diseases in which the disorganization of the affected parts greatly extends itself.

The system is so connected with these disorganizations, that a period must arrive when they cease to extend; when an adenitis becomes deeply ulcerated under the influence of internal and local stimulants, if the treatment which gave rise to this, be continued for a long time, the ulcer will not only cease to extend, but will cure itself, because a new modification has been effected. It is true that these cases are rare—cures effected by stimulants are fraught with danger—but still they are possible, for they have been known.

Under circumstances like these, if we suddenly alter the treatment from the stimulation to which the system was habituated, we see the ulcer, which had been stationary, extend and get worse; this follows from suddenly interrupting the relation existing between the system generally, and the diseased part: but this unfavourable appearance is but of short duration, for as soon as a new order of vital phenomena has established itself equally in the affected part, and the whole system, the ulcer gradually heals, the patient acquires a blooming appearance—perfect ease and quietness succeeds to what was, till then, an almost permanent state of irritation.

This practical observation proves, that if, in the course of a chronic irritation, we substitute a mild treatment for a stimulating one, the effect is not at first such as we would expect; the modification arising from this change of treatment, in fact, at first, appears to be opposed to the cure, but the aggravation of the symptoms is, as it were, but momentary, for it is soon followed by progressive improvement.

We are of opinion, that it may be dangerous in the treatment of chronic venereal and mercurial affections, to change suddenly from strong stimulants to a complete asthenia—more advantageous results are obtained by gradually reducing the quantity of stimulants so as to prepare the tissues for asthenia. A too rigorous and prolonged diet might also occasion some difficulty, for we must allow for the necessity of affording sustenance to the organs, as that very necessity might impede or greatly retard the cure.

The doctrine just now advanced, accounts for those unhoped-for cures effected by proper regimen and change of air. It is not unfrequent to meet with patients reduced to a state bordering on marasmus, from being repeatedly subjected to the mercurial treatment, who have completely reco-

vered by using no class of remedies, and living exclusively on milk.

But, it may be said to us, you cannot admit the doctrine you propose, denying the influence of a venereal virus, or vitiation of the humours; must not your doctrine necessarily render your therapeutic principle either humoral or specific? At first sight this objection appears to be well founded, but examine into it well, and you will find it far from solid; it is entirely illusive. The morbid predisposition, the direct correspondence between the system, and a local affection of sufficiently long existence to have exerted its influence, are facts which the slightest observation points out to the physiologist; but we should halt at the phenomena, of which these facts are the expression, and not attempt to trace them to pretended primary causes only seen through the results they are supposed to produce. There lies an abyss between the organic phenomena, and the primary causes of which we speak, into which it were imprudent and dangerous to descend. Besides, the physician should only be guided by his observation of organic phenomena: here all is certainty and light—beyond, all is involved in obscurity and doubt.

The observation of chronic affections offers us, besides, numerous instances which support the propositions above advanced.

The external forms under which we see those affections called scrofula, tetter, scurvy, itch, cutaneous eruptions, and all those diseases whose seat is supposed to be in the lymphatic system, are only consequences of a morbid state, or of a peculiar disposition of the system. Physicians have acknowledged that in such cases a local treatment is not sufficient; observation has taught them that they must alter the state of the whole system, at the same time that they endeavour to modify the diseased parts. For a long time these affections were referred to vitiated blood or lymph, but of what advantage has this humoral theory been to therapeutics? Have medical men ever even suspected, with any reason, the nature of this vitiation of the humours? Have chemists been more successful in their analyses? These inquiries, of course, should not be given up, but they are not so important as some would wish it believed; and in making these investigations, care should be taken not to confound positive facts with hazarded hypotheses.

The humoral theory, of which we have just

spoken, has only served to prolong the reign of error in the study of chronic affections with which we are now engaged. The same thing has occurred in the fruitless investigation of a venereal virus in syphilis; and it will be ever so—we will ever remove ourselves further from the truth, when, instead of contenting ourselves with facts, we attempt to seek out their causes where they do not exist. If, instead of losing time in such vain inquiries, the most scrupulous attention had been paid to examining the circumstances which preceded the development, and those which succeeded the appearance of scrofula, tetter, scurvy, and diseases consequent to syphilis, it would have been discovered that a specific treatment could be of no avail, and that the external symptoms only heal when the organic disposition which nourishes them is changed or destroyed. Let this modification be brought on by means of stimulants, a specific class of medicines, or by antiphlogistics, with vegetable and light regimen, it is nevertheless effected. The observation of these facts, which in truth appear so contradictory, establishes the following proposition:—
“That the local affection yielded only when it no longer found its aliment in the system; it

disappeared because it was not possible for it to exist without the cause which produced it, and under whose influence it was obstinate."

To suppose that this result proceeds from the neutralization of the vitiated blood or lymph, or from the destruction of a virus, is to go beyond the domain of facts, to wander in the indefinite space of hypothesis.

A vast number of remedies have been extolled, to the effects of which have been imputed the cures of different patients afflicted with the same disease; these cures appear inexplicable, because they are contradictory. The application of the principle which we have just laid down, and which we consider incontestible, dispels all uncertainty, and the explanation which, through it, can be advanced with regard to those cures, stops at the results obtained, at visible phenomena, at real and positive facts; in short, at the point where theory begins to enlighten practice. In these cases, the success obtained is not to be attributed to the virtue of this or that remedy, but to the modification effected in the system.

It is on account of not having considered the question in this point of view, that physicians of merit have extolled remedies, the properties of

which are precisely contrary to each other. Much has been written to prove that venereal diseases are cured by the operation of different mercurial preparations. Every physician has a peculiar plan of treating them. Some place entire confidence in corrosive sublimate, others in mercurial frictions; some recommend gold, others reject all compound remedies, while others again tire out their patients with them. Opium has many partisans; iodine also—antimony still enjoys the favour of many; sudorifics are used by almost all; but those who look upon physiology as the only sure guide in practice, reasonably believe that antiphlogistics appropriated to the nature of the disease, will, with time, be preferred by all. The preference which every physician gives to any particular method, he founds on facts, on cures which we do not pretend to deny; but they are not always successful, and the cures effected are far from compensating for the frequent failures and distressing consequences which they experience, but of which they never speak. These cures indeed are frequently but happy exceptions, instead of constituting general rules, on which the precepts of a sound theory, and the indications of an enlightened practice ought always to be founded.

As a general rule of practice, that method which is most successful, which accomplishes most safely and promptly the object of the physician, which in short, most completely, and without danger, removes the morbid modification, is the method to be preferred. Another circumstance should particularly induce physicians to adopt it; this is the relation existing between the measures constituting it, and the nature of the disease it is intended to oppose. In the latter point of view, as well as those before mentioned, the antiphlogistic or asthenic method should certainly be adopted in the treatment of syphilis.

The reflections which we have made, and the arguments now entered into to excite the public attention, and provoke the criticisms of those who are true friends of the science, lead us to expose in a few words the theory we profess of venereal diseases. This theory is only an application to syphilis, of the general principles we have laid down. In certain circumstances it may appear to differ from the general theory of diseases produced by irritation, but it is fundamentally the same—it cannot essentially vary from it.

The theory of venereal diseases rests on three principal questions, the solution of which has

undoubtedly, already occurred to the mind of the reader. This solution is deduced from the general facts relating to the contagion and transmission of venereal affections—to the influence they exert on the system and affected parts—and to the general and particular mode of their cure. The latter is the immediate consequence of the other two; and these three questions are so interwoven with each other, and each one so connected with the solution of the others, that it is impossible to separate them without diminishing in a great measure their importance. We do not now intend to enter at large upon them; they require so many different developments, and are connected with so many secondary questions, that by so doing, we should go beyond the limits prescribed to this first memoir.

It has been frequently remarked, that every individual having connexion with a person affected with syphilis, does not contract the disease. Many authors worthy of confidence have stated this fact, and we have ourselves noticed it among the soldiers, who, as a certain English physician has said “indulge in *troops* with the same woman.” Since then, all who expose themselves to venereal contagion, do not become dis-

eased, we must necessarily admit that those individuals who took the disease, were at the time of coition, in a state favourable to contagion, and of course the contrary with those who did not become affected. This condition or state of system, we style *predisposing organic modification*, (*modification organique prédisposante.*) It corresponds to the morbid predisposition of which we have already spoken. It may be either general or local, and frequently, is both general and local at the same time.

The same venereal symptom, or one considered the same, may cause the development of different symptoms: all these symptoms may be met with, in some patients, and separately in others, although the infection in all, originated from the same source, and with but little difference in time. This fact proves that predisposing organic modification is one of the causes influencing the form, number, and intensity of the symptoms.

All venereal symptoms are not contagious. The degree of their *contagiousness* is not in proportion to the quantity and tenacity of the fluids they secrete, but to the intensity of irritation they present. This intensity is estimated by the unnatural stimulation of the system, which we have

styled predisposing organic modification. Syphilitic symptoms are more or less violent, according to the moral and physical causes which operated on the individual before the contagion, and since the infection.

Since syphilitic symptoms are all produced by irritation, the organic modification which favours their production, is of an asthenic nature. Considered with relation to venereal diseases, this modification should be sought out, and the contagion which it has determined should be studied in the action of the very causes which have produced the disease. These causes have acted on the system, or only on the parts affected; most generally in both at the same time.

Heat of the body, (characterized by heat of the skin, thirst, want of appetite, troubled sleep, or constipation,) drunkenness, stimulation produced by a copious and heating meal, the heat of summer, and finally, whatever tends to increase the activity of the vital actions, can render the contagion not only possible, but prompt, if the system have been for some time previously in an unusual state of stimulation.

If the act of coition has been of long duration, or has been repeated to excess, infection will

easily take place, because, on one side the organs will have been a long time exposed to contagion, and on the other, reiterated friction will have created a lively and continued stimulation. This latter cause can even bring on balanitis, urethritis, and slight ulcerations, in men having connexion with healthy women.

The want of cleanliness before and after coition is apt to cause the development of syphilitic contagion. Men who are habitually neglectful of cleanliness, frequently find between the prepuce and the glans, a collection of sebaceous matter: this, by remaining long in the part, and mixing with the urine, sometimes becomes so very acrimonious as to occasion manifest irritation. If, when in this state, they expose themselves to contagion, it is sure not to spare them: nay, more, should they have connexion with healthy women, the organs of the women may become irritated, and a slight running with ardor urinæ may ensue.

We now see that every cause which augments the stimulation of the system, and of the genital organs, is favourable to syphilitic contagion.

All modern authors have distinguished venereal symptoms into primitive and consecutive:

primitive when they are the consequence of a recent infection, consecutive when the period of infection is already distant.

It is proved by facts, that the latter symptoms can proceed, 1st, from the want of treatment of the primitive symptoms; 2d, from an imperfect general treatment; 3d, from a mere local treatment of the symptoms.

Since venereal diseases can in some way revive of themselves, and since during the manifestation of symptoms, both primary and secondary, new ones can be developed without a new infection, we conclude that in many cases, these symptoms exert their influence on the system. This state we call *general venereal modification*, when it acts on the system, and *local venereal modification*, when its influence is limited to the affected part.

General venereal modification is evinced by the appearance of secondary symptoms, and by the manifestation of irritation in the form peculiar to syphilis, in those places where a lively stimulation has produced its action.

According to what has been already said, we know it to be a fact, that the system will conform its action to a local irritation, provided the lat-

ter has existed for some time. If limited to the part which has received the contagion, the irritation might be subdued almost instantly after its manifestation, because the conformity of which we speak has not yet established itself; but if through inattention to cleanliness, irritating dressings, or stimulating regimen, it may have been protracted sufficiently long, the system surely is modified by it, and the same species of irritation or new phenomena resulting from it, will soon leave no doubt regarding the state of the system, with respect to the infection. Leeches, applied at a distance from the affected place, will produce ulcers having all the appearance which characterize those produced by an impure connexion. A wound received, will not show any disposition to heal, and if a union be attempted, the endeavour will be fruitless. Adenites will appear, their supuration will in most cases be inevitable; if opened with a sharp instrument, the borders of the incision will swell, and even be inverted if stimulating unguents be applied; at a later period, pustules will cover the skin, the throat will inflame, ulcers will extend over the veil of the palate and the thin tissue of the amygdalæ, or will cover the pharynx, creeping ulcers will gradual-

ly cover the whole surface of the body. The anus will become the seat of ulcerations, and of vegetations which first appear on the penis; at a later period, the features of the face will thicken, and it will appear quite different; the skin itself will change colour, will become thicker and harder, and afterwards become very thin and extremely pallid. The sub-cutaneous cellular tissue will appear as if absorbed, and the muscles will sink in.

These are not the only changes which will be perceived. The viscera themselves will become deeply involved, and will effect the ruin of the system, if this state be not soon altered by methodic treatment.

It is scarcely possible not to perceive all the influence of the morbid modification produced by the infection; but are not these consequences nearly the same as those observed in the worst stages of scrofula and scurvy? Is it necessary to inquire into the existence of a first cause? Must we imagine a virus circulating from vein to vein, and insinuating itself into all the organs, in order to destroy them as soon as they can no longer oppose its power? Must we create a like identity to explain how the same forms of irrita-

tion are so repeated in the system? Is it believed that a virus passes from joint to joint, in erratic rheumatism? If so, have any specifics ever been thought of to remove it? Should the practitioner involve himself in useless conjectures in inquiring into this first cause? Will he not determine to leave to men of less knowledge, the trouble of seeking out a cause, which, if it were even possible to discover, would shed no light on the treatment which should be adopted? Besides, would he not be obliged to return to the study of the phenomena in order to oppose them; and in most cases, is it not proper to disregard the cause, and attend only to its effects? Where is the necessity of a virus, of vitiations of the blood or humours, of acrimony, or deleterious ferment, in practice, based on the theoretical principles we have held forth?

Were we to ask the partisans of the venereal virus to explain, in their turn, how this virus is destroyed by antiphlogistics? were we to ask them how a virus, which of course should always be the same, can produce several forms of irritation in men who have been enfeebled by it from the same source, and how they can account for the spontaneous production of syphilitic diseases?

what could they reply? These are incontestible facts, and yet cannot be accounted for by their theory.

The adoption of a venereal virus is as useless in theory, as noxious in practice: the contrary is the case with regard to the different modifications of which we spoke. It is important to ascertain in what the predisposing organic modification consists, because it diffuses great light on the nature of the symptoms. It informs us of the cause of the depth and intensity of the local symptoms, the slowness or rapidity of their progress: it points out to the practitioner the time he will need to bring about the curative modification, or in other words, it informs him whether the cure will be speedy, or the contrary; it regulates the conduct of the physician, leads him to look beyond the symptoms, not upon a subtle object which conceals itself from all eyes, but on peculiar phenomena easy to trace from their first manifestation to their final disappearance.

Venereal diseases may be cured by two opposite methods—the stimulating, and the asthenic method: both may be employed, and their effect is a modification of the system, produced either by stimulating or debilitating it.

It is easy to perceive, that when considered in this light, the treatment of venereal diseases is as simple as that of other diseases. The indication is very clear when we follow the rules laid down by the theory we have just exposed. *We must alter the general and local modification, place the affected part in a new condition, and the whole system in a state opposed to that in which it was at the time of the infection, and during its influence.* Whatever be the means employed, this alteration must be effected, or else the cure is uncertain.

From what has been said, it follows that the treatment consists *in opposing one modification to another, to destroy the existing organic disposition.*

This theory is the immediate consequence of the physician's observations of facts. These facts we intend developing in a work in which we will show that all questions attached to venereal diseases can be solved on these principles.

The mercurial and stimulating plan of treatment has many partisans in France, who, fatally for humanity, still persevere in closing their eyes to its dangers. The emollient method without mercury, which we have adopted at Val-de-

Grace, is as yet not sufficiently known for its happy results to be appreciated.

It has been said that mercury cures venereal diseases by producing a revulsion; if by revulsion we are to understand a new modification, it is correct: but how this is effected we shall now inquire into.

Mercury, under whatsoever form it is administered, is a powerful stimulant. It acts in venereal diseases by opposing a new stimulation to the stimulation already excited by the disease. It is then one of those remedies which only cure irritations by multiplying them in various parts, and producing a kind of crises which are almost always dangerous. Corrosive sublimate powerfully irritates the mucous membrane of the intestinal canal; mercurial frictions excite a kind of fever denoted by the continued excitement of the system. During the administration of mercury, some of the following symptoms are generally perceived, viz. diarrhœa, ptyalism—aphthæ on the tongue, throat, cheeks, and lips—sore throat, cutaneous eruptions, gastritis, enteritis, oppression in breathing, attended with pain and dry cough—tettors may also appear; in short, the effect of this medicine is visible in all parts of the

body: it evidently causes various, sudden, and wandering irritations, which might prove fatal were not the physician to have immediate recourse to bleeding, diet, and emollients. But few men are able to go through a course of mercury without experiencing some of the above consequences; if repeated, the cure becomes tardy and difficult, and serious mercurial affections are the consequence: how dangerous are these consequences when the physician obstinately insists on curing them by another mercurial treatment; and how many have fallen victims to this fatal error.

However, mercury does not always produce the consequences of which we have spoken. When administered by learned and experienced practitioners, it is of course less dangerous than when given indiscriminately, and without proportion, by those men who see nothing in venereal diseases but a virus to be destroyed or expelled from the system. But in order to destroy its baneful effects, the regimen must be light, mild, and vegetable; in short, such as not to increase the powerful and disastrous activity of the mercury: the local treatment must also be simple and antiphlogistic. However, if with only a light and mild

regimen, and simple dressings, we can effect the cure of venereal diseases, there is surely no necessity for giving mercury too: and even if the latter be administered, the cure is not to be attributed to that remedy, since it might be effected without it.

The principles we have laid down, enable us to establish general rules, on which we should always base our plan of curing without mercury all venereal diseases.

The same species of modification must be effected in the system generally, and the affected part, when the intensity of the local symptoms, and the time of their duration may induce us to suspect that they exercise their influence on the system: in the contrary case the local modification suffices.

To obtain this end, the physician must carefully inquire into the state in which the patients were at the time of the infection, likewise that in which they were during the manifestation of the symptoms; he must consider all the physical and moral causes which have acted on them, ascertain what organs are and have been in a state of irritation, what kind of alteration takes place in the aspect of the affected parts, the degree of im-

pairment these may present, and the various complications accompanying the venereal symptoms. When these inquiries have been made, the physician must endeavour to effect modifications in the patients, contrary to those which have acted or are actually acting on them. What we have just said, comprises all the indications to be fulfilled. By doing so, the physician will be able to apply, in a positive manner, the treatment which should be adopted, to vary the mode of administering his therapeutic measures, to graduate the power with which these should operate, to regulate the alimentary regimen, and direct the employment of hygienic agents.

The physician who is desirous of succeeding with the treatment without mercury, must banish all belief in a venereal virus, considering all the primary and consecutive symptoms as the consequences of irritation—he must consider mercurial affections in the same light—restore to their natural state such of the viscera as may have too much action, or be actually in a state of irritation—place the system in a state directly opposed to that which it was in, before the contagion, during and after the infection—maintain the digestive canal in a continual state of sub-excitement—remove from

the patients all physical and moral causes of excitement—employ with much caution such remedies as highly stimulate the skin—oppose local symptoms by antiphlogistics, sometimes aided by narcotics and slight stimulants—use none but simple dressings, and even in most cases none at all; in short, render as simple as possible, both the internal and external treatment.

The questions relative to the pretended venereal virus, to its mode of action on the system, and to the effects attributed to it, should never occupy the mind of the physician. We are to direct our remedies against the effects, and not against a mere ideal cause. Since it is impossible to ascertain either the nature or character of what is styled the virus, it is equally impossible to establish on its merely problematical existence, a positive therapeutic method. Should any one, impressed with the idea that the virus really exists, undertake to cure a venereal disease by the athenic method, using no mercury, he would meet with difficulties at every step. The least delay in the cure of the symptoms, or the appearance of new phenomena, or a casual increase of intensity in those he was opposing, would immediately be accounted for by him as effects of the virus, and

he would lose sight of the true causes of those phenomena and accidents. This preoccupation of mind would induce him to change, perhaps repeatedly, from antiphlogistics to stimulants; from general emollient measures to especial and irritating remedies; he would, in consequence, fail completely in bringing on the happy results he ought to have obtained from the simple method of treatment, or at least, not be so successful as he should. He would not take into consideration the intractableness of the patients, their deviations from the prescribed regimen, and the action of cold, of irritating substances, and moral affections. At the time when I still doubted of the efficacy of the treatment without mercury, I troubled myself but little in inquiring into these causes, but I have since been convinced that to them alone we can in most cases ascribe the delay in the cure, the appearance of new symptoms, and the aggravation of those we are opposing.

We here make no mention of the absolute necessity there is for the physician's considering both recent and inveterate syphilitic symptoms, and likewise mercurial affections, as results of irritation; for should he consider these sometimes as the effects of irritation, at others as the effects

of asthenia, and again, as varieties of an especial affection of the tissues, at every instant he would be led to change his measures, and his treatment would be vacillating and uncertain.

One of the most important precepts in the anti-phlogistic treatment of venereal diseases, is to quiet as quickly as possible the influence of a viscus, whose action is predominant, or to diminish and subdue the irritation with which it is affected.

The constant sub-excitation of the digestive canal, is in our plan of treatment, a circumstance most favourable to the cure of syphilis. The physician must employ every measure in his power to bring it on. It is hardly possible to calculate on permanent good effects, when the gastric passages are constantly under stimulation. The relation existing between these organs and the surface, are too well known for it to be necessary to explain here this proposition.

The physician cannot be too careful in removing from the patients all causes which tend to increase the irritability of the organism, or produce an unusual stimulation in the viscera. Those causes may be either physical or moral—a chief cause among the former is pain, that se-

vere and justly dreaded symptom, which, by disturbing rest, and preventing sleep, reduces strength, heats the imagination, and never fails to produce the most distressing consequences—as for the moral causes, it is well known that their influence acts principally on the viscera. Of course, we must remove all pain, and that as promptly as possible, in order to prevent its stamping its fatal impressions on the internal organs.

Almost all who are attacked with venereal symptoms, experience fears respecting their state; some who have imbibed ancient prejudices, believe that the cure of syphilis can never be completely effected; others again, who are easily alarmed, exaggerate their sufferings to themselves, and dread the slightest operation. The physician must remove these fears which imagination augments and multiplies—he must gain the confidence of the patient, captivate his mind, and then direct it.

The stimulation of the gastric passages is noxious, on account of its effect on the skin; stimulation of the latter has an injurious effect on venereal symptoms; the practitioner then ought not to introduce any stimulating medicine into this organ.

Simple methods are generally the most efficacious. The treatment of venereal diseases without mercury, leaves no doubt of the solidity of this maxim. By multiplying complicated indications, these diseases became more obstinate: on the contrary, by employing a simple and rational method, the cure is easily effected, and this method will be found the more productive of happy effects, in proportion as the plan is simple.

Such English physicians as have employed the treatment without mercury, agree in always observing the following rules:—

1st. Patients ought to stay in bed until the treatment is concluded.

2d. During the first week, or until all inflammation be subdued, they are to eat no meat—and after that period, the quantity to be small.

3d. The bowels must be kept open by means of the neutral salts, jalap, or castor oil, administered two or three times a week.

4th. The patient, if of a full habit, should be bled at the commencement of the disease. It has even been thought necessary to bleed all patients taken with syphilis.

5th. Emollient cataplasms ought to be applied

to all inflamed ulcers; likewise to those whose base is hard.

6th. When the hardness or phlogosis diminishes, emollient cataplasms should be replaced by compresses steeped in cool water, lead-water, or a solution of either sulphate of zinc or copper.

7th. All patients with adenites, should be both bled and purged, and the tumours compressed by means of sheets of lead or copper.

8th. Lead-water and epispastics ought to be employed to bring on the resolution of the adenites.

9th. Should the tumours open, then they are to be treated the same as ulcers.

The treatment adopted by these physicians, is far from being so simple as they pretend: to make this more evident, it were only necessary to point out all the compounds they recommend, and all the ingredients they make use of in the dressings. The method employed at Val-de-Grace does not present this complication. It is composed of the internal treatment, and of the treatment of the symptoms.

Internal Treatment.

In this we include food, drinks, and hygienic attentions.

We have remarked that the use of fat broths, meat, fish, and fermented drinks, retard the cure of venereal symptoms, because such substances stimulate the gastric passages, and postpone the period when the curative modification should take place. Very light soups, dried prunes, baked fruit, fresh eggs, milk as a constant drink, and in certain cases as an aliment, are the substances which should constitute the diet of the patients, until the symptoms begin to advance towards the cure—then a small quantity of bread, (say two or three ounces,) with light aliments, vegetables prepared with butter, eggs, baked fruit, and cream and milk may be allowed. At a later period, when the symptoms are about disappearing, the quantity of food may be augmented, say five or six ounces of bread. When the cure is perfected, ten or twelve ounces of bread, with a piece of fowl, light broths, beer, or even wine, may be administered. In short, the patients must gradually be brought back to

their usual way of living; but diet must still be attended to for some time after the cure is effected—no pure wine, coffee, liquors, or tea must be used—exercise must be moderate, and venereal pleasures entirely abstained from, or enjoyed very cautiously.

In prescribing this regimen, every thing must be considered—the age, idiosyncrasy, and strength of the patients, the food they are accustomed to, the complication of affections, of visceral irritations under which they may labour; the intensity of the symptoms, particularly the date of the infection, and the treatment they may have undergone or commenced upon. The regimen must be observed with the greatest exactitude, and during a longer period, if the patients be weak, lymphatic, of adult age—if they have used stimulants to excess—if the infection be not very recent—if the symptoms manifest themselves with intense phlogosis—if they occasion abundant suppuration—if the temperature be warm and dry, and particularly in spring and autumn. In the contrary case, the food may be less strict, and of less duration. In fact, under some circumstances, a few days rest may suffice for the cure—when the affection is very recent, the symptoms but slight

and superficial, and there is reason to believe that the system generally has not been modified by their influence.

Diluent drinks, such as decoctions of barley, liquorice, dogs grass, flaxseed, &c. sweetened with sugar or honey, should be administered. In summer, lemonade may be given to allay thirst—in the spring, vegetable broths and milk whey are very proper.

The remaining in bed is one of the principal means of cure, particularly during the winter: the perspiration which the patients in this way generally experience, is very favourable, and by keeping in bed constantly, they avoid both cold and dampness, and do not suffer from the changes of weather which are very noxious. Besides, they thus enjoy complete repose; the affected parts are not irritated by the friction of the cloths in walking, and the topical applications are not so much disturbed. This precept is particularly applicable to patients affected with adenites, whether ulcerated or not, with acute urethritis, ulcers, proctitis, phagedenic ulcers, vegetations at the anus, ulceration of the throat, serpiginous ulcers, suppurating pustules, tetter, exostoses, periostoses, caries, pains—and to those affected with mercurial diseases.

Exercise may sometimes be useful, but the patients must be warmly clad, so as to be sheltered from changes of temperature; but it is noxious when the nature and seat of the symptoms require perfect repose.

Lukewarm baths taken every four or five days, and sometimes oftener, are very useful. Very warm baths are injurious, particularly in spring and summer. They cause an active stimulation of the skin, excite irritation in the external symptoms, and induce congestions of the head and throat; consequently it would be imprudent to direct their use, at a very high temperature, in cases of caries of the bones of the cranium and of the face, and ulcerations of the veil of the palate, amygdalæ, and pharynx. The use of the warm bath must be rejected when there exists deeply irritated phagedenic ulcers, very intense balanites and posthites, large and inflamed serpiginous ulcers, cephalalgia, painful periostoses, or great general debility. The cold bath should in no case whatever be prescribed.

No primary symptom whatever can resist this internal treatment when regularly and punctually followed. We have never once known it to fail, however intense may have been the symptoms. In those cases in which it may appear to be without

effect, the circumstance can always be imputed to the patients not closely adhering to it: to their deviating from the regimen; to their having exposed themselves to cold, or their having experienced moral affections. The efficacy of this method of internal treatment, proved by the cure of thousands of patients, is perhaps still less remarkable than the promptness with which it removes all venereal diseases.

Important modifications must be made in this treatment when employed against secondary symptoms, such as are produced by the abuse of mercurials, and by unmethodic or irritating dressings, and when complicated with visceral inflammations. If the symptoms be intense, the physician must insist upon the milk diet, and even upon absolute abstinence from alimentary substances, until the inflammation is subdued, and the appetite declares itself. In very inveterate ulcers, whether stationary, or gradually extending, in mercurial affections, pains, exostoses, caries of the bones, suppurating pustules, and serpiginous ulcers, after having subdued the local inflammation, and removed the irritation of the organs by milk diet, general and local bleedings, warm baths, and emollient applications, beneficial results may be obtained by the

employment of some slightly exciting remedies. The patients may then be directed to use the simple sudorific syrup, and the ptisan of Feltz* without the addition of mercury. Opium and the extract of hyosciamus are frequently of very great service; but they must be administered with caution, so as not to cause too great excitement of the gastric passages. We have obtained very happy results by commencing with very small doses, (ʒj. sudorific syrup, or ʒij. Feltz ptisan, with the addition of an eighth of a grain of opium,) and gradually increasing to ʒij. or ʒiij. syr.—a pint Feltz ptisan, 8, 10, or 12 grs. opium, and 12 or 15 grs. extract. hyosciami.

*The following is the formula for the composition of this ptisan:—

R. Rad. Sarsaparil.	-	-	ʒij.
Rad. Chinæ	-	-	ʒj.
Sulphur. Antimonii.	-	-	ʒiv.
Ichthyocol.	}	aa	ʒiss.
Cort. Buxi.			
Cort. Hederæ			
Aq. Puræ	-	-	℥xij.

Enclose the sulphuret of antimony in a linen bag, and boil the whole until half the liquor has evaporated; pass it through a sieve, allow it to settle for a few minutes, decant, and dissolve in it corros. sub. gr. iij. The dose is a pint a day.

By thus gradually increasing the dose of these medicines, the system accustoms itself to their influence, and the patients can bear large doses of extract of opium, or hyosciamus. Nevertheless, their administration requires considerable attention; should they occasion heat of the skin, dryness of the mouth and thirst—if the opium, or hyosciamus cause constipation, heaviness of the head, or slight vertigo—if during their administration, tetters, pustules, reddish or brown spots, pimples, or boils, should come out upon the skin, we must immediately return to the simple treatment.

The sulphurous or vapour baths must only be prescribed when the cutaneous symptoms are no longer accompanied with inflammation. In general, the same measures must be employed against visceral irritations, complicated with venereal diseases, as against similar irritations in patients free from syphilis.

Primitive venereal symptoms may be removed by the use of local antiphlogistic measures, without the assistance of the internal asthenic treatment; but cures obtained merely by a local modification, are not always sure, and the patients may be liable to relapse. Hence we conclude it to be

necessary to direct the complete treatment of which we have spoken.

Treatment of the Symptoms.

Balanitis.—In simple balanitis, attention to cleanliness generally suffices. The patient must wash his penis several times daily, with a lukewarm emollient decoction. We have noticed that a lotion, of too high a temperature, entertains and may even reproduce the irritation of the glans and prepuce. Cold lotions sometimes bring on adenitis. When the inflammation is subdued, the glans and prepuce must be washed in a weak solution of sulphate of copper, of sub-acetate of lead, or in cool water. By these simple measures, we remove the superficial ulcerations which sometimes attend balanitis. When the internal membrane of the prepuce forms numerous folds, balanitis is more difficult to cure, but it yields nevertheless to the measures we have pointed out.

If the opening of the prepuce be accidentally or naturally contracted, emollient injections are indispensable. A piece of fine linen rag is introduced between the glans and prepuce, to prevent their immediate contact.

Posthitis.—If the prepuce be much swollen, and of a purple colour, with intense pain, the removal of this inflammatory state must not be attempted by local bleedings. The application of leeches to the inflamed part, might occasion gangrene of the prepuce. In this case we apply leeches to the perinæum, pubis, or groin, if we have no cause to fear ulcerations from the punctures. The patient must be put to a very strict diet—general bleeding resorted to; and cooling drinks, emollient enemata, lukewarm baths, and *demi-baths* employed. *Posthitis* cannot resist these measures, except it be accompanied by irritation of some internal organ.

If the prepuce be of a light red colour—if its tissue be transparent, and the swelling be rather an œdema of the cellular tissue, than inflammation of the membranes of the prepuce, we cause the swelling to disappear by the application of compresses steeped in *vegeto-mineral water*, using at the same time a bandage.

When the opening of the prepuce is too narrow to permit the examining of the glans, it is frequently difficult to determine whether the abundant suppuration which exudes through the opening, be the result of a simple balanitis, or of one attend-

ed with superficial ulcerations, or of one complicated with deep ulcers of the glans, frænum, or internal surface of the prepuce. We will now give some diagnostic signs which may be useful.

We have remarked, that in simple posthitis, or posthitis attended only with superficial ulcerations, the pus is of a yellowish colour, thick, homogeneous, and of a strong smell, resembling the matter which comes from the canal of the urethra in acute urethritis.

On the contrary, in acute posthitis, complicated with deep ulcerations of the glans, frænum, and internal surface of the prepuce, the redness of the cutis is more remarkable in some places than others; pressure with the finger causes considerable pain; the purulent matter is of a dark grayish colour, not very thick, nor is it homogeneous; it presents a considerable number of little whitish specks, similar to those sometimes seen in the follicles of the amygdalæ. These specks may be distinguished by the naked eye, but are better seen when the purulent matter has been spread on dark paper. The odour of the pus is strong, disagreeable, even fetid; its nature is so irritating that it sometimes ulcerates the whole circumference of the opening of the prepuce.

It is highly important to establish these distinctions. They indicate the course to be pursued by the physician in the treatment of that species of posthitis. They deserve to be well considered by such as are in the habit of attending to venereal diseases. It has often happened to us, to perform the operation of phymosis, in cases where we subsequently discovered it to have been unnecessary, because, without the operation, we have cured a great number of cases of acute and purulent posthitis. The comparative observations we have made, have induced us to pay more attention to the study of posthitis than we did in the early part of our practice.

Operation of Phymosis.—This operation appears to us to be indicated in the following circumstances :—

1st. When the opening of the prepuce is naturally narrow, we have reason to suppose that pus remains between the glans and prepuce, and that irritation in these organs is maintained by the continual contact of their surfaces;

2d. When the prolonged contact of these parts produces a permanent swelling, and determines such a change in the texture of these organs, that

there appears to be developed a hard body like cartilage;

3d. When ulcerations of the glans and prepuce, concealed under the fold, resist a local and internal treatment;

4th. When these ulcerations are numerous and extensive;

5th. When they occupy the circumference of the prepuce, and produce deep fissures;

6th. When after two or three weeks treatment, they still give out an abundant suppuration, excoriating the parts it touches;

7th. When there is reason to believe that the matter collected between the glans and prepuce maintains the ulcerations, or renders them phagedenic. This is known by the constant pain experienced by the patient, by the swelling of the penis, and the pus being extremely purulent and fetid.

The operation of circumcision is performed in the following cases:—

1st. When the prepuce is very long, pointed, and the opening narrow;

2d. When the circumference of the opening is covered with ulcers;

3d. When there are vegetations or fissures on

it. In these last cases, by the operation, we enlarge the opening of the prepuce, and remove the symptoms which were produced by the narrowness of this opening.

It is often dangerous to perform the operation for phimosis during the inflammatory period, and when the ulcers are very deep and painful. In these cases, the penis becomes sometimes the seat of immense tumefaction; the sore, resulting from the operation, becomes ulcerated, and is exceedingly difficult to cure.

It has been advised by some, to cut only a portion of the prepuce; nay, even to divide only the internal membrane. Both these operations should be rejected; we have frequently performed them, and the consequence has always been an inflammatory tumefaction. The external membrane which has been left remaining, soon becomes inflamed and very tense; the consequence is an intense posthitis, the violent pain of which augments the irritation of the ulcers; a copious suppuration comes on, and the portion of the prepuce intended to be saved, becomes ulcerated, or even gangrenous. The latter consequences of course do not always occur, but inflammation inevitably results. They do not occur in ordi-

nary cases, when the incision of the external and internal membrane has been extended beyond the glans, but even in this case, if the incision has not been made completely through the external membrane, the frænum, which remains, inflames, ulcerates, and the two lateral sores present a very bad aspect.

Must the incision be made in the middle and superior portions of the prepuce, or inferiorly, near the frænum? Both operations may be performed, but generally the preference should be given to the superior incision, because by it we can uncover the whole glans, and can also thereby attend more particularly to the cleanliness of the parts. The inferior incision leaves a less mark after cicatrization, being performed in the most depending part; but the latter circumstance is unfavourable to the cure, because the lips of the wound being constantly bathed by pus from the posthitis or ulcerations, naturally heal with more difficulty.

In whatever part the operation is performed, the wound resulting, must only be covered with a compress steeped in marsh-mallow water. We never make use of lint or unguents, nor even cerate; we have even observed that the complicated bandages employed by some practitioners retain

the pus, become moist with urine, and prevent our attending to cleanliness, a point alone sufficient for the cure.

Paraphymosis.—Every case of paraphymosis, however inveterate or intense, yields to the method of cure we are about to point out. The four fingers being placed on the glans, the organ must be kneaded with the thumb long enough to reduce it to as small a volume as possible; we then seize the penis with the left hand, forming with the thumb, and the index finger, a ring, which may moderately compress the border of the swollen and retracted prepuce; the extremities of the three last fingers of the left hand support the inferior part of the glans, whilst, with the thumb of the right hand, (the remaining fingers of this hand being placed underneath those of the left hand,) we press the glans in all directions—endeavour to make it pass under the edge of the prepuce, which is pushed forward, making certain motions in a contrary direction with both hands, but without making use of any force. By this plan we soon replace the parts in their natural situation, without causing any great pain to the patient.

When the paraphymosis has existed for eight,

ten, or fifteen days, the edge of the prepuce is circularly and deeply ulcerated, and adhesions have taken place. In this case the adhesions must be destroyed with the thumb of the right hand, by endeavouring to force the glans through the narrow opening of the prepuce. It is impossible to reduce the paraphymosis without previously destroying the adhesions which may have taken place. We are of opinion, that in no case whatever should incisions of the prepuce be made, or leeches applied. When the prepuce is much contracted, it is better to reduce the paraphymosis in the manner already pointed out, and after the lapse of a few days, perform, if necessary, the operation of phymosis, than to make a deep incision into the prepuce, with the view to enlarge its opening, and thus facilitate the reduction of the paraphymosis.

Urethritis.—In cases of acute and highly painful urethritis, accompanied by frequent erections and fever, the patient must be bled repeatedly from the arm, be restricted to a very low diet, to the use of cooling drinks, and have from fifteen to twenty-five leeches applied to the perinæum. Should the inflammatory symptoms not yield, leeches must be applied to all parts of the

canal of the urethra where sensibility is manifested, but six or eight leeches suffice: four or five may likewise be applied to the sides of the frænum when pain is experienced towards the fossa navicularis. It has been remarked, that it is always most advantageous to attempt to subdue the inflammation by commencing at the perinæum, and following it up from behind forwards, at all the parts of the canal which give pain. The loss of blood from the perinæum is very efficacious when the inflammation is accompanied by frequent and painful erections. Demi-baths, emollient and narcotic enemata, the use of nitrous emulsions, of pills, compounded of camphor, nitre, and extract of hyosciamus, assuage the erections, allay the pain, induce sound sleep, and prevent chordee; great advantages result from the frequent use of emollient injections. Narcotic injections likewise allay pains, but they are contraindicated during the acute stage. When all pain has subsided, the passage of the urine is unattended with pain, and the running has diminished both in quantity and thickness, we use injections of water and wine, and subsequently, of wine alone. By pursuing this plan we almost always succeed.

We have frequently employed with success the balsam copaiba, in doses of half an ounce, one ounce, and even two ounces: we have several times administered two, three, and four drachms of the essential oil of copaiba, sent to us by Mr. Du Bland, the pharmacist, to test its effects. This new remedy, for which we are indebted to this distinguished chemist, possesses, in a small volume, every advantage of the balsam copaiba, without any of its inconveniences. By dropping into it a little sulphuric acid, it becomes of a lively red colour, and loses its disagreeable smell. It is administered in any gummy potion, slightly aromatised. Injections composed of deuto-chloride of oxide of sodium, in ten or twelve parts of water at first, and subsequently, in six or eight parts of water, have been useful in some cases. Should the deuto-chloride of oxide of sodium renew pain in the canal, a small quantity of the solution of opium may be added to the injection. The oxide of iron in conjunction with opium, has sometimes appeared to us to be efficacious, particularly with lymphatic men of fair complexion. When the inflammatory symptoms of urethritis are, in the first instance, opposed with energy, there is no occasion to re-

sort to any revulsive measures to stop the blennorrhagic running, as it will cease of itself in a very few days.

The repeated application of leeches to the perinæum, with the use of the injections already indicated, have frequently removed chronic urethritis. Injections of a solution of sulphate of zinc, or of sub-acetate of lead, must be employed with great caution, as they often cause strictures in the canal of the urethra; and it is difficult to ascertain the time when they can be of service without impeding the progress of the cure of the disease. Cures have been effected by the administration internally of tincture of iodine, from ten to forty, fifty, and even seventy drops and upwards, in twenty-four hours, but this remedy is not certain, and frequently occasions disagreeable consequences. In some cases, the cubeb has been employed in doses of from twenty-four grains to six drachms. The cubeb is an uncertain remedy; it is difficult to watch its operation; besides, it produces heat and thirst, and frequently ardor urinæ. Gum catechu, combined with red oxide of iron, may be beneficial—during its administration, the patient must drink the sulphuric lemonade. The sub-acetate of lead combined with

opium, likewise large doses of the balsam copaiba in the form of an electuary, enema, or draught, are also employed.

Since our almost total abandonment of the use of external and internal revulsives in the treatment of acute and chronic urethritis, and our opposing these affections solely by antiphlogistics, our success has been so general as to induce us to believe that the use of revulsives is very rarely indicated. Our mode of treating chronic uréthritis, is precisely the same as that for the removal of simple acute urethritis. In general, our most successful means in these affections, for the cure of which, so many remedies have been fruitlessly employed, are the repeated applications of leeches to the perinæum, with baths, vegetable and mild regimen, and wine injections.

The viscosity of the blennorrhagic running is frequently the consequence of strictures of the urethra. In such cases, it is necessary either to cauterize these strictures according to the method of Du Camp, incise them with the *urethrotome* of M. Amussat, or dilate the canal of the urethra, by the use of bougies, according to the method of Dupuytren.

The necessity of permanently dilating the con-

tracted part of the canal of the urethra, without acting upon the sound parts of this passage, gave us the idea of using for this effect, hollow cylinders made of silver, one or two inches long, and of a variable diameter, which may be left in the contracted urethra from twenty-four to thirty-six hours, and which may be withdrawn by means of a piece of silk attached to one extremity. On this subject, I will now refer to a case which will point out the motives which induced me to employ the permanent dilatation.

M. —, thirty-eight years of age, of a strong constitution, was affected, about sixteen years since, with urethritis, to which he could not conveniently attend at the time, being upon a long voyage.

When M. — had no intercourse with women, the running diminished, and even disappeared, but so soon as he gave himself up to venereal pleasures, the blennorrhagia would return as if he had again contracted an urethritis. He frequently suspected the women with whom he had connexion, to be affected with blennorrhagia, but on the contrary, not one of them ever had the least running. Every now and then, he experienced difficulty in making urine—the stream

would be thin and twisted. These phenomena would take place even when the running had disappeared. For four years, every time M. — would exercise coition, the emission of urine would, a few days after, be accompanied by a little blood from the canal of the urethra; this flow of blood would give a reddish colour to the urine, which, besides, contained mucus and whitish filaments. About this time he experienced intense pain in the region of the bladder; the running was very thick and copious, and the introduction of bougies and probes brought on hæmorrhage. The emission of urine was attended with the greatest difficulty.

M. — consulted a physician, who, upon examination, found five strictures in the canal of the urethra. Leeches applied to the perinæum, local bleedings, baths, enemata, diet, and cooling drinks, allayed those symptoms. Notwithstanding the introduction of the bougies caused great pain, they were introduced into the urethra to effect the dilatation of the strictures, but M. — was almost always unable to bear them, and it was necessary to cease employing them. However, the long-continued use of bougies, notwithstanding the pain they occasioned, finally removed four of

the strictures: one alone, five inches up, resisted that measure, and the pain about the bladder, with hæmorrhage, still took place. M. — repaired to Vechy Springs, and was much benefited by the waters there. The pain about the bladder left him almost entirely.

Two years since, M. — being in Paris, consulted Dr. Ribes, who advised one general bleeding, leeches on the perinæum, the use of bougies, baths, repose, and the emollient regimen. These measures allayed the pain about the bladder which he again suffered, but the running and the hæmorrhage still continued.

Shortly afterwards, M. — came to consult me. After repeatedly applying leeches to the perinæum, I commenced with the iodine, at first in doses of twelve drops in a gummy potion, augmented to fifteen, twenty, and twenty-five drops. This, however, caused no diminution in the running.

By probing the canal of the urethra, I ascertained the existence of a circular stricture, situated five inches up the canal. The nit. arg. was applied four times, and the dilatation effected with bougies; but each time I took the cast of the stricture, a considerable quantity of blood issued

from the canal, and this hæmorrhage again took place after cauterization, or the introduction of bougies. The stricture admitted the introduction of a bougie, one-sixth of an inch in diameter. I then advised injections with wine, and also of chloride of sodium, but they caused great irritation.

I suspected that the mucous membrane of the urethra was in a state of ulceration. In order to restore to it the degree of solidity it had lost, I prepared injections with a decoction of gall-nuts. This occasioned so much irritation as to require the application of leeches to the perinæum. I then advised M. — to have an instrument made, by means of which he could apply to the affected part a brush or pencil steeped in a solution of sulphate of copper, or sulphate of alumine and potash. Again, irritation was the consequence, and the hæmorrhage still occurred each time that probes were introduced for the purpose of dilating the stricture. M. — had for some time observed that the presence of the bougie not only occasioned irritation about the stricture, but along the whole length of the urethra. This induced us to seek some method for dilating only the constricted part, without suffering the presence of a bougie or probe in the canal. A silken cord,

covered with yellow wax, forming a full cylinder, one and a half lines thick, one inch long, rounded at each extremity, and to one end of which was attached a thread of silk eight inches long, was introduced to the constricted part by the following means :—The thread was passed through the inside of a conductor, so that the cylinder of wax, pushed forwards by the conductor, was introduced upwards of five inches. The latter was then withdrawn, and the thread kept round the glans. M. — supported the presence of the cylinder for about two hours, at the end of which time he withdrew it by means of the thread. We augmented the volume of the cylinder first to two lines, then to two and three-quarters in thickness. Every time M. — withdrew the cylinder, there exuded a considerable quantity of light yellowish matter, but there was no hæmorrhage. However, although M. — could bear the cylinder four hours, its presence occasioned irritation in the canal of the urethra, and about the glans. As the cylinder was solid, M. — was obliged to withdraw it every time he wanted to void urine. With the hope of fortifying the mucous membrane of the stricture, and at the same time dilate the latter, we added acetate of lead to the wax, of which

the cylinders were composed. The consequence was a still more considerable irritation, with a copious blennorrhagia, but no hæmorrhage. The application of the gum elastic, or of wax, either pure or mixed with acetate of lead, always bringing on irritation, we imagined that cylinders of silver might be better borne, and in order that M. — might void his urine without withdrawing them, we had them made hollow. Our hope was well founded. M. — was able to bear for whole days, in the contracted portion of the canal, cylinders of silver, at first two lines, and subsequently two and a half, three, and four lines, without the least pain. Morning and night, with the waxed cylinder of which we spoke, M. — applied to the stricture a weak solution of sub-acetate of lead. After the continued use for about ten days of these cylinders, the running almost entirely ceased, and the urine passes with the greatest facility. We have, however, advised M. — to still continue using them for some time to come.

Previous to the introduction of the dilatator, we took a cast, to ascertain of what diameter our cylinder must be, and the exact situation of the stricture. We passed the thread through a graduated conductor, so that the dilatator was, as it

were, an appendage to it. The conductor, armed with the dilatator, thrusts the latter before it, penetrating the canal of the urethra. On reaching the stricture which we wish to dilate, we force it to enter, and when retained there, we withdraw the conductor, and attach the silken thread around the glans, or to ribands placed around the penis. The patient bears the presence of the dilatator for twenty-four or thirty-six hours, voids urine without difficulty, and can attend to his business. It sometimes happens that the stricture diminishing, the instrument is pushed forward by the urine. In this case we withdraw it entirely, by means of the thread, and introduce another of greater diameter.

This permanent dilatation presents both advantages and difficulties. By employing it we stretch only the constricted part of the canal; the remaining parts are not placed in contact with any foreign body; a permanent dilatation is effected in twenty-four or thirty-six hours; and abundant secretion is excited from the constricted part; a prompt and safe result is obtained, and the patient is spared the pain experienced by all other methods.

We do not deny, however, that perhaps rea-

sonable objections may be started against this new method of dilatation, not against the *modus operandi*, which differs no way from the dilatation obtained by means of probes and permanent bougies, but against the dangers which might ensue, should, by the thread breaking or slipping, the dilatator become fixed in the canal of the urethra, or taking the direction of the bladder, enter into that organ. Every method presents certain disadvantages; it should be the physician's care to neglect no precaution to remove them.

Besides, we referred to this method, not with the intention of proposing a new mode of dilating strictures of the urethra, but for the purpose of making known a method which has succeeded with us, and may, under certain circumstances, be very properly employed. One single case does not suffice to authorize our determining in favour of this new method.

The use of balsam copaiba sometimes produces on the skin an eruption somewhat similar to that of measles, accompanied by great itching. Diet, the use of the baths, of diluent drinks, and emollient enemata, cause this eruption to disappear promptly. The balsam copaiba likewise occasions hypercatharsis.

We have noticed some disagreeable consequences after the application of leeches to the penis. The blood becomes infiltrated in the cellular tissue of the penis, and tumefies this organ, or an œdema takes place, producing the same effect. This is a circumstance of little importance, and much more rare than is generally supposed. It disappears of itself, or yields to the application of compresses steeped in a solution of sub-acetate of lead, or vinegar and water, bound with a compressive bandage. The application of leeches to the perinæum is scarcely ever followed by such symptoms. Sometimes we perceive small abscesses underneath the punctures of the leeches. They open spontaneously, and cicatrize in a very few days, unless there exist ulcers in other parts of the penis; in this case each puncture by a leech may assume the character of a venereal ulcer, having the progress and termination of this symptom. We have sometimes seen one or more bodies, hard, round, and similar to swollen ganglions, correspond to the place where the leeches had been applied; they disappear with the urethritis.

Leeches applied to the frænum, or to the sides of this membranous ligament, sometimes pro-

duce hæmorrhage so great, as to force the physician to cauterize the punctures with nit. arg. This however seldom happens.

Blennorrhagic Ophthalmia.—In this affection, we apply with advantage, a few leeches to the internal surface of the eyelids, and to the conjunctiva; after having once or oftener detracted blood by venesection, if the case require it. Blisters, a seton to the nape of the neck, balsam of copaiba in purgative doses, and scarifications on the thickened conjunctiva have been sometimes of great service. Ulcerations frequently appear upon the cornea, which sometimes perforate this membrane, and occasion procidence of the iris. In this case, cures have been effected by the repeated application of nit. arg. Should whitish spots remain on the transparent cornea, these may be touched with laudanum, or the solutio opii.

The introduction of bougies into the canal of the urethra, to bring on again a suppressed blennorrhagia, does not always produce the expected result: and the cure of ophthalmia has erroneously been referred to this means. The suppression of the running does not always precede ophthalmia; on the contrary, in the generality of cases, it follows it.

Orchitis.—If the inflammation be very intense, we bleed once or more, and apply fifteen or twenty leeches to the skin of the scrotum.

A greater number of leeches might occasion so great a hæmorrhage as to endanger the life of the patient. If the skin of the scrotum be very red, and tense, if the wrinkles it forms be entirely effaced, if it be smooth and shining through excess of tension, the vessels are unfolded, become very superficial, and are opened by the puncture of the leech; the flow of blood is very abundant, until the skin, less tense, obeys the action of the dartos and cremaster muscles, and becomes corrugated; then the blood no longer escapes from the open vessels with the same facility, and the hæmorrhage diminishes; though it can still be considerable enough to demand cauterizing of the punctures, or the application of compresses, steeped in cold water, or some styptic liquid; and this greatly impedes the speedy resolution of orchitis. We must then, in this case, apply only ten or twelve leeches, and apply the same number several times a day, should the inflammation demand it. By proceeding thus, the patient is not exposed to the danger just spoken of, and which has frequently come under our

notice. This practical observation appears to us, to be one of high importance; by attending to it in the treatment of orchitis, we are enabled to direct our practice without fearing the danger of violent hæmorrhage.

When the skin of the scrotum is red and tense, but still wrinkled, and possessing that vermicular motion which the impression of the air, or of bodies applied to the scrotum, excites, and renders more active, there is no danger of violent hæmorrhage from the application of a great number of leeches. Besides, those signs denote the inflammation not to be great, and then fifteen or twenty leeches are sufficient.

The next day local bleeding is renewed if the pain still exist. But it frequently occurs that the pain is removed, although the inflammatory tumefaction appears even greater than before the local bleeding. This may be supposed to indicate the necessity of immediately repeating the bleeding; but we have observed that it is better to leave an interval of one day between the first and second application of leeches, and that the latter should be less copious than the first. A third, nay, even a fourth application of six or eight leeches is judged necessary, (always with

an interval of one or two days,) until the testicle give no pain upon pressure; during all the time the patient uses baths and fomentations about the part. The use of emollient fomentations should be continued even some days afterwards. When all pain has completely gone, and there remains only an indolent swelling of the testicle and epididymis, we employ fomentations prepared with a strong solution of sub-carbonate of soda. These fomentations, renewed three or four times a day, must be employed until the seminal organ return to its natural state. The continued use of this means seldom fails of success; the cure is prompt and sure. The advantages we have derived from the fomentations made with the sol. sub-carb. sodæ, have induced us to abandon the use of frictions with the tinct. iodine, ointment of hydriodate of potass, volatile liniment, blisters, and all the feigned dissolvents employed in such cases. The application of the sol. sub-carb. sodæ, in the first instance, produces heat in the skin of the scrotum, which sometimes slightly reddens. In some patients the skin of the scrotum becomes covered with an eruption of very small vesiculous pimples containing a whitish matter; in others, very thin scales appear; in

these cases the pain is great enough to oblige us to have recourse to emollient fomentations, which dissipate in a few days this disagreeable symptom. The appreciation of the weight of the testicle, can also regulate the practice of the physician with respect to bleeding. If, to the symptoms already mentioned, there be added a considerable heaviness of the testicle, the resolution of the orchitis is slower and more difficult. We must insist more on local bleedings, and renew them oftener, but employ few leeches. They must be applied to the course of the cord, and we must not be too hasty in employing the sol. sub-carb. sodæ.

From all we have observed, we believe that the long-continued use of this solution might in the case of orchitis, on one side only, determine, if not atrophy, at least a considerable diminution in the volume of the testicle, which was sound. This organ must in such cases, be preserved from the action of this remedy.

Chronic orchitis requires the same treatment; but one or two applications of leeches suffice, and these are prescribed only when the testicle is painful on pressure. The pain having subsided, we employ the sol. sub-carb. sodæ. However,

there are cases where the application of leeches, three, four, or five in number, must be renewed every three or four days; for instance, when the testicle has been swollen for years, and the spermatic cord participates in the affection of the seminal organ.

We believe that in the treatment of orchitis, it is needless to seek the cause of the affection. For this reason we never use irritating injections in the canal of the urethra, nor introduce bougies or probes to bring on a return of the running.

If there exist fistulæ, we apply to them two or three leeches every three or four days. The diet must be light, and but slightly nourishing. Much time and patience are necessary for the cure.

It sometimes occurs, that reddish vegetations grow out of the fistulæ. The application of leeches in this case is very efficacious, but does not always suffice. The cure is effected by removing a small portion of these vegetations, every second or third day, with curved scissors, and moistening them daily several times with a solution of opium. Professor Gama, cured by this means, a soldier whose testicle threatened to pass to a tuberculous degenerescence. Should the

treatment we have indicated for the cure of orchitis, both acute and chronic, be generally adopted, the number of cases of sarcocele will be considerably lessened; the necessity of extirpating the testicles, an operation sometimes rendered necessary by these disorganizing affections, will likewise be of rare occurrence.

Ulcers.—In general we obtain the cicatrization of recent simple ulcers, by employing emollient lotions, and recommending to the patient great attention to cleanliness. We use no dressings. The ulcerations are covered with a rag steeped in some emollient decoction, for the purpose of preserving them from the action of the atmosphere, and preventing their coming into contact with healthy parts or other ulcerations.

If the bottom of the ulcerations be swollen and tense, and the edges callous and painful, a few leeches applied on the internal part, will allay the irritation, but they must never be applied on or near the edges. These symptoms having disappeared, the ulcers must be moistened with the solution of opium; and when the suppuration is almost exhausted, the bottom of a reddish colour, and the edges even with the skin, lotions of a solution of sulphate of copper accelerate the cica-

trization: in this case the application of a simple piece of dry linen rag suffices to produce it. The sol. nit. arg. and even the application of this caustic in its solid state, should be employed only when the ulcerations become pustulous.

Ulcers assuming the phagedenic form, require one or more applications of leeches. This local bleeding, repeated every two or three days at the bottom of the ulcers, produces the most happy results. When the bottom is grayish, and a false membrane of an obscure white or slate colour covers the interior of the ulcer; when the pus which exudes, has a disagreeable smell, and is of a grayish colour; when, in short, the ulceration presents the aspect of ulcers complicated with hospital gangrene; lotions with the chloride of oxide of sodium, or of calcium diluted, must be frequently used throughout the day; these ulcers must be dressed with linen steeped in the solution of opium, if the edges be swollen and painful, or in chloride of sodium if they be not. We never employ pledgets of lint, because they act as foreign bodies.

Those ulcerations which are observed on the skin of the penis, involving the dermis, but very superficially, whose edges, almost on a level

with the ulcerated surface of a greenish or darkish colour, surround a bottom entirely or partially covered with a highly adhering false membrane, are frequently the result of the application of some irritating substances, and are very difficult to cure. They yield, however, to the measures we have indicated. As soon as all irritation has disappeared, the cicatrization of the ulcers is promptly obtained by surrounding the penis with little strips of diachylon, renewing them every five or six days.

Many authors are of opinion, that the ulcers may be cauterized without difficulty, as soon as they appear. Drs. Ribes and Ratier, have advised this cauterization. The former believes it may be effected when the ulcer is completely formed; the latter says it should only be done a short time after the vesicle has broken. We have not employed this remedy upon a sufficient number of patients to be able to appreciate its importance. We will again refer to the subject, when experience shall have sufficiently acquainted us with its value. Although we do not entertain the same theoretical principles as those gentlemen, who still believe in the existence of a virus, we think that in certain cases, the cau-

terization of ulcers may be highly advantageous; but would there not be danger were it to be employed for all ulcers? this question cannot be resolved until we have explained to us a great number of facts, of which we are now ignorant.

Adenitis.—We refer the reader to what we have said on the theory of adenitis, in the course of this memoir.

If the adenites be primitive and only developed within a few days, or if they be the result of a slight balanitis, of superficial ulcerations of the penis in robust men, and if they be accompanied with redness of the skin, and but slight swelling of the ganglions, they are super-aponeurotic, and their resolution is easily effected by general and local bleedings, the application of vinegar and water, of the sol. subcarb. sodæ, or of pounded ice. But if they be consecutive, and of more than eight or ten days standing; if they be accompanied by intense balanitis, and numerous deep ulcers; if the sub-aponeurotic ganglions be in a state of great irritation; if, in short, the pain experienced by the patient be exquisitely painful, although the skin be scarcely altered in colour, these adenitis are sub-aponeurotic; their seat is in the deep gang-

lions of the groin; an abscess is already formed; suppuration must ensue: resolution is no longer possible. In this kind of adenitis, local bleedings are frequently employed to excess, with the object of effecting their resolution. The first applications of leeches diminish the inflammation, but the pain still obstinately continues, and its seat indicates to the practitioner the situation of the abscess. It must be opened as promptly as possible, by making a puncture with a lancet; from the opening there exudes an abundance of pus mixed with blood, or of a reddish colour; the quantity and quality of which indicate the depth and extent of the abscess. The dressings consist simply in frequently reiterated emollient fomentations.

We have here repeated what we said before, but the subject has appeared to us of sufficient importance to be several times laid before the eyes of the reader. Notwithstanding the resolution of these sub-aponeurotic adenites be very difficult, when very recent it must be attempted: this is the only case where resolution appears to us possible.

We have obtained very advantageous results from a permanent application of leeches. In pro-

portion as those first applied fall off, others are put on until the inflammatory symptoms have ceased entirely, or considerably diminished. Should the tumour prove indolent, it must be rubbed with the tinct. iodine, or ung. hydriod. potassæ. Fomentations of vinegar and water are often useful; cold applications and compression have sometimes succeeded with us. We have employed the plaster poultices without success.

If, after three or four applications of leeches to an adenitis, apparently little inflamed, but highly painful, the pain be not allayed, and a slight pressure cannot be borne, local bleedings must be abandoned. If the suppuration of this kind of adenitis declare itself in one point—if the swelling of the ganglions be very considerable, and these form deep in the groin a hard and almost insensible mass—the abscess must be opened with caustic potash, applied transversely, so as to form a large wound, in which three or four leeches are to be placed every two or three days.

It frequently happens that suppuration extends to a considerable distance; separating entirely a considerable part of the skin, and thinning it in some parts. If, then, the ganglions of the groin

be hard and swollen, the caustic potash must be applied transversely, the slough removed, and three or four leeches applied every second or third day to the ulcerated surface. These local bleedings, aided by emollient fomentations, soon cleanse the wound completely, and ensure its prompt cicatrization. The latter even commences towards the edges, before the bottom of the wound is completely cleansed.

In the case where the adenitis is irritated by visceral inflammation, or unmethodic dressings, and presents hard, inverted, painful, thick edges, we have always obtained good results from the application of four or five leeches to the ulcerated surface, where the inflammatory swelling was most considerable. This local bleeding we repeat every two or three days. But when we perceive that the inflammation continues, notwithstanding the leeches, we abandon this remedy, and subdue the irritation with narcotics. We cover the whole ulcerated surface with linens steeped in solution of opium. These linens must extend a little beyond the edges, but in all cases they must only be laid on the surface. These are covered with emollient fomentations, to be renewed several times a day. Should the suppu-

ration be abundant, a second dressing is made at night.

The application of opium at first, causes the patient very slight pain, which ceases eight or ten minutes after the dressing; absorption then takes place, and sometimes a slight narcotism is produced. The general phenomena we have observed in such cases, are these—three-quarters of an hour, or an hour after the dressing, the patient sinks into sleep, and perspires moderately; during his sleep, which lasts an hour or two, he hears the slightest noise, distinguishes the voices of those who speak, and understands what they say. He wishes to, but cannot awake. It appears to him that an unknown power, against whom his will strives in vain, holds him as if in chains in the position in which he is. This uneasy and imperfect repose is succeeded by a sleep which is at first less agitated, and gradually becomes more profound, but is of short duration. He awakes calm and cheerful, feeling neither inconvenience nor pain. These phenomena are not observed in all patients with whom the solution of opium is employed. They only take place when the ulcerated surface is very large, and covered with reddish, fleshy pimples;

when the suppuration is not copious, and the ulcer not irritated. It appears that these circumstances favour the absorption of the opium, for this does not take place if the surface be tender and swollen, if the suppuration be abundant and unhealthy, and if the reddish, fleshy pimples be few in number. A slight narcotism is a good sign, and the rapid progress of the ulcer towards the cure is daily more visible. We then give acidulated drinks, keep the bowels loose by means of emollient enemata, and administer pediluvia. It is needless to mention that the species of narcotism resulting from the internal use of opium, differs greatly from that which takes place through the external absorption of this remedy, as we have just described. Should the narcotism continue too long, we must either stop entirely the applications of opium, or render them less active. These applications, carefully and methodically attended to, soon sink the edges; cicatrization takes place at the same time in several points, if the ulcer be very extensive. The cicatrix of the edges advances, as it were, to meet the partial cicatrices formed in the central parts of the ulceration.

The resection of the edges, or their deep cau-

terization, is, in our opinion, a practice as cruel as absurd.

The sinuses resulting from the separation of the skin, are sometimes difficult to cure, particularly when they occur in the direction of the fold of the groin, and on the internal surface near the pubis and scrotum. We think it useless, and even prejudicial, to use tonic cleansing injections or compresses. The skin can be made again to adhere, by applying a few leeches underneath the sinus, and even by simple dressings.

We believe it necessary carefully to avoid applying leeches on or near the edges, (externally,) of ulcerations, or ulcerated buboes, because, should they happen to be applied before the modification by the internal treatment has been experienced by the patient, we run the risk of seeing the punctures become as many ulcers.

In the case where there are deep ulcerations on the penis, and adenites in the groin, and the application of leeches still required for the latter, they should be applied only when the ulcerations of the penis have lost their acute type, and every thing indicates that the patient begins to experience the effects of the internal treatment. Were the leeches to be applied earlier, each

puncture would become a new ulcer. By these instances, and others before referred to, we see how important is caution in the use of leeches under such circumstances, and how great is the influence of the internal treatment in the cure of syphilitic symptoms.

We have abandoned the use of emollients and other poultices. They keep up the tumefaction of adenites, and cause the development of eruptions which are often difficult to remove; fomentations made with flannel steeped in some emollient decoction, are advantageously substituted for them, but the surface on which they are applied, must first be covered with a piece of fine linen.

Vegetations on the penis.—If these vegetations be large, very red, and painful, we apply to them a few leeches, and repeat this local bleeding until the vegetations have become insensible. In many cases the local bleeding may be omitted. We then allay the excitement by lotions, and emollient and narcotic fomentations, and local bathings. When the vegetations are whitish, they are made to dry, and drop off, by applying the solution of opium several times a day. In this case we observe the following:—The vegetations soon assume a light yellowish cast in the points which

have been touched with the opium; they then become blackish, and drop off, as if dried up. Sometimes those parts separate before getting black. The like effect is produced, until at length the root, as it is called, likewise becomes detached. The use of the narcotic is still persevered in for some days after the separation of the vegetations; then the part is touched with sulph. cupri, or nit. argent. The opium, by diminishing sensibility, arrests the vegetative action.

When the vegetations, otherwise voluminous, present but few pedicled pimples, the solution of opium acts more slowly; to accelerate the dropping off of the vegetations, we make incisions into them with the point of a lancet or scissors. The local bleeding resulting from these little wounds, accelerates the action of the opium.

Vegetations about the anus, perinæum, and scrotum.—We have constantly observed that leeches, repeatedly applied, with intervals of one or more days between each application, the use of emollient fomentations, and subsequently of the solution of opium, are the most efficacious external remedies against vegetations at the anus, perinæum, and scrotum. These vegetations are generally cured more rapidly than those of the penis.

Vegetations at the anus, which proceed from a recent infection, are red, voluminous, and flattened; the opening of the anus is dilated, and infundibuliform. They are removed even more expeditiously than the former, by the means just mentioned.

The excision and cauterization of vegetations on the penis and anus, appear to us more hurtful than useful. We employ partial excision only to accelerate the action of the opium, and cauterization, with nitric acid or potass in alcohol, only when the base of the vegetations is large, and is tardy in detaching itself from the parts whereon it is fixed, with the intention of causing its more prompt separation, and not with that of destroying the principle of its origin.

Pustules, Copper-coloured Blotches, Spots on the Skin.—Simple bathings, lotions, with a decoction of narcotic plants, sulphurous baths, and vapour baths, generally suffice to remove these symptoms when the internal treatment has altered the morbid modification. We have frequently remarked that every thing which increases the action of the skin is detrimental to the cure of these symptoms.

Tetters.—When large and numerous, and form-

ing thick crusts, they are almost always complicated with gastric irritation. A nourishing diet, the use of milk, and the application of leeches to the epigastric region and every part of the tetter when the irritation is great, have always appeared to us to be indicated, and productive of good results. When the gastric irritation is allayed, if there be no constipation, and the skin neither dry nor hot, the head not heavy, as it is called, we administer very advantageously opium, commencing with a very small dose, and gradually increasing it, paying very particular attention to its effects. The external means we employ are merely fomentations with warm oil if the crusts be thick and hard; emollient fomentations, if the tetter be sensible and painful; lotions and fomentations, with the decoction of poppy-heads, if the seat of the tetter be neither hot nor tense, nor painful.

All topical applications invented for removing tetter, appear to us to be seldom, if ever, useful. The cure of this affection is tedious and difficult, when it has already resisted several mercurial courses.

Tetters and ulcers on hairy parts yield to the same measures.

Inflammation and Ulcerations of the Veil of the Palate, Amygdalæ, and Posterior Coat of the Pharynx.—If the patient be plethoric, and the throat be inflamed, we must take blood from the arm two or three times, and keep on absolute diet during the acute stage. We apply from fifteen to thirty leeches to the superior part of the neck, and renew this application if necessary, and prescribe the sweetened decoction of barley, emollient gargles, enemata, and warm pediluvia. As soon as the inflammatory symptoms are removed, we apply one or several leeches on each ulcer, and on the most irritated parts, if there be no ulcers. The leeches are applied in the following manner:—

The tail end of the leech is pierced through with a needle armed with thread of ordinary size, (so that this portion of the leech is caught in the loop of the thread, which is afterwards tied;) the leech is then slipped into a glass tube, with its mouth directed towards that extremity of the tube which is to be applied to the ulcer. The tube is sufficiently long to have one end applied to the *velum pendulum palati*, the *amygdalæ*, or *pharynx*, whilst the other end is held out of the patient's mouth with the left hand, which also serves to

hold the thread to which the leech is attached. With the right hand armed with some pointed instrument, we prevent the leech from withdrawing from the tube. As soon as it has made a puncture, the thread is slipped into the tube, which is slowly withdrawn. The patient holds the thread by which he can pull out the leech as soon as it has detached itself. We have reaped signal advantages from this method, which we have employed at the Val-de-Grace for more than two years. In my private practice I have used it, and almost always with success, in cases of palatitis, and acute and chronic amygdalitis.

The patients sometimes experience nausea, but it soon passes over. They suffer but a very slight pain, and generally the punctures of leeches applied to ulcerated surfaces, or to mucous membranes, are less painful than when applied immediately to the skin. Lukewarm gargles excite considerable bleeding from the punctures made by the leeches.

When the velum palati, and the amygdalæ remain red and swollen, we touch them every two or three days with a weak solution of nit. arg. This application frequently removes the redness,

which rather depends on capillary injection than irritation of the parts.

Blisters and rubefacients on the nucha, or to the neck, are pernicious. They are rarely of any use towards the end of the disease. Large poultices applied warm, entirely round the neck, produce very happy results.

Perforations of the palate, caries of the roof of the mouth and ossa palati, are subdued by the same measures. But in these serious cases, the internal treatment must be strictly observed, and the patients restrained for a long time to a nourishing milk diet.

Phagedenic, Serpiginous, Carcinomatous Ulcers of the Nose, Lips, Face, Limbs, with Caries of the Cartilages and Bones of the parts.—Painful and eroding tetter, such as form large and thick crusts, or thin and superficial scales, deep or aphthous ulcerations of the mouth, velum palati, amygdalæ, and pharynx, and the ulcers mentioned at the head of this paragraph, are almost always the consequence of unmethodic mercurial treatment, of the abuse of mercury, of irritating dressings, or the external employment of escharotic substances.

All the individuals we have seen afflicted with

these painful and disgusting affections, had undergone several mercurial courses, during which the gastric passages had been constantly irritated by stimulant medicines, and a copious animal stimulant regimen.

Under these distressing circumstances, the practitioner will be convinced of the fatal consequences of the mercurial treatment, and the happy results of the simple method we propose. The success we have obtained by this method, has surpassed our most sanguine expectations, and completely convinced us of its efficacy, and also brought round to our opinion, all who witnessed the treatment. We intend to publish these cases in another work, and to add to them analogous facts which we have collected in our private practice. For the present, we will only mention that the patients were men affected with profound and chronic irritation of the digestive and respiratory passages, covered with tetter, devoured by phagedenic, serpiginous, and carcinomatous ulcers, with extensive and inveterate caries of the bones and cartilages, and reduced to a state bordering on marasmus. Almost all those men had been affected for years, and had dragged out their painful existence in various hospitals, where stimulating

treatment in numberless varieties had incessantly added to the gravity of those symptoms which they were obstinately employed to remove.

The wax imitations of these dreadful cases, are placed in the Anatomical Museum of the Val-de-Grace. The observations relating to them will be published in the Memoirs of Military Medicine.

In these serious, and as it were, desperate cases, the first object of the physician should be to combat with prudence and moderation all visceral irritations. An exclusive milk diet, gum water and refreshing drinks, and complete tranquillity concur to restore the internal organs to their natural state. In such cases, great advantages are derived from the *treatment by hunger*. When all visceral irritations have disappeared, opium internally, slight sudorifics, and the ptisan of Feltz without mercury, may be administered: vary these measures; observe their effects; suspend them; return to their use; remove any inconveniences which may result from their prolonged use; return at times to the simple treatment; have patience to wait; be not too hasty to act; relieve the dejected spirits of the patient; dissipate his fears; encourage his hopes; and

manifest, though in the greatest danger, that calmness so essential to inspire with courage the poor sufferer, who places all confidence in you. By following these precepts, the cure is despaired of, only, when the disorganization of a viscus has taken place, or is about to do so, or when the patients are so much reduced by internal affections or the abuse of mercurials, that it is no longer possible to treat these affections by the proper measures, without endangering the existence of the patients. In such cases, if it be prudent to let them travel, recommend to them a change of air, to observe the hygienic rules which suit them, and to nourish themselves with milk alone, without any other remedy.

It is always difficult to obtain the curative modification, when the external affections have made rapid progress towards disorganization: whole years must be devoted to that object with the most courageous perseverance.

The external treatment must consist of the moderate use of antiphlogistics, local bleedings, narcotic and emollient applications. There is now in our halls a patient who, when he entered the Val-de-Grace, six weeks since, had on the

superior anterior external part of the thigh, very deep serpiginous ulcers, the edges of which were detached. These ulcers had for upwards of eight months resisted an internal, mercurial stimulant treatment and irritating dressings; the patient was cured in less than a month by the simple treatment.

Exostoses.—Periostoses.—Frequent observation has convinced us that exostoses, periostoses, and caries of the bones, are effects of the abuse of mercury, particularly mercurial frictions. True exostoses are but rarely met with—and their cure is exceedingly difficult. The contrary is the case with regard to periostoses with pain and swelling of the limb—frequent local bleedings soon remove them.

From what has been said, it is easy to perceive that the internal treatment is reduced to the greatest possible simplicity. In recent affections we make use of no medicine unless compelled by complications. In chronic affections, whether secondary or mercurial, a complicated medication is useless, and pharmaceutical aid is of but little importance. In most cases the external treatment is limited to antiphlogistics, and atten-

tion to cleanliness. Lint and ointments are no longer employed for dressings. Unguents are irritants and obstacles to the cure of sores; lint impedes suppuration, instead of absorbing the pus; it is useless, and its employment might be proscribed in military hospitals.

The physician commissioned in a military hospital to treat venereal diseases, should not for one moment forget that the very men he is attending are destined, after the expiration of their time of service, to become husbands and fathers. His solicitude should not confine itself to the actual state of his patients; the future should also be present to his mind. It becomes, therefore, his duty to use every possible means to prevent their retaining any traces of their venereal affections, as well as their contracting infirmities, which too often weaken and break all family ties, and embitter their existence. Our attention is constantly directed to this object, and we make every endeavour to attain it. The simple method of Val-de-Grace corresponds perfectly with the principle which guides us, and in this respect the results obtained by it satisfy all the demands of philosophy and public morality.

Those physicians who are opposed to the me-

thod we employ at Val-de-Grace, although compelled to acknowledge the success of this method, will retrench themselves with apparent prudence behind the question of relapses, which they will advance to intimidate practitioners; they will require an account of those relapses, and perhaps they will even inquire the exact number and the consequent results. If in France this question be newly proposed, and yet unanswered, it is already old, and decided in favour of the treatment without mercury in all countries, where this method, imperfect as it may be, has been successfully followed for the cure of venereal diseases, both primitive and secondary. Facts collected by many medical men, prove that relapses, consequent to the treatment without mercury, are infinitely more rare and less serious than those after the mercurial treatment. We can likewise show similar results. The slight relapses that have come under our notice, only occurred with headstrong men, who, by frequent deviations from the regimen, rendered incomplete the curative modification which should have been produced by the treatment without mercury.

The question about relapses after the treatment without mercury, can only be decided in

military hospitals, where patients with venereal diseases are closely watched. On leaving the military hospitals, they return to their regiment, and whilst there, the surgeon-majors can take exact accounts of the state of their health; they can communicate them to the authorities, and even to the officers of health who are interested in collecting such information. The letters, of which the men are bearers, on leaving the hospitals, can express if deviations from the regimen have opposed the effects of the treatment without mercury. If these men are directed to different hospitals, the notes collected respecting the venereal diseases they have had, the treatment to which they have been subjected, the more or less exactitude with which they have complied with the directions, and the diseases they have laboured under after these different treatments, can be indicated on their letters of admission. In this manner the officers of health, under whose charge they would be placed, would receive from the surgeon-major of the regiment to which the men belong, every necessary information, without being compelled to make the inquiries from the patients themselves, who usually narrate the circumstances inaccurately.

If the patients have been guilty of frequent deviations from the regimen, or exposed themselves to cold during the treatment without mercury, or in any other way obstructed the salutary effects of that treatment—these circumstances should be noted down, for the sake of distinguishing such patients from those who have complied with all the conditions that are indispensable to a perfect cure. Were this not to be attended to, we should receive only incorrect reports; and relapses, occasioned by the intractability or carelessness of the patients, might be unjustly attributed to the non-mercurial method; and surely no one should dare to make us responsible for the consequences of a treatment which has not been observed with that exactness which is essential to its success.

It is likewise necessary to distinguish carefully the symptoms which should be considered as relapses, and those arising from a fresh infection. It were contrary to all justice, to present recent symptoms as relapses from the non-mercurial treatment, for the sole reason that the affected patients had been previously treated without mercury, for primitive or secondary symptoms. We can properly apply to relapses, after the non-mercurial treatment, the words of the illustrious Morgagni,

with respect to *observations*. They should not only be counted, but weighed.

On the other hand, factitious symptoms, by no means venereal, produced by the application of caustic, or some other irritating substance, might be improperly taken down as relapses.

If the treatment without mercury should not be methodically applied, it might be ineffectual, and occasion relapses. In such cases, the fault is not to be imputed to the treatment, but to the carelessness and inattention of those who direct its application, and the worth of a thing is not to be esteemed or decided from its abuse or improper employment.

This is not the place to point out all the measures it would be necessary to take in order to ascertain exactly the relapses consequent to the non-mercurial treatment. But were I asked, what are those measures, what is my opinion regarding the mode of applying them—the advantages and difficulties they present? I would reply that they are simple, and easy of application, and that the slight inconveniences they would at first present, would soon be overlooked in the immense advantages which would be derived from their use. I would say more; that I am persuaded that were those mea-

asures adopted, not only would the cure of patients be more rapid than at present, but the relapses exceedingly rare and slight; I would say, there would no longer be any, did I not fear to be charged with temerity.

If reasons, with which I am unacquainted, should prevent the adoption of those measures, the question of relapses, so highly interesting to science and humanity, would remain in statu quo; and every endeavour would be fruitless to ascertain with accuracy the proportional number, the class, progress, termination, and final results of the secondary symptoms, consequent to the treatment without mercury.

Whatever be the method adopted to verify the relapses after the non-mercurial method, and disclose the results, we will still persevere in collecting all documents tending to facilitate, or render successful this inquiry, the complication and importance of which demand the most persevering attention and indefatigable zeal.

Far from fearing a minute and rigorous examination of the question of relapses, we sincerely wish for it, as it is our interest to challenge it. That it may possess the greatest authenticity, and an honourable and indisputable character,

the council of health, whose knowledge is equalled by their active solicitude, shall receive the names of those soldiers whom we have treated without mercury, in the Hospital of Val-de-Grace, from the 16th of April, 1825, at which date the charge of the venereal patients was entrusted to my care.

Until now, the relapses consequent to the mercurial treatment, have not been verified with sufficient accuracy to serve as a term of comparison. They have never been properly inquired into, although frequent and serious enough to engage the attention of medical men. The wards of the hospitals were crowded with patients, who, after having remained there for entire years, and undergone several courses of mercury, were imperfectly cured of the dreadful afflictions resulting from this treatment. From the accounts we have taken, it appears that of all those who left our wards restored to health, between the 16th of April, 1825, and 31st of July, 1827, about one out of six suffered from relapses after mercurial treatment, or diseases produced by the abuse of mercury; and at the time we took charge the proportion was one in four.

Let an impartial comparison be made between

the results of the mercurial and non-mercurial method, and it will be seen that the latter, in the sole consideration of the length of treatment and the consequences, possesses invaluable advantages. It is easy to conceive that it must be so. In following the mercurial and stimulating method, the salutary tendency of the organs towards the cure, is at every instant opposed, whilst in the application of the mild non-mercurial method, we continually favour and follow step by step the effectual advances of nature.

The simple method now followed at the Hospital of Val-de-Grace, will no doubt be soon generally adopted in all military hospitals. Men of probity, and true lovers of science, have been directed to employ it in several hospitals of the kingdom.* The happy results they will meet with, will soon teach them how much to value that method which has already taken the place of the old one, in several of the naval hospitals. It is now undergoing a trial in a civil hospital in Paris, where an immense number of civil patients

* The members of the Military Council of Health of the Camps and Armies of the King have requested the health officers of various hospitals to employ the non-mercurial method, as followed at the Val-de-Grace.

are annually received. Although in this hospital the simple treatment is not absolutely adopted, it is nevertheless prescribed, from a knowledge of the success it has obtained at the Val-de-Grace, and the first trials having been as favourable as could be expected. Successful trials of it have been made in England, Portugal, Bavaria, Sweden, Germany, North America, Hamburg, and particularly in the hospitals of Metz and Strasburgh. The English, Bavarian, and Swedish governments have encouraged the zeal of those men who have devoted themselves to this new therapeutic study; the heads of the military medical departments of these kingdoms have admitted its efficacy, and even kings, in special ordinances, have given to such physicians as propagated the non-mercurial method, tokens of their royal favour.*

With the exception of some few who made the most laudable endeavours to overcome public prejudices, the rest of French physicians remained servilely attached to the ancient routine, and to a

* Advice, founded on experience, against the use of mercury in venereal affections, by Francis Joseph de Besnard, Doct. Med. Inspector General of the Military Hospitals of Bavaria, Munich, 1809.

theory not less absurd than tyrannical. Not long since, little sensation was awakened by the works of Thompson, Rose, Guthrie, Carmichael, Fergusson, Hennen, Gordon, Brown, Evans, Jourdan, Lefebvre, by the official note published by Sir James M'Grigor and Sir W. Franklin, or by the report of the Commission of Sweden. And such is still the domineering spirit among us, that we fear to peruse the work of Mr. Jourdan; that the one by Mr. Richond meets with but poor acceptance; that the Clinique of Devergie is subscribed to with reluctance, and that the new system of the Val-de-Grace is rashly judged of by men, who entertain of it at best but an inaccurate and confused idea.

The non-mercurial treatment has received the approbation of enlightened men, whose opinion, founded on experience, is of great weight in practical medicine. Dr. Gallée, one of the Military Health Inspectors General of the service, informs us that he has successfully employed it in the Brest Hospital for upwards of twenty-five years. Professor Chaussier adopted it a long time since; he esteems it more rational and sure than the mercurial treatment. Dr. Ribes has frequently employed it, and in his works recommends its adoption.

Drs. Gama and Broussais, chief officers of health in the Val-de-Grace Hospital, have witnessed the happy results I have obtained by it, and both applauded my endeavours, and encouraged my zeal. Those gentlemen, and Drs. Damiron, Fleury, and Bégin, have applied to the venereal diseases among the wounded and otherwise sick patients in Val-de-Grace, the same method we follow, and have been always satisfied with its good effects.

We sincerely hope, and have good reason to believe that the non-mercurial method will soon be received and employed by enlightened physicians, who, always disposed to adopt what is really good and useful, only wait, before deciding, for facts that may dissipate all doubts, and carry conviction with them. But it is probable that this method will be repulsed, even calumniated by those routine practitioners, who always see with regret, that the rut through which they have so long dragged themselves along is getting smoothed, and who remaining stationary, while science rapidly advances, prefer rather to decry its progress than follow in its wake. The method we propose has nothing to expect, nor any thing to fear from the opinion of such men, whose opinions are as little calculated to insure the success of a

new therapeutic method as to accomplish its ruin. It is therefore to us of but little importance to bring them over to our opinion; we even believe it were vain to attempt it; but we aspire to convince physicians of merit, who, too confident in mercury, believe it to be useful in every case, and under all circumstances. We dare to flatter ourselves that such physicians as err unwillingly, and who, from I know not what conviction, remain attached to the mercurial method, will not absolutely reject the simple method we pursue. Undoubtedly, they will think it a duty to ascertain whether our assertions have any foundation, and whether the facts which have brought conviction to our minds be correct, whether they be as numerous as we have said, and finally, whether they do prove the inutility of mercury. We most sincerely desire an impartial examination; but even supposing that the strength and number of facts which they will notice do not suffice to convince them of the inutility of mercury in the treatment of venereal affections, whatever opinion they may profess, it is utterly impossible for them not to perceive soon, and publish in their turn to the world, the necessity of simple dressings, the utility of antiphlogistics, and the efficacy of the vegetable and

emollient regimen, and be constrained themselves to agree that mercury must never be administered but with great caution. We feel convinced that in time they will abandon its use, and consider it only as a modifying agent, which may offer some advantages in certain cases. These cases must be extremely rare, for we have, during a whole year, fruitlessly sought for a single one among a vast number of patients.

Certainly the works of our predecessors, and those who will follow the essay we now present to the public, will produce important ameliorations in the treatment of syphilitic diseases; and if, as every thing induces us to believe, our hopes are realized—if the non-mercurial method be exactly and wisely applied in the treatment of venereal diseases—can we be blamed for saying that it will be a true blessing to mankind? In fact, it will render these affections gradually less severe, and will assuredly diminish the number and gravity of the symptoms, which complicate them during the mercurial treatment. We will no longer see those shameful and indelible marks which have disturbed the tranquillity of so many families, and embittered the existence of those who suffered them. The long train of mercurial diseases,

those chronic and disorganizing affections, the dangers of which increase and multiply in proportion to the number of doses of mercury employed to remove them, will disappear never to return; syphilitic symptoms will no longer assume the terrible forms assigned to them hitherto; their phenomena will be simple; their cure rapid, and without relapses; in short, the hospitals for the reception of venereal patients will no longer present the hideous spectacle which many of them now do. These consoling ideas, these flattering hopes, are undoubtedly sufficient to excite the zeal of all men desirous of serving the interests of science, and contributing to the welfare of their fellow creatures.

OBSERVATIONS
ON THE
TREATMENT
OF THE
VENEREAL DISEASE,
WITHOUT MERCURY.

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THERE are no diseases to which the male sex is so very obnoxious as those of the sexual organs, and there are none which have more occupied the attention of surgeons; yet there is not a subject in surgery of equal importance, on which less has been written since the time of Mr. Hunter. We find that those who have had the greatest opportunities of acquiring knowledge, have for the most part refrained from communicating to the public the results of their observations; and that this has arisen rather from the difficulty of the subject than from its being so thoroughly understood as to require no comment, will be

immediately acknowledged by every one of discernment and experience. In offering a few observations on the treatment of diseases acquired through promiscuous intercourse, I wish I could think they would elucidate a subject beset with so many difficulties; but the more I consider in which way this may be accomplished, the greater I find the obstacles to be surmounted, except I could at once adopt the opinions of a French anonymous, but very ingenious author,* "that there is not, nor ever was such a disease;" but to this opinion there are equally insurmountable facts to be opposed. Certain, however, we may be, in this subject of intricacies, that the venereal disease has within these few years, totally altered in many of those properties and effects, which are called specific; or that the greater part of the opinions which have been commonly entertained are erroneous.

In offering these remarks, I beg to be considered as merely giving a few slight sketches of opinions and facts which may be hereafter confirmed, filled up, or even abandoned, as circumstances and further observations may render necessary, and I shall confine myself as much as possible to facts, and enter as little into the con-

* Sur la non-existence de la Maladie Vénérienne. Paris, 1811.

sideration of opinions, that are well known and usually entertained.

On the continent in general, little attention is paid to the appearance of primary sores: if a man have had a suspicious connexion, followed by ulcers on the glans penis, or prepuce, or even a gonorrhœa, he is at once declared to be infected with the venereal disease; but this does not lead in general in Italy, or in the south of Europe, to the exhibition of mercury or any other specific. In France, and particularly in Paris, the contrary is the general practice: the patient is placed on the use of the oxymuriate of mercury, and after taking about thirty-two *portions*, in half doses, twice in the day, which generally occupy the same number of days, he is considered free from disease, and this will in most cases be true in all kinds of sores which have originated from sexual intercourse; but if the ulcers should not heal in this period, or secondary symptoms supervene, he frequently continues the medicine for an unlimited time. In doing this, the Parisian surgeons are however acquainted with a fact, which has, until very lately, been denied in England, viz. that every kind of ulcer is curable by common means, and M. Cullerier, the first surgeon in the Venereal Hospital at Paris, demonstrates the possibility

of doing so every year to his class; but after the ulcers have healed, he puts each patient through the usual course, to prevent secondary symptoms.

Lagneau,* the latest† French author who has written on the venereal disease, although he acknowledges gonorrhœa may have a different origin, still endeavours to prove the identity of gonorrhœa and chancres in the greater number of cases as syphilitic affections, from the circumstance of several females having been infected by the same man with both complaints, and the same occurring in several males from communication with one woman, and he inculcates in consequence the propriety of treating them by mercurial preparations. In Great Britain, they are usually considered as distinct diseases; but in whatever way we are disposed to view the subject, it is hardly possible to reconcile the different facts which have been adduced, without admitting that ulcers will arise on the penis from the matter of gonorrhœa; that gonorrhœa will in turn be caused by the matter of these same ul-

* *Exposé des Symptomes de la Maladie Vénérienne à Paris, 1815.*

† This memoir was written in 1817, since which period many works have been published in France, in favour of the non-mercurial treatment of the venereal disease.—*Ed.*

cers, and that both occur in consequence of promiscuous or uncleanly intercourse. That many of the ulcers produced in this manner will occasionally assume every character of chancre, and cannot be distinguished from it, I am perfectly satisfied of from repeated observation; but I am equally as certain that a gonorrhœa in men, with the worst appearances and symptoms, can, and often does, arise from irritating causes common to parts free from any specific disease or poison, is not distinguishable from one that has arisen from promiscuous intercourse, and that both complaints are curable in the same way and without mercury. It may be asked, can gonorrhœa, or the ulcers resulting from the matter of gonorrhœa, produce symptoms of constitutional derangement? The evidence of authors is at variance on this subject, and I am inclined to believe, as a general rule, that they do not; although I am by no means disposed to affirm, that they cannot, under particular circumstances of constitution, produce such symptoms; but in allowing that they do sometimes follow, I am much inclined to believe, that they become serious only in consequence of the improper exhibition of mercury; and it is from the cases that have made me allow, that secondary symptoms, such as inflammation and ulceration of the tonsils, and erup-

tions on the skin, do follow gonorrhœa, that I have also drawn this inference.

In the British empire, surgeons, so far from confounding these complaints, have on the contrary, been long accustomed to make distinctions between the different kinds of ulcers, to which the sexual organs are liable. Mr. Hunter endeavoured to point out the ulcer which he supposed to possess specific qualities, and to be the cause of what are called the secondary symptoms of syphilis; and since his time the characters he has given have been supposed to be truly diagnostic and infallible signs of a disease that required a course of mercury for its cure. His opinion has indeed so far regulated the conduct of practitioners in general, that the greater or lesser resemblance of sores to the assemblage of appearances he has described, has decided whether a course of mercury was or was not necessary. It having been taken for granted that mercury was the only cure, that a sore possessing these characters must contaminate the habit generally unless it were prevented by the exhibition of the appropriate remedy, and that it could not be cured without it. That this was, indeed I believe, is the opinion of the most eminent surgeons in the empire, will not be denied, and I am acquainted with *none* of whose opinions records

are preserved, either in their writings, or by their pupils, with the exception of Mr. Abernethy, who do not allow even if they do not support this doctrine.

Although it was supposed that a chancre was the true syphilitic ulcer, when possessing the properties I have mentioned, it was allowed, and the oldest records of surgery confirm the fact, that many other kinds of ulcers arise from promiscuous intercourse, which do not require mercury for their cure. Attempts were then made to distinguish these also; and Mr. Abernethy, Mr. Carmichael, and others, have been very successful in their endeavours. But the matter did not rest here; reference was not made alone to primary ulcers; the different secondary symptoms were also considered, and attempts again made to distinguish those resulting from each particular kind of ulcer. In this manner several diseases, supposed to depend upon different poisons, have been described, which, if they did actually exist, would be much more dangerous than syphilis itself, which all agree in thinking curable by mercury properly exhibited, whilst the other complaints are, at the same stage of the disorder aggravated by its exhibition.

In consequence of these opinions, it became desirable to ascertain, at an early period, whether

an ulcer was a chancre or not; and many surgeons prided themselves on their peculiar talent in distinguishing those ulcers which absolutely required the use of mercury for their cure, from those that did not; but the value of this prescience will be more duly estimated, now that it has been ascertained that every sore, of whatever description it may be, will heal without its use, provided sufficient time be granted, the constitution be good, the patient regular in his mode of living, and that attention be paid to cleanliness and simple dressing, and to keep the patient in a state of quietude.

During the last eighteen months in the York Hospital, Chelsea, Mr. Dease, Dr. Arthur, Dr. Gordon, and myself, have been in the habit of treating all cases of ulcers on the penis, whatever form or appearances they might have, by simple mild means, that is, by dry lint, or ointments or lotions for the most part not containing mercury, in order to obviate the objection that might be made to the application of it in any form; and of near one hundred cases which have been treated in this manner, all the ulcers healed without the use of mercury; and among them there were of course many of every description, from the common ulcer, without excavation or induration, to the solitary ulcer possessing the

true characteristics of chancre. Since Mr. Rose of the Guards began to treat his people without mercury, and the practice was adopted at the York Hospital, it has been followed at several of the hospital stations, at Dover, Chatham, and Edinburgh, and in different regiments at home and abroad, especially the 57th and the staff corps of cavalry in France. From these hospitals I have seen the reports of near 400 cases more, which have been treated with the same result as far as regards the cure of primary ulcers; each ulcer appears to have run a certain course, which, as to extent, was much the same as in one of the same appearance where mercury was supposed to be necessary; and at an indefinite period of time, to have taken on a healing action, and in the greater number of instances, skinned over rapidly, leaving a mark or depression, showing a loss of substance. With us, where the ulcer had the characteristic appearance of chancre, dry lint alone was generally applied to it; where these signs were less prominent, a variety of applications were used; but there were a great number of sores both raised and excavated, on which no application made the least favourable impression for many weeks. They did, however, yield at last to simple means, after remaining for a considerable time nearly in the same state, several of them having

become sores of a large size previous to, or in the first days after their admission. If they were ulcers without any very marked appearance, and did not amend in the first fortnight or three weeks, they generally remained for five or seven weeks longer; and the only difference, in this respect, between them and the raised ulcer of the prepuce was, that this often remained for a longer period, and that ulcers, possessing the true characters of chancre, required in general a still longer period for their cure, that is, from six, eight, to ten, twenty, and even in one case twenty-six weeks, healing up and ulcerating again on a hardened base. Those that required the greatest length of time had nothing particular in their appearance that could lead us to distinguish them from others of the same kind that were healed in a shorter period; neither were any of these ulcers followed by a greater number of buboes, nor did they suppurate more frequently than in the same number of cases treated by mercury; on the contrary, the ulcers were not so frequently, on the average, followed by them, neither did they so often suppurate; but this may also be attributed to the antiphlogistic means employed both generally and locally for their relief.

The fact then of the possibility of curing every kind of ulcer on the genitals without mercury

seems to be fully established; but the question of time is very important, for I have every reason to be certain from former experience, that almost all these protracted cases would have been cured in one-half, or even one-third of the time, if a moderate course of mercury had been resorted to after common applications had been found to fail;* and I have reason to think, from the treatment of other cases, that the duration of many of them might also have been shortened by the regular exhibition of cathartic medicines combined with sudorifics.

The great question however is, were these people, whose ulcers were healed under this treatment, more liable to secondary symptoms than if they had been treated by mercury? According to the opinions commonly entertained, there ought not to be a doubt on the subject; but these opinions have been formed rather on what it was supposed must follow, than on what has been actually observed to follow. From the nature of the service, it has not been possible for us to trace with sufficient exactness the whole of the persons that have been treated in the York Hospital, although many remained for several

* Had Mr. Guthrie employed antiphlogistics in the treatment of these cases, the time of cure would have been much shorter.—*Ed.*

months under observation; but of the whole treated, only six cases have been noticed in which symptoms strongly resembling those of syphilis made their appearance, although it is possible slighter ones not requiring medical assistance may have occurred. Of these six cases, two had ulcerated throats, combined with eruptions. In one, the papular eruption appeared before two ulcers, one a raised ulcer of the prepuce, the other a chancre on the corona glandis, had healed; one had a syphilitic leprous eruption, and being a private patient, was cured by mercury and the decoct. sarsaparillæ. Another of the same description was cured without either of these remedies. Five of the six, then, were cured by simple means, such as cathartics, antimonials, sarsaparilla, and the warm bath, and one by the assistance of mercury.

In none of these cases were the bones affected; it is but proper, however, to remark, that several cases were admitted during this period, in which a few mercurial pills had been taken, and the mouth not been affected, and in which the primary symptoms were followed by eruptions both papular and scaly, by ulcers in the throat, by nodes, and in one case by inflammation of the periosteum covering the bones of the nose, and ulceration of the septum nasi, although mercury was resorted to for its cure; but these cases

as well as many others of disease in which mercury had been frequently or irregularly used, although cured, are not included in these observations, as the exhibition of even a small quantity of it in the first instance, might be supposed by some to have a certain degree of influence on the symptoms which subsequently appeared. Mr. M'Leod in the hospital at Dover, out of fifty cases treated without mercury which he has been able to keep in view, has not had a larger proportion of secondary cases than I have. Staff-surgeon Murray, and Mr. Evans of the 57th regiment, and Mr. Brown of the staff corps of cavalry, have been equally successful in France. In the course of twelve months they treated one hundred and thirty-four cases, and the proportion of secondary symptoms to the whole number has been under a tenth, and of the same description as my own. In Edinburgh, the result has, in two hundred cases, been the same; indeed it has been so generally uniform as far as I am acquainted, that we cannot doubt that the proportion of secondary cases of syphilis is infinitely less than is commonly supposed; but it is in all probability something greater than the preceding remarks would point out, from the cause I have assigned. It appears singular that in the secondary cases, the symp-

toms should all have been of a mild nature, in two instances only affecting the bones. Some of my friends, of great talents and experience, have been induced from this to suppose, that the greater severity of symptoms, which are frequently met with, have been caused by the exhibition of mercury in the first instance, which aggravated the constitutional disease. I am rather disposed to attribute their mildness to the antiphlogistic means resorted to, on the secondary symptoms first showing themselves; because the situations I have filled have afforded me many opportunities of seeing persons suffering from the primary and secondary symptoms at the same time, where they had not taken any medicine to mitigate or impede the progress of the disease, and these were apparently running through their several stages until checked by mercury.

If we refer to Dr. Fergusson's paper on the Venereal Disease, in the Fourth Volume of the Transactions of the Medico-Chirurgical Society, we shall find it stated, that in many cases in which the Portuguese certainly gave no mercury for the cure of primary symptoms, the secondary ones run their usual course even to the loss of the bones of the nose; and I am very willing to confirm a remark he once made to me, that there

were more people to be met with in the town of Lisbon who had suffered that mutilation, than in any other he has seen of the same size; we cannot then doubt that secondary symptoms of the most serious nature will occasionally follow in particular constitutions.

The Portuguese, in treating all cases of ulcers without mercury, did only what we have been lately doing, and with nearly the same success, suffering considerable delay in the cure of the primary ulcers, and meeting with few cases of secondary symptoms in proportion to the total number treated. It ought, however, to be remarked, that ulcers of a mild character are much more prevalent in Lisbon than in London, because the lower classes of people, and especially females, have an abhorrence of cold water applied to the sexual organs. But independently of this, Dr. Fergusson supposed they did not suffer from secondary symptoms, as they ought to have done according to the ideas we then entertained, because the venereal disease was mitigated by reason of a general and inadequately resisted diffusion of it among them, in consequence of their simple mode of treating it. There is not, however, any more solid foundation for this opinion, which has I am aware, made a strong impression on many persons in England, than

there is for that which is commonly entertained that the disease is more virulent in Portugal than in Great Britain. On this point I can also only agree with Dr. Fergusson to a certain extent. I do not think the disease which the troops contracted in Portugal, was in the slightest degree more violent than the same kind of complaint at home, neither do I place the least reliance on what has been said by others about a distemper called the Black Lion of Portugal, which I do not believe exists; but I perfectly coincide with him in opinion that the change from the climate of Great Britain to that of Portugal in the summer, with the different mode of life, does act most powerfully on our northern constitutions, and disposes strongly to inflammatory affections. It is this that rendered the same kind of wounds more dangerous to the British soldiers than to the natives, and it was to this disposition, increased by the greatest irregularity of conduct, and often by intemperance, a vice the natives are not addicted to, that we were indebted for the mutilations which ensued from the venereal disease. If the persons affected had been managed in the manner he has informed us he treated his friend after the battle of Vimiera, the result would have been, and was in many instances very different; but in many cases of this kind,

from the strong tendency to gangrene, which is great in constitutions of this description in warm climates, mercury, bark and wine were unfortunately resorted to, instead of bleeding and the most vigorous antiphlogistic treatment, and the part affected was destroyed; but I have seen the same thing happen in several hospitals both civil and military even in England. I write on this subject with confidence, because I was with the army during the whole war in the Peninsula, and had for several months together the superintendence of the hospitals in Lisbon, at a later period than Dr. Fergusson alludes to, and when this disease was one object of my particular attention.

I do not then think Mr. Carmichael's opinion, as to the secondary symptoms peculiar to the phagedænic and sloughing ulcer, receives any support from what occurred to the troops in Portugal; because it did not appear that either of them following sexual intercourse were dependent on the cause which produced the ulcer. Where many men have had intercourse with the same woman, they have not all had the same complaint, although one of the ulcers so originating has become phagedænic or sloughed; neither has the same woman herself suffered from this distemper; indeed, the nature of an ulcer of

either kind must, after a short time, effectually prevent any intercourse, and we often find, that their peculiar characters only appeared after the ulcer has existed for several days. I firmly believe, also, that in the greater number of cases of sloughing ulcer, where mercury is not given, no secondary symptoms would appear: and in those cases in which they did appear, I apprehend they would be equally dependent on the state of the constitution, both as to the mode of cure and their destructive characters. In other words, my observations lead me to conclude, that these ulcers do not depend upon a specific poison, but on the state of the constitution under particular excitement, and that when secondary symptoms do occur, they are not dependent on the state of the ulcer; although I am ready to admit, that in a constitution where an ulcer will rapidly become phagedænic, the secondary symptoms, when they do occur, may be different to a certain extent from those that follow more simple ulcers, in a healthier habit of body.

An officer, in the years 1800 and 1801, suffered severely from almost all the secondary symptoms of syphilis, such as sore throat, eruptions, and nodes, and recovered under the care of the late Mr. Rush. In the year 1808, he landed with his regiment in Portugal. In April

1809, he contracted, for the third time, an ulcer on the penis, but being obliged to move with his corps he found, at the end of the fourth day's march, that it was inflamed, red, painful, and swelled to thrice its natural size, altogether threatening the loss of the part: but from which misfortune he was saved by perfect quietude, and the most vigorous antiphlogistic measures. Whilst the army were in the lines in front of Lisbon, he again contracted an ulcer, which he concealed, until the increase of the disease obliged him to apply for advice, when he was ordered down to Lisbon. The penis was now in the same state as in April 1809, but instead of resorting to the same means of cure, he rode forty miles into Lisbon without any delay; the consequence was, the penis sloughed. He underwent several courses of mercury, but the ulceration of the penis could not be induced to heal, his health decayed, his throat became sore, and a swelling took place on the back of the hand and on the foot. He was sent to England, but in vain. He lost by ulceration the remainder of the penis, with part of the hand and foot, and at last died from ulceration of the throat, worn out by disease. His military friends said that he died of the Black Lion of Portugal; but it was clearly from the improper treatment in the first

instance of a simple disease, that these dreadful consequences were induced; and I have no doubt they would have been brought on at the former period, if he had been treated in the same manner.

Having made these remarks upon the cure of diseases contracted by promiscuous intercourse, without mercury, and shown that they depend upon the state of the constitution for any peculiar malignancy, I may be permitted to revert to a former period when the same class of people were cured of the same diseases by mercury: that is, between the years 1801 and 1809, when surgeon of the 29th regiment, and I rely much on the knowledge acquired in this period, because the regimental surgeon possesses advantages as to ascertaining facts which are not to be met with in any other walk in life. The persons affected are completely under his controul, he can do what he pleases with them without restraint, and he has them under his observation for a number of years, certain that they cannot have a change of opinion, and act contrary to his wishes. In the period to which I have alluded, a great number of persons afflicted with this disease came under my care, they nearly all underwent a moderate course of mercury, provided the ulcers did not assume a healing appearance at the end of a fort-

night or three weeks, and I very seldom had a case of secondary syphilis, not even in those who were occasionally from under my inspection. I am not aware of having ever discharged or lost a man in consequence of it, and the worst case I recollect is now a coal-heaver in London, having been discharged the service, on account of a fracture of the arm, and a wound of the scrotum at the battle of Roliça. Later observation has proved, that a great number of these patients would not have had secondary symptoms, if mercury had not been exhibited; it cannot then be supposed that the mercury prevented their occurrence; but if it be not satisfactory on this point, it goes a great way to prove what is almost as interesting, viz. that mercury properly exhibited is not the cause of all the evil which in many cases is attributed to it; for if it were, these people must have given proofs of it, as every case which did not yield to simple means in the course of a fortnight or three weeks, was put upon the use of mercury. If indeed a moderate course of mercury, nay a few pills, could produce all the symptoms which are frequently supposed to arise from it, there are few of us who have lived in warm climates, where nearly all have taken it irregularly for one disease or other incidental to them, that would not be living proofs of it, while

the contrary is well known to be the fact. Whether an insufficient course of mercury is more productive of secondary symptoms than no mercury at all I cannot say; but it appears to me, that it is only where mercury is persisted in after it has evidently ceased to do good, when it disagrees with the constitution, or when it is exhibited at an improper period, or very irregularly, the patient being exposed to wet and cold, that it produces those symptoms usually supposed to depend upon it. The fact I have stated as to the non-occurrence of secondary symptoms in regimental hospitals, where all doubtful cases were treated by mercury, is so positive, that I am certain no regimental surgeon of ability will be found to contradict it; that they did sometimes occur is true, but it was only when the troops were moving, and under irregular management, that they were numerous, and then only in the general hospitals, where all the stragglers and all the bad or protracted cases are collected. In the half year, ending the 24th of June, near fourteen hundred cases of primary symptoms were treated in the army in France by mercury, and in this period only fourteen cases of secondary symptoms occurred. It may be said, many cases had not time to show themselves, but then it must be recollected that all those of the preceding half-year,

which required the same length of time, are included in this number, and render the calculation as correct as any computation of the kind can be. In six regiments in one district in England, five hundred and twenty-one cases were treated in fifteen months by mercury, and ten cases of secondary symptoms appeared, so that the true average proportion will be between the two, or one in seventy-five. I by no means, however, wish to be understood as supposing mercury to have a good effect on all primary sores, possessing or not possessing specific characters. I am perfectly aware of its inutility in many cases, and the two following, which have lately occurred to me, would attest the fact, if the records of surgery were not already sufficient.

A gentleman perceived, after a suspicious connexion, a sore at the orifice of the urethra and two others near the frænum. For these he rubbed in mercurial ointment for five weeks, when his health deteriorating, he applied to me. I told him the two sores near the frænum would heal in a few days; but that the sore at the orifice of the urethra being dependent on situation, would not heal for four or five weeks more. As his mouth was affected, I advised him to omit the mercury, and await the result. He fol-

lowed my advice, and under mild applications the sores healed.

A soldier contracted an ulcer on the prepuce, and came under my care in October, 1816. At the end of five weeks, the ulcer continuing, I put him, at his earnest entreaty, on the use of mercury; his mouth soon became sore, but no amendment took place for several days in the ulcer. Three weeks after the mercury was left off, other sores of the same nature appeared; but all soon healed, with the exception of one, which remained stationary. The man was now satisfied mercury would not cure him, and he waited patiently the event of his treatment, until the 18th of January, when he was discharged perfectly well.

In regard to secondary symptoms, it appears that they occur after primary ulcers which have not been cured by mercury; and that they do also occur after a well-regulated course of mercury, there is no man of experience will I believe deny. Indeed, Mr. Hunter, whose accuracy in matters of fact will not be disputed, has left us through his commentator, Dr. Adams, a most interesting case of this nature, where the disease not only affected the first, but also the second order of parts, although mercury was each time properly exhibited for its cure. This

case is given as explanatory of Mr. Hunter's doctrine, that if the disposition for the disease be formed, mercury cannot cure it, until it come into action; which, in plain language, means nothing more, than that the disease cannot be prevented in certain constitutions from running its own course, when it may at last be cured.

Now this part of the doctrine that the disposition cannot be cured until formed, and in action, is denied by many of Mr. Hunter's most enthusiastic admirers; but there is this difficulty on the subject, that we are perfectly uncertain, when a disposition has been formed, if such a thing do ever occur; and it is not a fair inference to conclude we have destroyed it, because it never shows itself in action; it is on the contrary more rational to suppose, that there never was a disposition formed at all. This conjecture may also be more reasonably entertained, now that we are aware the greater part of these primary ulcers, which were usually supposed to be the original cause of this disposition and action, are not followed by any such effects, except under particular circumstances, with which we are as totally unacquainted as we are with the reasons why one man on pricking his finger in dissecting shall have a chain of abscesses to the axilla, indicating every appearance of being infected by mor-

bific matter, whilst half a dozen others shall in no way suffer, although exposed to the same injury, precisely at the same time, and in the same way; or why a person, although continually exposed, and under circumstances where such an effect might be reasonably expected, should, perhaps, suffer but once or twice in his life; or why, at another time, he shall suffer in the same manner from the prick of a clean needle through a leather glove, which cannot be supposed to convey any infectious matter.

If we refer to the works of Mr. Hunter, Mr. Abernethy, Mr. Carmichael, and to the recorded opinions of Mr. Pearson and others, we shall find instances of diseases arising from accidental and constitutional causes but without any kind of primary ulcers; indeed, instances are not wanting of their having arisen without any sexual intercourse having ever taken place; yet these diseases so much resembled the secondary symptoms of syphilis, that it was only by the history they were supposed not to be syphilitic.

If we inquire how opinions are now formed concerning the secondary symptoms which resemble syphilis; whether from appearances or history, and what is the object of the inquiry, I believe we shall not find a surgeon in London who values his own opinion, will venture to give

one on appearances alone: all refer to history, and the object of that to both patient and surgeon is generally to ascertain whether the use of mercury is to be recommended or not. If the history be truly syphilitic, according to our notions of cause and effect, mercury is ordered on the supposition of its being the only specific, although it has too frequently disappointed us. If we find, with the very same appearances, or nearly so, that the patient has gone through several severe courses of mercury, it is very properly supposed not to be equal to the cure, or that the disease is mercurial, and sarsaparilla, warm bathing, &c. are substituted. If it arise from constitutional causes, and no syphilitic taint can be traced even at the distance of half a dozen years, a mixed kind of course is generally resorted to.

It may be said that Mr. Hunter's supposed unerring sign of the disease in all its symptoms being progressive, never retrogressive, except mercury be used, is diagnostic of syphilis; but I do not believe this to be a fact; indeed I have already said, all these symptoms are curable without mercury; Dr. Fergusson has given proofs of it in a country where none is used, and where venereal diseases are supposed to be most prevalent; and as the same thing has been recently done in Great Britain and France, I may be ex-

cused arguing the point, because it is simply a question of fact. I deny it; but I by no means deny, on the contrary, I affirm, that in all obstinate cases of this description, after the disease is fully formed, that is, after the inflammatory stage has passed by, mercury, so long as it produces a beneficial effect, is the remedy I would use in preference to all others; but the moment this good effect was no longer progressive, that instant I would abandon it until the remedy ceased to exert an improper influence on the constitution, when I might, under certain circumstances, and when a change was necessary, resume it.

If we refer to cases of the secondary symptoms of syphilis, pseudo-syphilis, or the cachexia syphiloidea, we find that in all a degree of constitutional derangement exists producing symptoms so much resembling each other as to render the adoption of a mode of cure dependent on the history of what has been already done; may we not then be induced to suppose that neither of these states of disease depend on a specific poison circulating in the blood, and exciting particular parts into diseased action, but on a particular irritation dependent more on the state of the constitution, than on the nature of the offending cause? It is allowed by all that the secondary ulcers of syphilis, as they are called,

cannot produce primary ones ; a proof that the nature of the disease is changed, and that the primary and secondary disease are two distinct things.

As the irritation of a prick in the finger, only produces abscesses and general derangement when the state of the constitution is not good ; as derangement of the digestive organs alone may produce in particular cases constitutional symptoms of disease resembling syphilis ; as the irritation of a transplanted tooth may do so in the same manner, so am I disposed to believe that an ulcer or syphilitic chancre produces secondary symptoms only in particular states of the constitution : but what that state may be, or in what it may differ from a state of health, would be as difficult to describe as in any of the other instances to which I have alluded.

Mr. Hunter has said, "the venereal matter, when taken into the constitution, produces an irritation which is capable of being continued independent of a continuance of absorption, and the constitution has no power of relief, therefore a lues venerea continues to increase." In adopting then the opinion of secondary symptoms occurring from a peculiar irritation in the constitution, I am not entertaining a new theory, I am only objecting to that part of the old one, which supposes the constitution is unable to recover itself under any circumstances without the aid of

mercury; and I do so because I have had proof of it in many instances. But I would by no means imply that it either can or does in every instance: on the contrary, I object only to the opinion of a specific virus, absolutely requiring a specific medicine, and not to the remedy itself. Let us look upon it in the venereal disease, as we regard it in other diseases, to be used only in certain cases, when it agrees with the constitution, and then with moderation and prudence, and we shall hear but seldom of the bad effects which are now so common after its exhibition.

That I may not be misunderstood in the object of this paper, I shall take the liberty of recapitulating those points on which I wish the attention to rest, as the present result of the experiment.

1. Every kind of ulcer of the genitals, of whatever form or appearance, is curable without mercury. This I consider to be established as a fact, from the observation of more than five hundred cases which I am acquainted with, exclusive of those treated in the different regiments of guards, and which occurred in consequence of promiscuous intercourse.

2. Secondary symptoms, (and I exclude trifling pains, eruptions, or sore throats, that have disappeared in a few days,) have seldom followed the cure of these ulcers without mercury, and they have upon the whole more frequently fol-

lowed the raised ulcer of the prepuce than the true characteristic chancre of syphilis affecting the glans penis.

3. The secondary symptoms in the cases alluded to, amounting to one-tenth of the whole, and which were treated on the antiphlogistic plan, have hitherto been nearly confined to the first order of parts; that is, the bones have in two cases only been attacked, and they have equally been cured without mercury.

4. As great a length of time has elapsed in many of these cases without the occurrence of secondary symptoms, as is considered satisfactory where mercury has been used, viz. from six to eighteen months.

5. The primary sores were of every description, from the superficial ulcer of the prepuce and glans to the raised ulcer of the prepuce, the excavated ulcer of the glans, and the irritable and sloughing ulcer of these parts. In the inflammatory stage attended by itching, scabbing, and ulceration, they were treated for the most part by antiphlogistic and mild remedies; in the latter stage, when the ulcers were indolent, whether raised or excavated, by gentle stimulants.

6. The duration of these stages is very different, is often increased by caustic and irritating applications, and is much influenced by surgical discrimination in the local treatment.

7. The last, or indolent stage, often continues

for a great length of time, especially in the excavated chancre and raised ulcer of the prepuce; and it appears to me that in these particular cases a gentle course of mercury, so as slightly to affect the gums, will materially shorten the duration of it, although in others it is occasionally of no service.

8. Although the secondary symptoms do for the most part yield to simple remedies, such as venesection, sudorifics, the warm bath, sarsaparilla, &c. without much loss of time, that is, in the course of from one to four and six months; yet, as in the primary ulcers, a gentle course of mercury will frequently expedite, and in particular persons and states of constitutions is necessary to effect a cure; and that a repetition of it will even, in some cases, be requisite to render it permanent.

Much satisfactory information is yet to be acquired, many experiments to be instituted, and much patient investigation to be gone through, in the comparative treatment of these diseases with and without mercury, before we can arrive at any fair conclusion on a subject of such great importance. It appears for the reasons I have already assigned, that it is to the surgeons of regiments we are principally to look for them; and from the attention which is bestowed by Sir James M'Grigor, the Director-general of the medical department of the army, to this subject, there is every reason to think that much will be

done in the course of the next few years. In the meantime it is not my intention to recommend that the practice should be indiscriminately adopted in private life; but advantage may be taken of the facts I have stated on many occasions, to the essential benefit of the patients. In persons of a strumous habit, in those with whom mercury is known to disagree, in others who are supposed to labour under its effects, or of it and the disease combined, and who imprudently contract ulcers resembling chancres, and to whom a course of mercury might, according to received opinions, be highly detrimental, it must be very satisfactory to know that these ulcers will heal by simple means; and that if they be regular in their mode of life, secondary symptoms may not follow, or if they should, that there is still a probability of their being cured without the use of that remedy, which to these people may prove a greater scourge than the disease for which it is administered.

The facts I have adduced must necessarily lead many to pay greater attention to the nature of the ulcers they continually meet with, and may induce some few to repeat the experiments for their own satisfaction: but, before the practice can become generally useful, the minds of medical men must be better satisfied of its validity, so that a hasty change of opinion may not lead to a material change of proceeding, that the efforts of

one man may not be counteracted by the mere opinions of another. But I again repeat, if any one should be disposed to try the method of cure, the effects of which I have noticed, let him constantly bear in mind, that every case so treated requires as much attention and quietude on the part of the patient, and more attention and discrimination on the part of the surgeon, than when mercury is used for the cure. If any one should suppose, from what I have said, that there is no such thing as a venereal disease, that the ulcers on the penis are all common sores, requiring no more care or attention as to diet, exercise, regularity of life, cleanliness, or dressing, than an ulcer on the arm or other part of the same size, occurring from any accidental cause, he will find himself very much mistaken; and the result of his trials will be a more frequent recourse to mercury, and a longer continuance in its exhibition, than is even customary at present.

I beg it may be remarked that I have not given an opinion on, or entered at all into many important points inseparable from a due consideration of the subject; my object has only been to state a few facts, and make some observations on them. If they had been more comprehensive, I should have had to apologize for a volume instead of a paper.

London, June 24th, 1817.

APPENDIX.

DOCUMENTS,
EXHIBITING THE RESULTS
OF THE
TREATMENT
OF
VENEREAL DISEASES,
WITHOUT MERCURY.

1st. In GREAT BRITAIN.

Copy of a Circular, dated Army Medical Department, 2d April, 1849.

IN transmitting the following summary of the conclusions on the question of syphilis and its treatment, we have to assure all that it may be considered as an unprejudiced statement drawn up from the answers *alone* of the regimental surgeons, to the queries transmitted by us to them in December last.

Without Mercury.

1st, That since December 1816, to December 1818, there appears to have been treated for primary venereal ulcerations on the penis, (including not only the more simple sores, but also a regular proportion of those with the most marked characters of syphilitic chancre, as described by Hunter and other writers,) 1940 cases.

2d, That of these 1940 cases so treated, 96 have had secondary symptoms of different sorts.

3d, That in these 96 cases of secondary symptoms following sores treated without mercury, it was deemed necessary to have recourse to mercury for a cure for twelve of them, for which change the following different reasons are assigned in different cases by the surgeons who treated them.

a. On account of sloughing ulcers in the throat.

b. The protraction of cure beyond the third week.

c. Because the general health seemed to suffer.

d. With a view of expediting the cure.

e. The re-appearance of eruptions, or aggravation of symptoms.

Note.—In several of these 12 cases, alterative doses of mercury were sufficient to effect the cure.

4th, That in 1940 cases of primary symptoms treated without mercury, (as described in par. *1st*,) its use was resorted to in 65 of them; the reason assigned being as follows:

a. An indisposition to yield to the local application in three weeks.

b. The sore spreading.

c. The appearance of fresh sores.

d. Buboës suppurating, and not disposed to heal.

e. The general health appearing to suffer.

f. A belief that the constitution became affected from the continuance of the sores.

5th, That these 1940 cases, treated as here above stated, are now "recovered of their venereal complaints," and either doing their duty as soldiers, or have been discharged for military reasons totally unconnected with venereal disease.

6th, That the principal remedies employed have been, (speaking in general terms, and with reference to primary sores,) confinement to bed in many cases, in all to hospital, spoon diet, occasionally general bleeding when inflammation ran high, (in 6 or 8 cases,) purgatives, antimonials, pretty generally emollient soothing applications in the first instance, generally cold or warm water, (the latter frequently injected be-

tween the prepuce and glans,) and the first externally applied, the water frequently mixed with the liquor plumbi; in the latter stages, the lotio hyd. submuriat., or muriat. in aqua calcis, lotio sulphat. cupri, argent., nitrat., &c. were employed. With reference to secondary symptoms, when mercury was not had recourse to, purgatives, antimonial, nitric acid, sarsaparilla, guaiacum in substance, or in combination with sarsaparilla, warm bath, nitro-muriatic acid bath, gargles when the throat is affected. In nodes, fomentations, scarifications, leeches, and blisters.

7th, That the average period required for the cure of primary symptoms without mercury, when bubo did not exist, has been twenty-one days; with bubo forty-five days.

8th, That the average period for the cure of secondary symptoms without mercury has been from twenty-eight to forty-five days.

9th, That every man treated without mercury has been fit for immediate military duty on dismissal from hospital.

With Mercury.

1st, That during the period specified before, there appears to have been treated for venereal ulcerations of the penis, (the characters given of

which do not appear to have been, in any essential degree, different from those treated without mercury,) 2827.

Note.—“It may be perhaps well to view these as more generally bearing the character of Hunter’s chancre.”

2d, That of the 2827 thus treated and healed, 51 have had secondary symptoms.

3d, That there are good grounds for believing, that, in the majority of instances, when secondary symptoms have occurred, where the primary symptoms have been treated with mercury, that the secondary symptoms are more severe, and more intractable than when mercury had not been used for the primary sores.

4th, That one man treated by mercury for primary sores has been discharged the service on account of the injury his constitution sustained therefrom.

5th, That another man, after treatment for secondary symptoms by mercury, has been discharged the service in consequence of that complaint.

6th, That the average period occupied for the cure of primary symptoms without bubo, with mercury, has been thirty-three days, with bubo fifty days, and that the great majority were fit for immediate military duty on dismissal from hospital.

7th, That the average period occupied in the cure of secondary symptoms has been forty-five days.

Note.—“The treatment by mercury is so generally known that it is deemed useless to describe it in either case.” Much the same local applications were used in the treatment with mercury to the sores, as was described in that without it; perhaps more stimulating and escharotic applications were used, and less attention paid to regimen and diet, when mercury was given, at least less stress seems to have been laid on these.

General Observations.

1st, From the statement above made, it would appear that *all kinds of sores*, or primary symptoms of syphilis, may be cured, (as far as a period of nearly two years will warrant the conclusion,) without mercury.

It is considered that the exceptions noted in paragraph 4th do not present valid objections to the above conclusion on viewing the general testimonies on this point; but to the reasons there assigned for the necessity of having recourse to mercury the most particular attention is required, as on these must the propriety and impropriety of that measure depend.

2d, To guard against any fallacy in the comparative estimate of time employed in the cure of primary symptoms with and without bubo, it must be noticed that this is only an average statement; in some individual regiments the period required without mercury has been longer than that with mercury.

3d, That it appears that the frequency or rarity of secondary symptoms would seem to depend on circumstances not yet sufficiently understood or explained, although the following fact would tend to the belief that either the constitutions of the men, or the mode of conducting the treatment without mercury, are the causes that possess the greatest influence in their production.

In one regiment 4 secondary cases out of 24 treated without mercury supervened. In another regiment 68 cases have been treated within the specified time without mercury, all bearing marks of true venereal disease, (and 28 of these especially selected for their decided characters of chancre,) no secondary symptoms of any kind have hitherto made their appearance, and in all fifteen months have elapsed since they were treated.

To this circumstance most particular attention is required, both with the view of ascertaining if peculiarity of constitution influences the appearance of secondary symptoms, and of pointing out

the necessity of attending to the proper selection of local remedies adapted to the different stages and states of the sore, and to the general treatment of the constitution during the time the patients are in hospital, and that whether mercury be used or not.

4th, That it appears that no peculiar secondary symptoms are seen to follow from peculiar primary sores.

5th, It has been remarked, that in cases healed without mercury, iritis has been frequently observed as a secondary symptom, in some instances by itself, in others attended with eruptions of different kinds. In these instances, mercury has been generally resorted to with success.

6th, The re-appearance of the primary ulcer, and repeated attacks of eruption, are the diseases which have been most frequently observed to succeed the non-mercurial practice.

7th, The conclusions arrived at by the additional testimony of many more regiments, not included in the number from whence this report has been drawn up, confirm in every material circumstance the results stated under both methods of treatment.

From all that has been reported to us, we see no reason to stop the prosecution of the present

inquiry, nor have we any objection to its being continued, but strictly in that spirit of patience, liberality, candour, and fidelity, that ought to characterize the inquiries after truth—a spirit altogether remote from the precipitancy of innovation, the acrimony of disputants, or the stickler for any particular doctrine.

1st, It is therefore desired, that the queries heretofore submitted, with these additional points left undecided in this letter, may be considered as the leading objects for consideration in the future prosecution of the subject.

2d, That every syphilitic case, whether secondary or primary, be duly entered in the register, with full description of the characters of the sores, symptoms, and treatment, so that the results of each half year may be distinctly and clearly stated in the reports required on these occasions—that every man belonging to any regiment, treated in a different regimental hospital to his own, shall invariably be reported through this office to his own regimental surgeon, who will duly register the report, and at the half yearly periods state the results.

That it is essentially necessary that each regimental surgeon keep a watchful eye over all men treated without mercury, and frequently examine them, and that whenever answers are re-

quired to these queries at a future period, which they will, (say 1st January, 1820,) the state of the men now reported shall at that time be distinctly referred to, in the same tabular form as was required by the late queries, commencing as before from 20th December, 1816.

We wish it to be distinctly understood, that we do not enforce the non-mercurial plan of treatment in any case, still further is it our wish to incur any unnecessary risk or danger to the soldiers, by unnecessary detention from duty, from a protracted treatment without mercury, in those cases where it has been begun. At all times, this is left to the discretion of the surgeon, who, we are persuaded, will act in the most conscientious manner for the good of his patient, and the interests of the service.

(Signed)

J. M'GRIGOR,
W. FRANKLIN.*

* We copy this document from Dr. Hennen's valuable work on Military Surgery, to which work we refer for further evidence of the utility of the non-mercurial treatment of venereal disease.—*Ed.*

2d. In FRANCE.

*Military Hospital of the Val-de-Grace.**Comparative Results of the Treatment of Syphilis with and without Mercury.* By M. DESRUELLES.

Of 1312 men admitted into Val-de-Grace with syphilitic diseases, between the 1st of April, 1825, and 31st of July, 1827, 1084 were treated for primitive symptoms, and 228 for consecutive symptoms, chronic and mercurial, simple and complicated.

Of the 1084 affected with primitive symptoms, 386 were treated with mercury: mean duration of treatment forty-seven days. Of these 386, 189 were put upon an animal and stimulating regimen—mean duration of treatment fifty-one days: 197 were put upon a vegetable and mild (adoucissant) diet—mean duration of treatment forty-two days.

The 698 others were treated without mercury: mean duration of treatment twenty-eight days. Of these 698, 62 were put upon an animal and stimulating regimen—mean duration of treatment fifty days: 636 were put upon a vegetable and mild regimen—mean duration of treatment twenty-five days.

Of the 228 men affected with consecutive symptoms, chronic or mercurial, 75 were treated with mercury: mean duration of treatment sixty-seven days. Of these 75, 33 were put upon an animal and stimulating diet—mean duration of treatment eighty-two days: 42 were kept upon a vegetable and mild diet—mean duration of treatment fifty-five days.

The 153 others were treated without mercury, and all were kept upon a vegetable and mild diet—mean duration of treatment forty-five days.

Thus, of 1312 patients, 461 were treated by mercury, viz. 386 for primitive, and 75 for consecutive symptoms, chronic and mercurial: the mean duration of treatment was fifty days. 851 were treated without mercury, viz. 698 for primitive, and 153 for consecutive symptoms, chronic and mercurial; and the mean duration of treatment was thirty-two days.*

M. Devergie has treated between 1819 and July, 1829, about 800 syphilitic patients without an atom of mercury; not having notes however of all of them, he is able to report only 571 cases. Of these, 208 were treated in the Military Hospital of the Val-de-Grace, 90 for pri-

* Mémoires de Médecine, Chirurgie et Pharmacie Militaires, Tom. XXV. See also American Journal of the Medical Sciences, Vol. V. p. 503.

mary affections, and 118 for secondary affections. 571 were treated in private practice, 275 for primary affections, and 88 for secondary.*

He does not state the length of time required for the cure, or other particulars.

Military Hospital of Strasbourg.

There were treated in this hospital for venereal disease, by M. RICHOND DES BRUS, between the 1st of April, 1822, and the 16th of August, 1824, 2805 patients.

Of these, 1167 were treated with mercury, 1161 for primary symptoms, and 6 for secondary symptoms.

1638 were treated without mercury, 1443 for primary, and 148 for secondary or mercurial affections.

Of 1150 patients admitted into the hospital between the 1st of April, 1822, and the 1st of March, 1823, 325 were affected with gonorrhœa; the remaining 825 were treated with mercury.

Of the 1655 patients received into hospital between the 1st of March, 1823, and the 16th of August, 1824, 309 were affected with gonorrhœa.

Of the 1346 remaining, 342 were treated with mercury, so that between the 1st of April, 1822,

* Annales de la Médecine Physiologique, Tom. XVI. p. 4501.

and the 16th of August, 1824, 1167 were treated with mercury, and 1004 without mercury, the gonorrhœal cases being deducted.

When M. Richond left the hospital, 82 patients remained under treatment, 57 of whom did not use mercury, the remaining 25 were under its use.

Of the 947 soldiers cured without mercury, 325 were affected with primitive ulcers—273 with ulcers and buboes or buboes alone—201 with ulcers attended with phymosis, paraphymosis, and tumours—148 with symptoms of confirmed syphilis, either primitive or secondary.

Of 317 patients treated with mercury, subsequent to the month of March, 1823, 188 were affected with primitive ulcers—106 with ulcers and buboes or buboes alone—23 with ulcers and phymosis, paraphymosis, or symptoms of confirmed syphilis.

Duration of Treatment.—Of the 325 patients affected with primitive ulcers and treated *without mercury*, the duration of treatment

in 48 was from 5 to 10 days.

90	11 to 20
45	21 to 30
28	31 to 40
8	41 to 50
4	51 to 60
2	61 to 80

Of the 188 patients affected with primitive ulcers and treated *with mercury*, the duration of treatment

in 3 was from 5 to 10 days.

18	11 to 20
30	21 to 30
52	31 to 40
45	41 to 50
22	51 to 60
15	61 to 80
3	81 to 120

Thus, of the 325 cured without mercury, only 42, or less than eight per cent., were under treatment more than thirty days; whilst of 188 treated with mercury, 137, or upwards of seventy-two per cent., remained in the hospital over this period.

Of the 273 cases of buboes treated without mercury, 172 terminated in resolution—81 by suppuration—in the remaining 20 suppuration was established when the patients entered the hospital.

Of 106 cases of buboes treated with mercury, 54 terminated by resolution—46 by suppuration—in the remaining 6 suppuration was established when they entered the hospital.

Thus the treatment without mercury produced resolution in a greater number of buboes comparatively, than the treatment with mercury; and moreover, buboes appeared more frequently in

those who were treated for primitive symptoms by mercury, than in those who were treated without mercury; thus of 208 patients treated for primitive symptoms by mercury, 16, or nearly seven and two-thirds per cent. were attacked with buboes, whilst of 526 treated without mercury 36, or about six and four-fifths per cent. exhibited engorgements of the ganglions.

Of the 273 patients affected with buboes treated without mercury, the duration of the treatment in 24 was from 5 to 10 days.

68	11 to 20
66	21 to 30
50	31 to 40
29	41 to 50
19	51 to 60
13	61 to 80
4	81 to 120

Of the 106 cases of buboes treated with mercury, the duration of treatment

in 3 was from 5 to 10 days.

7	11 to 20
19	21 to 30
40	31 to 40
20	41 to 60
10	61 to 80
3	81 to 125
4	126 to 200

Thus, nearly sixty per cent. of those treated without mercury were cured in less than thirty days, whilst of those treated with mercury only about twenty-seven per cent. were cured in that time.

Relapses.—Of the 1142 cases cured with mercury by M. Richond, 63 were affected with secondary symptoms, about five and a half per cent.

Of these, 6 had return of ulcers—1 return of ulcers with ulcers of the throat—1 urethritis following ulcers, and succeeded by ulcers and warts—1 return of ulcers and warts—7 warts following ulcers—12 return of buboes—5 buboes following ulcers—9 consecutive affections of the anus—3 affections of the anus with ulcers of the throat—1 ulcer of the conjunctiva—11 ulcers of the bucco-pharyngeal mucous membrane—1 spots on the skin—1 pains of the bones, and spots on the skin—1 pustules and ulcers of the throat—1 extensive squamous eruption—1 inflammation of the bladder, prostate, &c.

Of the 947 patients treated without mercury, only 24 had secondary affections, or two and a half per cent.

Of these, 2 had return of ulcers—4 consecutive warts—6 return of buboes—4 secondary buboes—5 affections of the anus—2 affections of

the mouth—1 pustules, callosities, and excrescence of the anus.*

3d. IN GERMANY.

Military Hospital of Würzburg.

Dr. Brünninghausen was among the first in Germany who attempted to induce his fellow practitioners to adopt the antiphlogistic treatment of venereal diseases. He commenced his experiments in 1819. For thirty years he had treated syphilis without mercury in the Military Hospital of Würzburg, and in a very extensive private practice, and not without success. Of course it was easy for him to compare the results of the old and new modes of practice. The success of this last was so great, and even so surprising, says M. B., that at first, seeing the calm and steady progress of the cures, he could scarcely believe his own eyes, and frequently charged the young physicians who accompanied him, to pay the most scrupulous attention to pre-

* De la Non-existence du Virus Vénérien, &c. Par Richond des Brus, Vol. II. See also the Review of this work in the American Journal of the Medical Sciences, Vol. II.

vent their being deceived, and that the patients should not use mercury in secret. The success became afterwards so common, and the patients were so strictly watched, that all suspicion of error vanished.*

In his work, entitled "Veber die Lustseuche und ihre Heilung ohne Guecksilber," published at Würzburg, in 1826, he states that he treated with success in the Military Hospital at Würzburg, from May, 1819, to February, 1820, 100 persons; of whom, 82 had primary, and 18 secondary symptoms, by antiphlogistics alone, without any mercury.

Dr. Besnard of Munich, Burtz and Becher of Berlin, Huber of Stuttgart, and Wendt of Copenhagen, employ the antiphlogistic treatment, and have published their experience, which is highly favourable. Wendt says, 1st, that in many cases the mercurial disease may be completely cured without mercury; 2d, that in debauchees and persons in whom the disease is complicated with acute or chronic diseases, the antiphlogistic treatment is preferable, and is sufficient to cure the patient radically, whilst mercury in these cases produces serious evils.†

* La Clinique, May 21st, 1829.

† Annales de la Médecine Physiologique, Oct. 1829.

General Hospital of Hamburg.

Dr. Fricke, of Hamburg, has been equally successful with the treatment of venereal disease without mercury. Between July, 1825, and January, 1827, he treated 402 patients. Of these, 101 were males, and 301 females. 308 were affected with primary affections, 54 with secondary, and 40 with primary and secondary affections conjoined.

Of the 308 patients affected with primary symptoms, the duration of treatment

in 237 was from 10 to 60 days.

60 61 to 110

11 121 to 181

Of the 54 patients affected with constitutional symptoms, the duration of treatment

in 27 was from 10 to 40 days.

24 41 to 90

3 3 to 6 months.

Of the 40 patients affected with primary and secondary symptoms conjoined, the duration of treatment

in 12 was from 11 to 40 days.

6 41 to 60

11 61 to 90

11 3 to 6 months.*

* Graefe und Walther's Journal.

The average period during which these patients were under treatment was fifty days, whilst formerly, under the mercurial treatment, they remained twice that period.*

Dr. Fricke, who has had the advantage of retaining under his observation the patients treated by him, has not yet observed any secondary symptoms.†

4th. In SWEDEN.

In the hospitals of Sweden, between the years 1822 and 1827, a period of five years, 16,985 patients were treated for venereal disease.

Of these, 6149 have been treated by strict diet, 6017 of whom were cured, and 132 left the hospital without being cured; secondary symptoms occurred in seven and a half per cent.

7717 were treated with mercury, of whom 7636 were cured, and 81 left the hospital without being cured; secondary symptoms occurred in 14 per cent.

758 were treated by fumigations with cinna-

* Hecker's Litterarische Annalen, for 1827. See also La Clinique, Tom. IV. No. 20.

† Graefe und Walther's Journal.

bar, of whom 715 were cured, and 43 left the hospital not cured; secondary symptoms occurred in twenty-two per cent.

1090 were treated by local means, of whom 1055 were cured, and 35 left the hospital not cured; relapses occurred in 7 per cent.*

5th. In AMERICA.

Naval Hospital at Philadelphia.

Dr. Thomas Harris treated without mercury in the Naval Hospital at Philadelphia, 111 patients, only 2 of whom were affected with secondary symptoms, and those were cured without mercury. He has, besides, treated in private practice, 53 cases in whom there did not occur to his knowledge, a single instance of constitutional affection.

He also treated successfully without mercury, 23 cases of secondary symptoms, occurring in individuals who had been treated for their primary symptoms by other practitioners with mercury.

* Annales de la Médecine Physiologique, and the American Journal of the Medical Sciences, Vol. III. p. 232.

Whilst, of 57 cases treated with mercury by Dr. Harris, on board the U. States' Frigate Macedonian, 6 were affected with secondary symptoms, while under the influence of salivation for the primary sores, and others were afterwards attacked with constitutional symptoms, the exact number is not however known, as Dr. Harris left the ship.*

* See Dr. Harris's interesting paper in the N. A. Med. and Surg. Journal, Vol. I.

THE END.

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